Aging Black and Lonely:

A Narrative Experience of Black Older Adults in Canada

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Lay Abstract

This research aims to understand how loneliness affects Black older adults (BOAs) living in Canada and how to reduce their loneliness. This is a group that is not usually included in the loneliness literature. The dissertation is organized into six chapters comprising of the introduction, four papers and the conclusion. Paper One analyzes 27 articles describing the factors that contribute to loneliness among Black older adults globally. The 27 papers reveal while loneliness is devastating for BOAs, studies that have examined the experience of loneliness among BOAs in Canada is very scanty. Paper Two, Three and Four all report results from narrative interviews conducted with 13 Black older adults living in Windsor and Hamilton, Ontario. Paper Two explores the unique experience of loneliness among BOAs. Paper Three analyzes the influence of time, place and interaction as factors that contribute to the experience of loneliness among Black older adults and their coping strategies. The final paper explores the significant factors that hinder BOAs from participating in social programs and services and ways to improve their participation. Generally, the results of these papers provide important insights into the ways to address loneliness and the lack of social participation among BOAs. The results show that programs and services targeting loneliness in Ontario need to be made more culturally sensitive and representational of minoritized groups. Lastly, it highlights the need for the inclusion of BOAs in loneliness research among older adults in Canada.

Abstract

Loneliness affects Black older adults (BOAs) in different and debilitating ways. BOAs aged 65 years and above make up 7.3% of the Black population and 15.9% of the total population of those aged 65 years and above in Canada. Also, the population of BOAs in Canada has doubled within the last two decades, highlighting the need to understand the unique experience of aging of this population, including their experiences of loneliness and social participation. Contrarily, there exist notable gaps within the loneliness literature on the experience of loneliness and social participation among BOAs living in Canada. This doctoral dissertation addresses these knowledge gaps by providing insight into the factors influencing social and emotional loneliness and lack of social participation among BOAs and proffers ways to address the issues, expressly informing future research, services, and programs targeting this group. This dissertation is comprised of four papers. Paper 1 is a scoping review of 27 articles that reveal the dearth of empirical evidence on the experience of loneliness or subjective social isolation and the contributing factors among BOAs in Canada. The data used for the remaining three papers were collected through 25 narrative interviewing conducted with 13 BOAs living in Hamilton and Windsor, Ontario. Findings from this paper shows that in addition to unavailability of social provisions (relational gains), loneliness among BOAs is exacerbated by socio-economic factors, health-related factors and behaviours, and technology, media device possession and usage. The results also indicate that there is need for inclusion of BOAs in loneliness research in Canada. Following Paper 1, Paper 2 investigates the unique experience of loneliness among BOAs living in Canada and the suitability of the social provision framework in identifying and understanding the experience of loneliness among this group. Findings from this paper demonstrates the significance of social connection, reliable relationships and relational gains in reducing and increasing experience of loneliness among

BOAs. Paper 3 analyzes the constellation of factors that contribute to loneliness among BOAs and how they cope with their experience of loneliness. The results from this paper highlight the complex overlapping factors that contribute to the experience of loneliness among BOAs including time, sense of place and belonging, weak socio-personal interaction, and level of exclusions. Paper 4 and final paper uncovers the micro and macro level factors that hinder BOAs from participating in social programs and services and suggests ways to improve their social participation. Specifically, findings from this paper uncovers the need for programs and services that are culturally diverse and sensitive to the unmet needs of racialized and minoritized groups. Collectively, the four papers contribute to knowledge on the experience of loneliness among BOAs and contributory factors and highlight the need for more inclusive research and practice on addressing loneliness among this group.

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Completing this doctoral dissertation has been very challenging, and I will not conclude without recognizing organizations and individuals who made this task a reality.

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My family and my in-laws have been very supportive and patient throughout my doctoral study and writing of this dissertation. My siblings - Chika, Jacob, Adazion, Amarachi, Michael, and Ann. My Uncle Alex believed in me when no one could, which is why I am here today and my uncle Joseph. To my parents – Grace and John Echeme, thank you for setting me on the pedestal for success. And although you are no longer with us in this world, the success seed you planted in me will never stop growing. My in-laws – Joseph, Samuel, Uzunma, and my mother in-law Mrs. Rose Ojembe.

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I want to dedicate this work to my late mom Grace Echeme and all the beautiful souls that are no longer with us today.

You will forever have a special place in my heart.

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Declaration of Academic Achievement:

This is an original research work that I conducted with the guidance and support of my supervisor, Dr. Lydia Kapiriri, and my committee members, Dr. Meridith Griffin and Dr. Ann Fudge-Schormans. The research commenced in January 2019. My committee members contributed to developing and drafting the research proposal, including the design, research question, study sample, data collection, and ethics application processes. They also provided support and feedback on all the sandwich papers. Throughout, I solely interviewed all the 13 participants included in this study, transcribed the interview data, analyzed all the papers and wrote all the portions of this Dissertation. In addition, the scoping review was conducted in collaboration with a team of researchers led by me and my supervisor, Dr. Lydia Kapiriri. I developed the review protocol published in the *Journal of Social Science Protocol*, led the research, participated in all the stages of the review and drafted the manuscript. The completed scoping review is submitted for publication in the *Journal of Applied Gerontology* and is currently at the review and resubmit stage. All the roles of every member involved in this research have been acknowledged appropriately in each manuscript.

Chapter One

Introduction

Loneliness is debilitating for older adults globally, making it a leading cause of health, social, emotional, psychological, and physical issues among older adults. Among racialized and ethnic minoritized populations, loneliness affects Black older adults (henceforth - BOAs) more due to their cumulative disadvantages across their life course (Taylor, 2019; Victor et al., 2021). Loneliness has often been used synonymously with social isolation in the literature, making it difficult to distinguish between the two concepts. Among scholars invested in loneliness and social isolation, the argument on the objective nature of social isolation compared to the subjective nature of loneliness is prominent (Courtin & Knapp, 2017; Dykstra, 2009). While loneliness has been described as a subjective experience produced by the lack of intimate or meaningful social and emotional relationships (van Staden & Coetzee, 2010), social isolation, on the other hand, has been described as an objective experience resulting from a lack of social interaction and diminished social contact (Courtin & Knapp, 2017). Although this dissertation focuses on loneliness, a further distinction between the two concepts will be provided as we proceed.

Sociodemographic factors such as race, immigration status, economic disadvantage, country of birth, living condition, weak social cohesion, and language barrier, to mention but a few, have been linked to increased rates of loneliness among ethnic minoritized older adults (de Jong Gierveld et al., 2015; Taylor, 2019; Victor et al., 2021). Thus, research has noted that racialized older adults are more affected by loneliness than other groups and often do not feel a sense of belonging (Ojembe et al., 2022). For example, a study using the Canadian Community

Health Survey – Healthy Aging estimated that 12% of those aged 65 and older felt lonely because they had a weak sense of belonging in the community (Gilmour & Ramage-Morin, 2020). Often, racialized and immigrant older adults have a reduced social contact that affects their connectivity and participation in the community, thus exacerbating their experience of loneliness and social isolation (Li et al., 2017). This trend is prevalent across many countries, as studies conducted in the US, the UK, and Canada indicate that ethnic minoritized older adults reported more loneliness than other dominant groups (de Jong Gierveld et al., 2015; Taylor, 2019; Victor et al., 2021).

Furthermore, while plethora of studies have been conducted in the US and the UK (Taylor, 2019; Victor et al., 2021), only few studies have focused explicitly on understanding the trend and trajectory of loneliness among ethnic minoritized and racialized older adults in Canada (Alvi & Zaidi, 2017; de Jong Gierveld et al., 2015; Garcia Diaz et al., 2019; Koehn et al., 2020; Salma & Salami, 2020; Wu & Penning, 2015). In addition, considerable knowledge gaps remain, as these studies tend to focus more on people from Europe, East Asia, Southeast Asia, South Asia, and Southwest Asia, excluding BOAs from Africa and the Caribbean. Others have focused on older adults within the South Asian, Arab and African Muslim communities while excluding those who are not Muslims (Salma & Salami, 2020). Further, the only study that disaggregated participants by ethnicity included only 4 Black Canadians out of the 123 ethnic minoritized older adults that participated in the study (Garcia Diaz et al., 2019). This study also did not capture detailed characteristics of the four participants included in the analysis (e.g., whether they were from Africa or the Caribbean, their immigration status, and which of the four participants reported loneliness).

Specifically, information about how loneliness affects BOAs in high-income countries, especially Canada, is under-explored in the literature, even though Statistics Canada reported that the population of older immigrants in Canada increased from 20% in 2011 to 31% in 2016, and

the population of Blacks has doubled within the last two decades (Wendy Kei et al., 2019). Likewise, findings from the 2016 census reported that BOAs aged 65 years and above make up 7.3% of the Black population compared to 15.9% of the total population of those aged 65 years and above in Canada (Statistics Canada, 2019). The growing population of BOAs and other racialized groups in Canada highlights the importance of broadening the representation of racial groups when researching and reporting on loneliness among older adults in Canada. Not giving adequate consideration to race within the broader loneliness literature, as a factor in the experience of loneliness among immigrants encumbers the understanding of the experience of loneliness and the constellation of factors contributing to loneliness among this population in Canada. It also prevents understanding how the unique strategic ways through which BOAs cope with loneliness which could provide insight into the understanding how to address loneliness among this group. Therefore, given the increasing immigrant population and the multiculturalism in Canada, it is important that this knowledge gap is addressed. Undoubtedly, the multicultural demography of Canada necessitates research, policies, services, and programs that will adequately and equally address and meet the needs of all ethnic groups represented within Canada without excluding any group.

Another gap observed in the literature concerns attention to effective intervention strategies that can be adopted to address loneliness among older adults. There have been a plethora of interventions, social programs, services, and prevention models created to address the problem of loneliness among diverse groups of older adults over the years (Cohen-Mansfield & Perach, 2015; Fakoya et al., 2020; Masi et al., 2011; Stewart et al., 2011). For example, in an effort to address loneliness, the UK became the first country in the world to appoint a Minister for loneliness. This has been followed by many other initiatives such as the Coalition to End Social Isolation and

Loneliness in the US, Ending Loneliness Together in Australia, Campaign to End Loneliness and The Tackling Loneliness Network both in the UK. Conversely, in Canada, there is no national initiative targeting loneliness, however, there are projects that have focused on loneliness and social isolation at the provincial level. For example, The Loneliness Project which ran from 2017-2020. Other interventions and programs addressing loneliness tend to focus on social isolation or sometimes merge the two (Fakoya et al., 2020). E.g., Hamilton Seniors Isolation Impact Plan. Certainly, the concentration of programs and studies on only social isolation prevents the identification of the impact of loneliness among older adults and subgroups of older adults in Canada. In addition to that, evidence has shown that interventions or programs such as the ones that focus on tackling loneliness and social isolation tend to be homogeneous and not culturally sensitive (Stewart et al., 2011). This one-size-fits-all approach discourages other subsets (such as racialized and Black older adults) from participating and being represented in the broader social domains (Koehn et al., 2020). Thus, it is crucial to understand, from the perspective of BOAs, how best their needs might be incorporated into services and programs.

Therefore, the overarching aim of this study is to address the gaps discussed above, providing insight into the factors influencing loneliness among BOAs, and informing future research, services, and programs targeting this group. The dissertation consists of four papers - a scoping review and three other qualitative papers drawing from the same dataset. Each of the papers, while providing more insight into a better understanding of loneliness among BOAs, addresses a distinct objective. In addition, each of the papers includes a literature review and is guided by a different theoretical framework that enables a deeper understanding of the target aim. Due to the interrelatedness of the papers, there is overlap with respect to the literature reviewed and the methods employed. However, the findings are distinct, as are the conclusions and

recommendations. In addition, different theoretical frameworks were used to contextualize the findings in the papers, and the reasons for using each of the frameworks is articulated in each paper.

The background section of this dissertation will define loneliness, show how loneliness differs from social isolation, describe risk factors associated with loneliness, the adverse effect of loneliness on health and social outcomes among older adults, and describe strategies aimed at reducing loneliness. Subsequently, thesis research questions, the structure of the thesis, the method and the data used for the study will be provided.

BACKGROUND

Definition of Loneliness

Loneliness has been defined differently across the literature, and these definitions are also evolving. In the 1980s, loneliness was defined as a negative and undesirable subjective feeling caused by unmet social and intimate needs (Peplau & Perlman, 1982). Decades later, Victor et al. (2000) described loneliness as 'being alone' ("time spent alone") or 'living alone' ("household living arrangement"), whereas Fokkema and Knipscheer (2007) described loneliness as 'feeling lonely.' Many scholars agree that loneliness is a subjective experience comprising social and emotional aspects (Bofill, 2004; DiTommaso & Spinner, 1997; van Staden & Coetzee, 2010; Weiss, 1973). *Emotional loneliness* is the absence of a close, intimate, attachment figure, like a spouse (Russell et al., 1984). This type of loneliness comprises family and romantic loneliness (DiTommaso & Spinner, 1997) and leads to a feeling of emptiness, an intense longing for loved ones or an acceptance (Roos & Klopper, 2010), restlessness, apprehension, nameless fear and deprivation of sleep (Weiss, 1973). *Social loneliness* connotes a lack of social networks or relationships and can be caused by a lack of support from family members or friends (van Staden

& Coetzee, 2010). Often, social loneliness is experienced due to the subjective assessment of an individual's quality and quantity of social networks (Bofill, 2004) and how these networks interact with the individual. Social loneliness is often identified by the feeling of boredom, exclusion, depression, meaninglessness, and marginality (van Staden & Coetzee, 2010).

Distinguishing between Social isolation and loneliness

Loneliness has been compared with social isolation in the literature, with the latter gaining more attention from researchers, perhaps because of the complexity of understanding and responding to loneliness. As Weiss (1973) stated, the reason why loneliness has been studied less than social isolation is that *"we have so many preconceptions regarding the nature of loneliness, so many defences against recognizing its pain, and so little knowledge of how to help"* (p.236). However, there is an overlap in the conceptualization of social isolation and loneliness, which is why they are sometimes used interchangeably in the literature, as both concepts lack uniformity, consistency, and clarity in definition (Nicholson, 2009). Notwithstanding, efforts to show the distinctions between the two concepts have been demonstrated in the literature (Coyle & Dugan, 2012; Wigfield et al., 2020).

Synthesizing all the approaches taken by scholars to distinguish between the two concepts, Wigfield et al. (2020) outlined seven ways to differentiate social isolation and loneliness. These approaches include the following: *objectivity vs. subjectivity; quality and quantity; actual and desired social contacts; perception of the term; voluntary vs. involuntary intention; duration of the condition; and negative vs. not negative* (p.4). Each of these approaches will be discussed in turn to further reflect on the concept of loneliness as it is considered in this dissertation.

Among scholars interested in loneliness and social isolation, the argument over the objective nature of social isolation and the subjective nature of loneliness is prominent (Dykstra, 2009). Loneliness has been described as a subjective experience produced by the individual's mind and impacts the individual emotionally and cognitively (van Staden & Coetzee, 2010). On the other hand, social isolation has been described as an objective experience resulting from a lack of social interaction and diminished social contact (Courtin & Knapp, 2017). The second approach focuses on quality and quantity: loneliness results from reduced quality of social contact/interaction, specifically regarding the level of attachment and intimacy shared with others (DiTommaso & Spinner, 1997); social isolation results from fewer social contacts (Smith & Victor, 2019). The relevance of the quantity of social contact or network highlights why social isolation can be addressed by replacing and increasing the diminished social contact, whereas loneliness responds only to the actual social provision that an individual desires and not by increasing social contacts.

Third, social isolation refers to the *actual social contact* available to an individual, while loneliness is the discrepancy between the *desired and the actual social interaction* (Menec et al., 2020). According to Wigfield et al. (2020), the fourth approach compares how people *perceive loneliness and social isolation* and argues that people attribute negative feelings to loneliness more than social isolation. The fifth approach sees loneliness as always *involuntary* compared to social isolation, which can be *voluntary or involuntary*. This voluntary perspective resonates with the opinion that social isolation can sometimes demonstrate individuality or the choice to stay alone but not lonely (Victor et al., 2000). In essence, while some people may isolate themselves socially, no one chooses to be lonely. This is why loneliness is primarily seen as a negative experience.

The sixth approach focuses on the duration of the social condition. Arguably, loneliness is a more complex condition to tackle, extending the time it takes to come out of loneliness. In contrast, social isolation is temporary and can stop immediately after whatever missed social provision is replaced (Weiss, 1973). This means that while social activity eliminates social isolation, it does not prevent loneliness as it may not engage the individual's emotions. Hence, pointing out the duration of the condition highlights the importance of separating intervention approaches targeting either loneliness or social isolation and not conflating them (Cohen-Mansfield & Perach, 2015). Finally, the last approach (negative vs. not negative) argues that social isolation is a more preferred and accessible word to use by older adults than loneliness, possibly because of the negative feelings associated with loneliness. Nonetheless, it is essential to note that how these two overlapping concepts are defined in the literature determines how they are measured in a particular study and the adopted measurement scale (Valtorta & Hanratty, 2012).

Risk factors for Loneliness among older adults

Within loneliness and epidemiology literature, the term 'risk factors' has been used to represent contributory factors and the predictors for loneliness among older adults (Cohen-Mansfield & Perach, 2015; Pinquart & Sörensen, 2003). Others have also used the term 'determinants' when linking loneliness to its causative factors (de Jong Gierveld et al., 2015). While these terms are used loosely in the loneliness literature, they have different connotations epidemiologically. Superior to the other concepts (e.g., predictors & determinants), I described risk factors as modifiable factors that increase or decrease the vulnerability to loneliness among older adults, implying that risk factors can increase one's chances of developing loneliness but do not cause loneliness (e.g., living alone).

Many studies have highlighted the risk factors for loneliness among the general population of older adults in Canada and beyond (Dahlberg et al., 2015; de Jong Gierveld, Keating, et al., 2015; Theeke, 2010; Victor et al., 2005) (see Table 1). Studies conducted in Africa, the US, and the UK have also outlined these factors as they pertain to BOAs (Ojembe & Kalu, 2018; Taylor, 2019; Victor et al., 2021). However, among the studies that have explored and investigated loneliness among immigrants and ethnic minoritized older adults in Canada, none have specifically explored risk factors for loneliness among BOAs, except among BOAs who are Muslims (Salma & Salami, 2020). Therefore, there is a need for research that will provide knowledge on the various factors contributing to loneliness among diverse demography of BOAs living in Canada, not just focusing on religious affiliation.

Table 1: Risk factors for loneliness among older adults

Risk factors	Studies (countries)
Old age, being unmarried, poor physical and mental health, low socioeconomic status, reduced contact with friends, and depression	Pinquart & Sörensen, (2003) (meta-analysis); Victor et al., (2005) (UK); Theeke, (2010) (US); Dahlberg et al., (2015) (Sweden)
Country of birth; ethnic background (cultural context); a sense of belonging (community context); and social networks (social contexts)	de Jong Gierveld et al., (2015) (Canada)
Personal characteristics (age, sex, health, marital status); *poor living conditions* (low level of educational attainment, lack of homeownership, diminished financial condition, and unmet needs); *social networks characteristics* (number and contact with relatives, close relatives, friends and close friends; religious attendance,	de Jong Gierveld et al., (2015) (Canada)

membership in community organizations); and *evaluation of network quality* (satisfaction with frequency of communication with relatives and friends; life satisfaction).	
*Demographic factors (e.g., education, age, low household income, race); health factors (e.g., poor self-rated health, depressive symptoms, physical limitations; poor cognitive function); environmental factors (e.g., less neighborhood social cohesion, greater social isolation, and physical disorder, fear of neighborhood crime); and social factors (reduced quantity and quality of social network and support, feeling unwanted).	*Taylor, (2019) (US); *Fisher et al., (2014) (US); *Han et al., (2017); *Ojembe & Kalu, (2019); *Creecy et al., (1983).

*Only among black older adults

The adverse effect of Loneliness among older adults

Loneliness has become a public health emergency due to its adverse effects, further exacerbated by the COVID-19 pandemic and its social distancing policies (Barnes et al., 2021). Furthermore, loneliness has been associated with severe physiological and health outcomes, including poor quality of life, poor cognitive functioning, limited physical and social functioning, and increased mortality (Courtin & Knapp, 2017; Wang et al., 2018). These adverse effects of loneliness have been compared with those related to smoking (Holt-Lunstad, 2017). Concerning physical health outcomes, loneliness has been associated with broad-based morbidity among older adults, including physical and functional limitations (Cacioppo et al., 2015). This is supported by a recent study conducted with older participants in the US, which showed that older adults who reported being lonely were more likely to be admitted to the hospital and had the highest total medical cost (Barnes et al., 2021). In addition, among older adults, loneliness has been associated

with increased cardiovascular disease, specifically, higher systolic blood pressure (Hawkley et al., 2010).

Furthermore, evidence supporting the link between loneliness and mental health abounds. For example, increased depressive symptoms among racially diverse older adults have been linked to loneliness (Taylor & Nguyen, 2020). Conversely, among the general population of older adults, loneliness has been linked to impaired cognitive performance. For example, Holwerda et al. (2014) reported that lonely older adults have a 33-64% increased chance of developing clinical dementia. While some other studies have shown results that resonate with this finding, there is a varied opinion on the directional association between loneliness and dementia (Victor et al., 2020). Studies have also reported a higher mortality rate and suicidal ideation among older adults. For example, among older Nigerians in a qualitative study, loneliness was linked to suicidal thoughts (Ojembe & Kalu, 2018). Additionally, people experiencing loneliness are 26% more likely to die prematurely than those with healthy social relationships (Holt-Lunstad et al., 2015). This is supported by another study that associated loneliness with all-cause mortality (Cacioppo et al., 2015). However, there is mixed opinion on whether loneliness independently predicts mortality, especially when controlling for social, health, and economic factors (Steptoe et al., 2013).

Equally, qualitative evidence from Nigeria has shown that older adults with reduced quality and quantity of social networks and social support are more likely to report loneliness (Ojembe & Kalu, 2019), hindering their chances for social participation and integration. Similarly, studies conducted in Canada have also linked loneliness to a low sense of belonging among older adults, noting that it is predominantly ethnic minoritized groups who tend to be more affected (Koehn et al., 2020; Salma & Salami, 2020). This is also supported by a review that reported that a lack of sense of belonging among older adults increases suicide attempts (Hatcher & Stubbersfield, 2013).

While these findings confirm that loneliness is a global health issue that must not be overlooked, understanding how a lack of sense of belonging shapes the social participation of hard-to-reach groups like BOAs and possible ways to address the problem is warranted.

The adverse effect of loneliness among older adults during COVID-19 pandemic are echoed across studies that have been conducted in different countries and among diverse groups of older adults (Ausín et al., 2020; Bu et al., 2020; Emerson, 2020; Ko et al., 2020; Savage et al., 2021). While the impact of COVID-19 on loneliness is not within the scope of this research, it is noteworthy to mention that older adults in countries such as Singapore, the US, Canada, the UK and the European region have all reported intensified loneliness as a result of the pandemic and its accompanying social restrictions measures (Ausín et al., 2020; Bu et al., 2020; Emerson, 2020; Lee et al., 2022; Savage et al., 2021). These studies also highlight aspects that loneliness during COVID-19 has significantly impacted older adults within diverse demography, especially racialized older adults. For example, in the US, among Black older adults, COVID-19 has been linked to a double jeopardy outcome that is worsened by race and age and produces devastating effect which results in increased loneliness and other COVID-19 related circumstances that jeopardize the health and well-being of this population (Chatters et al., 2020). Equally, in Singapore, older adults reported increased financial problems during COVID-19 lockdown period (Lee et al., 2022). Although this does not show the comprehensive ways that COVID-19 has adversely affected loneliness, understanding how older adults, specifically those from ethnic minoritized groups, have been impacted during the COVID-19 period and how their experiences of loneliness has been further exacerbated by the pandemic is essential in effectively addressing their unmet needs.

Strategies to reduce Loneliness: Evidence from the literature

Many individual studies have explored strategies to reduce loneliness, including reviews of these literature. This section only focuses on reviews that investigated these strategies because reviews help to classify and characterize trends and patterns of existing evidence on a particular area of interest and understand areas requiring further research. A recent scoping review of existing reviews examining interventions for loneliness and social isolation among older adults and reporting reviews published between 1984 – 2017 included 33 reviews focusing on loneliness, social isolation, social participation, integration, and connection (Fakoya et al., 2020). Seventeen reviews out of the 33 reviews reported that interventions have been delivered in countries such as the US, the Netherlands, Canada, the UK, Australia, Sweden, Finland, Taiwan, Israel, Norway, Germany, Japan, China, Hong Kong, Denmark, Italy, New Zealand, South Africa, Austria, Slovenia and Iran. Out of the 33 reviews, only seven focused on interventions for loneliness among older adults (Fakoya et al., 2020). Loneliness interventions are primarily classified into either group or one-on-one interventions that are carried out at community and institutional levels (Cohen-Mansfield & Perach, 2015). In one critical review, one-on-one interventions were found to be more effective than group interventions (Cohen-Mansfield & Perach, 2015). In contrast, Masi et al. (2011) posited that targeted specific group interventions with educational components positively reduce loneliness among older adults. On the other hand, interventions that are primarily psychological therapies that involve leisure/skill development were deemed effective in about 87% of studies included in another systematic review (Quan et al., 2020). Also, interventions focusing on using technologies to address loneliness among older adults were reported to be effective (Hagan et al., 2014).

Generally, the interventions focused on enhancing social skills, providing social support, increasing opportunity for social interaction and contact, addressing maladaptive social cognition, improving social access, technological and non-technological aids, visual arts, animal-assisted, humour therapy, and increasing structural enablers (Fakoya et al., 2020; Masi et al., 2011). These interventions were delivered via several means, including computer (face-to-face training) or virtual approaches, and were effective. For example, computers effectively reduced social loneliness by building new relationships among older Australians (Sum et al., 2008).

Despite the advanced research on developing interventions to reduce loneliness among older adults, loneliness continues to pose a challenge to our aging population. This could possibly be explained by the replication of intervention approaches by several reviews and the lack of clarity on what intervention works for whom, the context, and how it works (Fakoya et al., 2020). For example, most reviews investigating loneliness interventions generally tend to focus on four major primary areas: social skills, enhance social support, increase social contact opportunities, and address maladaptive social cognition (Cohen-Mansfield & Perach, 2015; Masi et al., 2011). Also, most interventions are generic, developed around a non-culturally sensitive approach, and often do not capture the specific needs of racialized individuals or ethnic minoritized groups (Stewart et al., 2011). Thus, more intervention studies are warranted to effectively understand and evaluate the effectiveness of loneliness interventions among different groups and subgroups, such as BOAs and other racialized older adults, since loneliness does not respond to a one-size-fits-all approach. Instead, what is warranted is a co-production of loneliness intervention programs, services, and policies that are more inclusive and culturally sensitive to the needs of the people that require them. The first step in co-production is understanding the perspectives of BOAs living with loneliness (Koehn et al., 2020). This will ensure that interventions explicitly address the unique needs of

BOAs, since their aging experiences tend to be unique, compared to other groups (Taylor et al., 2019; Victor et al., 2021). Also, this will facilitate a sense of ownership on the part of BOAs and ensure the sustainability of such interventions, since they participated in the co-production of the programs or interventions. Finally, the emphasis on culturally specific interventions also highlights the need for studies that would provide knowledge on group experiences of participation in some of the existing interventions (social programs and services), predominantly racialized groups such as BOAs. Although there are few evidence that has been carried out on the utilization of programs and services by immigrants and racialized older adults in Canada, evidence-based knowledge on the participation of BOAs in existing programs and interventions as a means for reducing loneliness is lacking.

Research Questions

The gap in evidence on the experiences of social and emotional loneliness and exclusion among BOAs globally and in Canada presents an opportunity to learn about BOAs unique experience of loneliness and they ways that they handle it. It also hampers the development of programs that are culturally accommodating and help address loneliness amongst this group. To address this gap, the following research questions guided the dissertation:

1. What is the range of research that exists on loneliness among Black older adults?

2. What are the contributory factors for loneliness in this population as presented in the global literature?

3. How do different social provisions shape the experience of social and emotional loneliness among BOAs living in Ontario?

4. What different factors shape the experience of loneliness for BOAs, and how do BOAs cope with their experience of loneliness?

5. What contributory factors shape the participation of BOAs in social programs?

6. How can the participation of BOAs in programs and services be improved?

Methods

In answering the above research questions guiding this doctoral research, a scoping review and qualitative narrative design were adopted. A scoping review provides a clear insight into what is available in the literature and what gaps exist in the field regarding loneliness among BOAs (Arksey & O'Malley, 2005). On the other hand, narrative inquiry provides information about the qualitative subjective meaning that BOAs make of their experience of loneliness (Chase, 2005). Table 2 shows each paper and the related research question that each of the papers answered. Three theoretical frameworks were adopted in this: the social provision framework (Weiss, 1973) (Paper 1 & 2); the three-dimensional space narrative approach (Clandinin & Connelly, 2000) (Paper 3); and the representational intersectionality framework (Crenshaw, 1991) (Paper 4). The foundational tenets of the three frameworks and how they were used are detailed in the papers respectively.

Paper 1 is a scoping review guided by the methodological framework proposed by (Arksey & O'Malley, 2005) and was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-Scr) (Tricco et al., 2018). Answering questions #1 and #2, this paper described the existing knowledge on loneliness or subjective social isolation among BOAs, identifying the contributing factors to loneliness in this population. Twenty-seven studies conducted in the USA (n = 11), Nigeria (n = 7), South Africa (n = 3), Ghana (n = 2), Canada (n=1), the United Kingdom (n= 2), and Uganda (n= 1) were included in this review. Data were analyzed using the "best fit" framework (Carroll et al., 2011) which allowed the adoption of an a priori framework: Weiss' social provisions framework of social and emotional loneliness. The social provisions framework stipulates six social provisions namely:

social integration, guidance, reliable alliance, opportunity for nurturance, attachment, and reassurance of worth. The review has been published in the *Journal of Applied Gerontology:* DOI: 10.1177/07334648221118357.

Papers 2-4 adopted a narrative qualitative design, different narrative analyses, and distinct theoretical frameworks. The narrative ontology adopted by the study, coupled with the constructivist paradigm (Lincoln & Guba, 2016), focuses on exploring the individual subjective experiences and particularity in meaning making, highlighting the intersection that exists between the individuals and their socio-cultural contexts (Chase, 2005). In addition, the narrative inquiry used allows insight into how larger social, institutional, and cultural narratives inform our understanding and shape BOAs' experience of loneliness stories that BOAs in Canada are going to narrate about their experiences with loneliness. The three papers were developed from the qualitative data collected during the 25 interview sessions conducted with 13 participants living in Hamilton and Windsor, with a mean age of 63.8 years. Specifically, Paper 2, addressing research question #3 using the social provision approach as a theoretical framework, aimed to explore how social provisions shape the experience of loneliness among BOAs living in Ontario. A thematic narrative analysis was employed, allowing us to theorize across cases or participants' stories while paying attention to the significance of the story (Reissman, 2008). This paper has been submitted to the *Journal of Activities, Adaptation and Aging*.

Paper 3 aimed to explore the different factors that shape the experiences of social and emotional loneliness among BOAs living in Ontario and their coping mechanisms. It highlights the constellation of factors contributing to loneliness among native-born and immigrant Black older adults (BOAs) in Canada and how they deal with their experience. Addressing research question #4, the paper adopted a three-dimensional space narrative inquiry as a theoretical

framework and an analytical approach (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002), which enabled the understanding of the impact of temporal and spatial factors in the experience of loneliness among BOAs. The paper has been submitted to the *Canadian Journal on Aging*.

Paper 4 addressed research questions #5 and #6. It used a representational intersectionality lens (Crenshaw, 1991) to explore the narratives of erasure and inequality that shape social participation and how they contribute to the experience of loneliness among BOAs (aged 55 years and older) living in Ontario, Canada. The analytical method adopts a within and between case thematic narrative approach (Reissman, 2008), which allows for the analysis of the similarities of stories told by participants and retainment of individuals' particular and distinctive experiences of social participation and loneliness. The paper has been submitted to the *Journal of Ethnic & Cultural Diversity in Social Work*.

Addressing Researcher's reflexivity

Reflexivity is a process by which the researcher works to maintain ethical and rigorous qualitative research (Bishop & Shepherd, 2011). Although difficult to sometimes achieve perfectly, reflexivity helps to examine how the researcher's background influences the research process and outcome. Throughout the designing, data collection and analysis processes of this research, I maintained reflexivity by balancing the tension between mine and participants' views and my preconceived assumptions that could influence the data or findings. Furthermore, I maintained reflexivity via writing of memos and field notes and consultation with my supervisory committee members. Using these multiple tools allowed me to maintain integrity in the research processes and honestly report what was captured by the data (Bishop & Shepherd, 2011). While this was essential as required by all research methodology, it allowed me to acknowledge and

explore the multiple factors that are relevant in reporting and representing the data collected. Specifically, this allowed me to maintain deep reflection while analyzing the multiple perspectives that the participants and I brought to the research and the factors that shape participants' experience of loneliness.

Traditionally, in narrative inquiry, it is impossible for a researcher to fully detach oneself from the data and maintain objectivity (Clandinin, 2006). Narrative scholars believe that detaching oneself in narrative data contradicts narrative epistemology and analytical process, which encourages deeper engagement with the data rather than bracketing oneself (Bishop & Shepherd, 2011), as is expected of other qualitative approaches such as phenomenology. Therefore, while this is expected, being reflexive enabled me to consider and reflect on my influence on the data analysis, while prioritizing participants' perspectives and their experience of loneliness and exclusion from social participation. Substantially, reflexivity addressed how my positionalities and insider knowledge as a researcher who identifies as Black and has previously conducted studies on loneliness, could influence the study outcome. This helped me to ensure that the interview process and the reported findings more truthfully followed where the stories led (Craig, 2009).

Finally, in narrative inquiry, researchers are expected to co-construct the participants' and researcher's temporal experiences during the relational inquiry transaction (Clandinin, 2006). Co-construction recognizes the narrative epistemology that empowers the researcher to restory or retell the participant's story (Clandinin & Connelly, 2000). By restorying, narrative researchers can reframe people's life experiences in a larger perspective and more productive way. Undoubtedly, during the transactional, co-construction of the narrative and the restorying phases, there is a probability for the researcher's voice to overshadow that of the participants. Thus, being reflexive allowed me to keep my power in check and ensure that the participants' voices were

dominant as I retell their stories. One of the ways, I achieved this was by being flexible to accommodating different tensions that participants brought in during their storytelling, and by reaching out to participants to clarify gray areas that were visible within their stories, instead of assuming what participants' might have meant by those. As Czarniawska, (2002) clearly stated, "the justice or injustice done to the original narratives depends on the attitude of the researcher and on the precautions he or she takes" (p.743). Therefore, attention to this justice and the precaution to reflexive practice, was a reminder to constantly check the power relations that existed between me and the participants. In order to mediate power imbalances between the participants and me, I positioned myself as a student interested in learning about their experiences, without any reference to my previous knowledge about the topic. This was a position I maintained even when participants asked questions to seek my advice or opinion on their relationship with others. When this happened, I made sure to direct the discussion in a way that the participant came to a solution on their own or referred them to the appropriate program that would help them learn better ways to handle their situations. This helped to further create a sense of collaboration to the participants and put them at ease as they shared their stories with me. Further processes that ensured rigor during the research processes are described in each of the papers.

Structure of the Dissertation

This dissertation consists of six chapters that address the research questions mentioned above. Having presented chapter one, the second chapter, Paper One, describes the range of research on loneliness or subjective social isolation among BOAs, identifying the contributing factors to loneliness among this population. The third chapter, Paper Two, examines the different social provisions that shape the experience of loneliness among BOAs living in Ontario. The fourth chapter, Paper Three, explores the factors that shape the experiences of social and emotional

loneliness among BOAs living in Ontario and their coping mechanisms. The fifth chapter, Paper Four, examines the varied factors shaping BOAs' participation in social programs and services and how they contribute to loneliness. Each of the papers details relevant literature, theoretical framework and methodology. Finally, the sixth chapter presents the conclusion, implication for the study (research, social, policy and practice) and my reflective thoughts.

Chapter One, Paper One, as mentioned above, presents the review of the contributing factors to loneliness among BOAs within the global loneliness literature. We set out to investigate what existing studies present on the unique and accumulated factors predisposing BOAs to loneliness. Findings were mapped across Weiss' Social provision Framework, and findings that could not be accommodated within the six dimensions of the framework were formulated into new themes. Studies reporting on BOAs' experience of loneliness focused on the influence of attachment, social integration, opportunity for nurturance, reassurance of worth, guidance, socio-economic factors, health-related factors and behaviours, and technology, media device possession and usage on loneliness. The findings indicate that Weiss' social provision framework is not a holistic approach to understanding loneliness among BOAs. Also, the findings point to a strong need for clinicians, policymakers, and researchers to identify which of the social provisions (when targeted) could meaningfully reduce loneliness among BOAs, other racialized older adults, and older adults in general.

The third chapter, Paper Two, presents narrative accounts of the different social provisions that shape the experience of loneliness among BOAs living in Ontario. Data from 13 participants (8 female and 5 male) living in Hamilton and Windsor, Ontario and who were born in Africa, the Caribbean region and Canada were used for this paper as well as for Papers Three and Four. The findings from paper Two highlight that for BOAs living in Canada, the experience of loneliness is

about connection to the right people that provide the specific social provision that is missing. Hence, when this is unavailable, their experience of loneliness is further exacerbated. Furthermore, the paper explicitly demonstrates, the importance of social connections, reliable relationships and relational gains in reducing loneliness among BOAs and some socio-personal factors that prevent BOAs from accessing these social provisions. Overall, this paper provides significant insight into the role and limitation of the social provision framework when exploring loneliness and the need for utilizing theories that are more relevant in understanding the experience of loneliness among BOAs.

The fourth chapter, Paper Three, explores the factors that shape the experiences of social and emotional loneliness among BOAs living in Ontario and their coping mechanisms. In this qualitative narrative paper, I highlighted how loneliness among BOAs is experienced alongside a complex overlap of temporality, relationality, place, weak social interaction and exclusion. I specifically addressed the challenges and macro-level roadblocks that immigrant Black older adults face when they newly arrive in Canada. Overall, the findings highlight the need for increased cultural sensitivity at the micro and macro levels to improve a sense of belonging and reduce loneliness among older racialized immigrant adults. The findings also show a model that depicts how BOAs build resilience and can gain more access to meaningful social connections and interactions and reduce their experience of loneliness.

The fifth chapter, Paper Four, examines the varied factors shaping BOAs' participation in social programs and services and how they contribute to loneliness. Again, data were analyzed to reveal the various challenges that immigrant BOAs grapple with when they newly arrive in Canada, which hinder their social participation and increase their experience of loneliness. For instance, an analysis of the challenges reveals how BOAs are excluded from existing programs

and services and highlights how the specific needs of Black older adults are not represented in programs and services when service providers and program developers adopt a one-size-fits-all approach. Overall, the paper highlights the need for social programs and services specifically tailored to the unique needs of diverse cultural groups in Canada.

The sixth chapter, the conclusion, summarizes the key points presented in the four papers, detailing their contributions to the gerontological literature, and their implications for research, social, policy, and practice development. Finally, recommendations were made to advance research, policy and practice.

Table 2: Presentation of papers, topic, and research questions

Papers #	Manuscript title	Research Question	Theoretical Framework
Paper One	Understanding Social and Emotional Loneliness among Black Older adults: A Scoping Review	a) What is the range of research on loneliness among Black older adults? b) What are the contributory factors for loneliness in this population as presented in the global literature?	Weiss' Social provision
Paper Two	A Narrative Exploration of Loneliness among Black Older Adults	How do different social provisions shape the experience of social and emotional loneliness among BOAs living in Ontario?	Weiss' Social provision
Paper Three	"You're not understood, and you're isolated": A narrative account of loneliness by Black older adults in Ontario, Canada	a) What different factors shape the experience of loneliness for BOAs? b)How do BOAs cope with their experience of loneliness?	Three-dimensional space narrative inquiry
Paper Four	A narrative analysis of exclusion from social participation and loneliness among Black older adults in Ontario, Canada	a) What are the contributory factors that shape the participation of BOAs in social programs? b) How can the participation of BOAs in programs and services be improved?	Representational intersectionality

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Chapter Two

Paper One

Understanding Social and Emotional Loneliness among Black Older Adults:
A Scoping Review

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The paper provides the foundation for understanding the range of research on loneliness or subjective social isolation and the contributory factors for loneliness among Black older adults (BOAs). 27 articles were included, and the analysis of the studies were based on Weiss' six Social Provisions framework: *social integration, guidance, reliable alliance, opportunity for nurturance, attachment, and reassurance of worth.* The findings from the 27 articles showed that excluding *reliable alliance*, each of the social provisions along with *socioeconomic status*, *technology* and *health-related* factors influenced the experience of loneliness among BOAs.

This paper highlights how the unique experience of poor health, poor living conditions, weak social relationships and other social inequities exacerbate BOAs' experience of loneliness. It also reveals the dearth of evidence on this research area, especially in countries like Canada and raised the need for future research to focus on investigating the unique experience of loneliness among this group. Finally, the paper suggests for further research investigation on the relevance of the social provision framework in addressing loneliness among older adults in general.

PAPER ONE:

UNDERSTANDING SOCIAL AND EMOTIONAL LONELINESS AMONG BLACK OLDER ADULTS: A SCOPING REVIEW

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Abstract

Black older adults' (BOAs) experience of loneliness differs from other ethnic groups because of the disproportionate disadvantages faced across their life course. This scoping review aimed to describe the range of research on loneliness or subjective social isolation among BOAs, identifying the contributing factors to loneliness in this population, based on Weiss' Social provision Framework. Of the 15,345 initial retrieved citations from seven databases and corporate websites, we included 27 studies conducted in the USA, Nigeria, South Africa, Ghana, Canada, the United Kingdom, Uganda. Studies reporting on BOAs' experience of loneliness focused on the influence of attachment, social integration, opportunity for nurturance, reassurance of worth, guidance, socio-economic factors, health-related factors and behaviors, and technology, media device possession and usage. There is a need for future studies to identify which social provisions (when targeted) could reduce loneliness, allowing clinicians to develop relevant interventions.

Keywords: Ageing, Older adults, Blacks, Loneliness, Scoping review.

What this paper adds

•   This is the first review to provide global evidence on loneliness among Black older adults (BOAs).

•   This review highlights the unique experience of loneliness among Black older adults as a collective group from a global perspective and aspects requiring more research and practice attention.

•   This review outlines the Social Provision Framework as a potential tool in understanding the trajectorial experience of loneliness among Black older adults and the significance of relational gains.

Applications of study findings

• Understanding the unique ways loneliness affects BOAs would help program and service developers design interventions that adequately address the needs of such minority groups.

• The findings of this review mapped around the social provisions will enable clinicians, policymakers, and researchers to identify which of the social provisions (when targeted) could meaningfully reduce loneliness among older adults in general.

• The findings underline areas needing further research attention and the need for empirical studies of any design that will specifically explore or investigate how loneliness affects BOAs, particularly in countries like Canada, where very few studies have focused on this interest.

Introduction

Loneliness is a serious public health issue that affects many older adults globally. Loneliness is defined as a subjective negative feeling that is associated with the lack of a wider social network (social loneliness) or the absence of desired companionship (emotional loneliness) (Valtorta & Hanratty, 2012). Loneliness can be experienced at any age, but progresses non-linearly across middle and older age, with the highest prevalence among older adults aged 80 years and older (Dykstra, 2009). In the literature, loneliness has often been used interchangeably with social isolation; however, Wigfield and colleagues (2020) advocated examining the terms individually. They define social isolation as an objective measure of the quantity of social contact available to an individual, while loneliness is the subjective negative feeling because of a lack of meaningful relationships (Wigfield et al., 2020). Our paper focuses on loneliness or subjective social isolation, not objective social isolation.

Loneliness increases the risk of poor health outcomes, including poor quality of life, poor cognitive functioning, poor physical functioning, and increased mortality (Courtin & Knapp,

2017). Increased loneliness was positively associated with higher systolic blood pressure among older adults in the USA (Hawkley et al., 2010). Among older Nigerians in a qualitative study, loneliness was linked to suicidal thoughts (Ojembe & Kalu, 2018). Additionally, individuals experiencing loneliness are 26% more likely to die prematurely than those with healthy social relationships (Holt-Lunstad et al., 2015) and are more likely to experience hearing loss, living alone, chronic illness, and the loss of friends or family (Centers for Disease Control and Prevention, 2020).

Although the studies on loneliness in the older-adult population report findings on the general population of older adults, racialized older adults experience this phenomenon in unique ways. While the term ethnic 'minority' conceals significant heterogeneity, evidence suggests important patterning of loneliness by ethnicity among the older adult population (Salway et al., 2020; Victor et al., 2012), with Black older adults (henceforth BOAs) showing low levels of social connection and support (Taylor & Nguyen, 2020). A UK study by Hayanga et al. (2021) found that Black and Asian adults older than age 65 years are nearly twice as likely (9% and 7%, respectively) to report having no close friends compared to white and other ethnic older adults of the same age (4%). Another study in the US found that race significantly moderated the relationship between loneliness and depressive symptoms among BOAs (Taylor & Nguyen, 2020). These suggest that older racialized adults may be more vulnerable to loneliness and social isolation due to their country of birth, socio-cultural and community contexts than older adults from other popular cultures or ethnic groups. Additionally, social support and relations as independent predictors of loneliness have shown larger health effects for Black than White older adults (Assari & Lankarani, 2018), further highlighting the importance of understanding loneliness and its contributory factors among BOAs.

Khan (2014) noted that despite the high rates of loneliness reported in older ethnic minoritized adults, they are frequently assumed to be protected from social isolation and loneliness since they are more likely to live in multigenerational families with traditional family customs and intergenerational supports. This stereotypical or taken-for-granted assumption may tend to stem from the association of ethnic minoritized populations within collectivist cultures that value interdependence and are oriented toward obligation, cohesion, and commitment (Burholt et al., 2018). These stereotypes are harmful because they fail to recognize the various experiences and needs of different ethnic minoritized older adults, elevating their risk of loneliness and social isolation. In addition, the stereotypes sometimes generate structural and institutional hindrances that lead to poverty, unemployment, poor housing, internalized racism and interpersonal factors (Kissoon, 2010; Taylor & Nguyen, 2020). Moreover, processes and structures of exclusion linked to individuals with ethnic minoritized identities (e.g., cumulative exposure to racial discrimination) increase their risk of social isolation and loneliness (Wallace et al., 2016).

There has been considerable research and reviews, including scoping, systematic, and integrated reviews on loneliness among older adults, such that researchers now conduct "rapid review" of reviews on loneliness (Boulton et al., 2021). Recent reviews have primarily focused on interventions to reduce loneliness among older adults in the community (Fakoya et al., 2020; Gardiner et al., 2018; O'Rourke et al., 2018) and in long-term care facilities (Quan et al., 2020). Other reviews were concerned with defining the concepts of loneliness, health, and social isolation (Courtin & Knapp, 2017; Malcolm et al., 2019), identification of risk factors for loneliness among older adults (Dahlberg et al., 2021), and the public health consequences of loneliness (Leigh-Hunt et al., 2017). A few reviews (Johnson et al., 2019; Shorey & Chan, 2021) centered on loneliness among ethnic minorities. While Johnson and colleagues conducted a scoping review exploring

social loneliness among older adult immigrants and refugees (e.g., South Asians) in Canada, Shorey and Chan (2021) conducted a systematic qualitative review exploring the experiences and needs of socially isolated lonely Asian older adults. Both reviews described similar themes, including association with older adults' well-being, dealing with social isolation and loneliness, loss of social support, wish lists of older adults, the unique experiences of Asian older adults in western countries (Shorey & Chan, 2021), and loss, living arrangement, dependency, barriers and challenges, and family conflict (Johnson et al., 2019). They highlighted the cultural and contextual factors influencing loneliness among ethnic minoritized groups. However, they used "social isolation" and "loneliness" interchangeably, which have different meanings and did not include older adults from other ethnic groups, thereby limiting the application of their findings to understanding loneliness among BOAs.

To the best of our knowledge, no reviews have focused on loneliness among BOAs globally. Because it is not clear what is generally available in the literature and what the gaps are in addressing loneliness among this group, the authors determined that a scoping review (instead of a systematic review) was more appropriate and critically needed to understand unique and accumulated factors predisposing this group to loneliness. Our review aims to describe the range of research on loneliness among BOAs, identifying the contributory factors to loneliness in this population as presented in the global literature. This will inform future research and practice that focuses on designing interventions that will address the specific needs of this group. This will also enhance their general differential experience of aging, health, and well-being, since loneliness is a growing concern among this population in many parts of the world, including Africa, the US and the UK (Ojembe & Kalu, 2018; Taylor, 2019; Victor et al., 2021**).**

METHODS

The protocol has been published elsewhere (Ojembe et al., 2021) and was registered at (https://doi.org/10.7565/SSP.V4.5748). Summarily, this scoping review was guided by the methodological framework proposed by Arksey and O'Malley (2005) and was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-Scr) (Tricco et al., 2018). The following research questions guided the review: *a) what is the range of research on loneliness among Black older adults? b) what are the contributory factors for loneliness in this population as presented in the global literature?*

Search strategy and study selection

Comprehensive search strategy, study selection, and data extraction processes have been published in the protocol paper (Ojembe et al., 2021). The search strategy was developed in consultation with a social science librarian. Summarily, seven databases, including Ageline, PsychInFo, Cochrane library, PubMed, CINHAL, Web of Science, and SocIndex and Social Services Abstracts, were searched using the search strategy described in Appendix 1 with no year restriction.

All citations were exported into Rayyan QCRi[c] for removing duplicates and study screening. Study selections were conducted in two stages: title/abstract and full-text screening, with predefined inclusion and exclusion criteria in Box 1. Six raters (CD, CP, TO, OO, AI, and MJ) independently performed pilot testing of the title/abstract and full-text screening at each stage to determine inter-rater reliability. Raters' kappa scores for both title/abstract and full-text screening were 0.92 and 0.94, respectively, indicating strong agreement (Landis & Koch, 1977). Retrieved articles were divided among the six raters. Disagreements were resolved in research meetings.

BOX 1: INCLUSION & EXCLUSION CRITERIA

An article was included if:

a.   It investigated the experiences/risk factors of social and/or emotional loneliness among Black older adults (Africa and the Caribbean) or some aspect of loneliness (e. g., feeling alone, reduced or no social support or contact). We define *loneliness as a subjective negative feeling resulting from a lack of a meaningful or intimate social and/or emotional relationship*. This definition differs from social isolation, *an objective measure of social contact available to an individual.*

b. It utilized qualitative, quantitative, or mixed-method methodologies. Qualitative studies were included if they focused on loneliness among BOAs, and we were able to extract the data on the specific experience of loneliness of Blacks that participated in the study, even if it is just one person. Quantitative studies were included if they described risk factors for loneliness among BOAs, specific interventions to reducing loneliness among BOAs, conducted (a) sub-analysis for BOAs or use race (black) as a risk factor or predictor in their loneliness studies, and (b) BOAs constituted 70% of the study population. Authors were contacted three times requesting specific data (qualitative or quantitative) for BOAs, and articles whose author(s) did not respond after the third attempt were excluded.

c.   The mean age of the study population was 55 years and above.

d.   Published in the English language.

e.   Peer-reviewed and grey literature articles (e.g., organizational reports, theses, etc.)

Articles were excluded if: (a) they explored objective social isolation, as defined above, or factors related to social isolation- e.g., depression or social isolation as synonymous with loneliness, and (b) they are opinion papers with no empirical data. There was no year restriction on both during database searches [i.e., each database was searched from inception till 2021] and in selecting the included articles provided they meet the criteria.

Data extraction

Data extraction was done using an adapted form from a previous review by Kalu et al. (2021) but was modified to suit the research questions. The following information was extracted: authors name(s), year of publication, the country study was conducted, study aims/research questions/hypothesis, the study settings, type of study (qualitative, quantitative, or mixed-method), study design, sampling method, participants characteristics (e.g., the number of participants, mean age of the participants, sex/gender), study themes (if qualitative), study findings (if quantitative or

mixed-method), policy statements, clinical implication statements future research statement. For quantitative findings, we extracted the mean (SD) scores and prevalence (%) of loneliness, the odds ratio, beta and the 95% confidence interval highlighting the association between loneliness and other variables (e.g., age, gender) reported in the included studies. For a more extensive description of the method, (see the protocol paper – Ojembe et al., 2021, p.5). The six raters independently pilot tested the data extraction sheet, and any disagreements were resolved by discussions during research meetings.

Data synthesis

The included studies' meta-data, including study locations, designs, and participants' characteristics such as sample size, sex, and age, were analyzed using descriptive statistics, e.g., the mean and standard deviation for continuous variables, median, interquartile range, frequencies, and percentages for categorical variable. Following our protocol (Ojembe et al., 2021), the "best fit" framework guided the analysis (Carroll et al., 2011). This approach allowed us to deductively map social and emotional loneliness evidence among Black older adults across an a priori framework: Weiss' social provisions framework of social and emotional loneliness (Weiss, 1973). Although the concept of social provisions has been explored from different disciplinary perspectives, *Weiss' social provisions framework* (SPF) focuses on social and emotional loneliness and stipulates social integration, guidance, reliable alliance, opportunity for nurturance, attachment, and reassurance of worth (See Table 1 for definitions of each provision) as key categories that influence loneliness. While social integration, guidance, reliable alliance, and opportunity for nurturance were associated with social loneliness, attachment and re-assurance of worth were considered under emotional loneliness. Weiss' SPF, rooted in the attachment theory of

Bowlby (1981), is defined as what individuals gain from their interpersonal relationships, which will help identify mechanism that promote or ameliorate an individual's experience of loneliness.

Two authors (BO and MK) independently reviewed the included studies' findings and mapped their findings across Weiss's six provisions stated above. For instance, a qualitative study, Roos et al. (2019) provided several themes as conditions for loneliness among South African women. Such themes include but are not limited to: "loss of specific relationships," "inability to interact with anyone," and "the impact of painful social interactions." Using the above qualitative example, (BO and MK), each mapped the themes, "inability to interact with anyone" on social integration, while "loss of specific relations" and "painful social interaction" were mapped across attachment. Similarly, a quantitative study by Olawa and Idemudia (2020) reported that widowhood and extraversion were significant predictors of loneliness among men, while family support significantly lowers the risk of loneliness among women. (BO and MK) independently mapped widowhood, extraversion, and family support across attachment, social integration, and opportunity for nurturance using this quantitative example. These processes were repeated for all articles. Afterwards, they both met to compare their mapping, and any disagreement was discussed with the most senior author. Extraneous data were formulated into a new theme, undergoing iterative interpretation using inductive and thematic analysis techniques.

Result

Of the 15,345 retrieved citations from databases and corporate websites, 1854 were duplicates. After removing duplicates, 13,474 citations underwent title/abstract screening, 13,341 were excluded leaving 150 articles that underwent full-text screening, and finally, 27 articles were included (See Figure 1).

Characteristics of the articles included

The 27 included articles were peer-reviewed and published in the USA (n = 11), Nigeria (n = 7), South Africa (n = 3), Ghana (n = 2), Canada (n=1), the United Kingdom (n= 2), Uganda (n= 1) (See Appendix 2a, 2b and 2c). Reported mean age ranged from 55.8 years (Mannes et al., 2016) to 77.3 years (Abedini et al., 2020).

Recruitment

Most of the articles (n =23, 88.9%) recruited participants from the community; the remaining four papers recruited participants from hospitals (n = 3) (Han et al., 2017; Mannes et al., 2016; Yoo-Jeong et al., 2020) and care home (n = 1) (Roos et al., 2019). Most studies (n = 17, 63.0%) were conducted in both rural and urban settings; eight studies were conducted in the urban setting only (Han et al., 2017; Ntozini & Abdullahi, 2021; Ojembe & Kalu, 2019; Ojembe & Kalu, 2018; Phaswana-Mafuya & Peltzer, 2017; Roos et al., 2019; Salma & Salami, 2020) and two studies were conducted in a rural setting (Kwegyir, 2020; Van Der Geest, 2004). Among the qualitative studies, the sample size ranged from 10 (Kwegyir, 2020) to 67 (Salma & Salami, 2020). The sample size of the quantitative and mixed-method studies ranged from 96 (Mannes et al., 2016) to 6884 (Nzabona et al., 2016).

Table 1: Social provisions and other emerging aspects across included studies

Type of loneliness	Types of social provisions	Description (Adapted, from Weiss, 1973)	References	# of Studies
Social Loneliness	Social integration	Refers to relationships or social participation that enable an individual to build competences, identity and special skills needed to thrive. It is usually synonymous with social engagement, social participation, or social connection.	Poor social network (involvement in religious and social/recreational activities) (Ojembe & Kalu, 2018), facilitation of interaction; quality and quantity of the relationship (Ojembe & Kalu, 2019), not being able to interact with anyone (Roos et al., 2019); Keeping busy alone or with other (Roos et al 2019); attendance to traditional events (Olawa & Idemudia, 2020); Limiting social activities (Choi et al., 2021); spending limited time	N=10

		working (Creecy et al, 1983); socialization frequency (frequency of participation during the last 12 months in family events, library visit, religious services, and travel to a foreign country) (Hawley & Kocherginsky, 2018), social engagement (Olawa et al., 2021; Ojagbemi & Gureje, 2019); limiting close contact (Choi et al., 2021; Creecy et al., 1983), Ojembe & Kalu (2018); visiting children and other family members (Olawa & Idemudia, 2020); face-to-face interaction (Ojembe & Kalu, 2019).	
	Opportunity for Nurturance	Refers to how natural support structure (e.g., social support from family and friends) provides care and provides opportunities that help an individual to overcome their struggles that lead to loneliness.	Family support (Olawa & Idemudia, 2020; Hawley Kocherginsky, 2018); Social support; living arrangements (Ebimgbo et al., 2021; Ojembe & Kalu, 2018); Living alone (Hawley Kocherginsky, 2018); Number of children (Ebimgbo et al., 2021; Victor et al., 2021).	N=5
	Guidance	Refers to how natural support structure (e.g., social support from family and friends) available to individuals objectively helps them to endure and recover from loneliness. An example could be the provision of critical information, mentoring that helps people to overcome their struggle (e.g., loneliness) without judgement (stigma).	Vulnerability (Kwegyir, 2020); HIV-related stigma (Yoo-Jeong et al., 2020); Socio-cultural and spiritual rituals (Roos et al., 2019).	N=3
	Reliable Alliance	Also known as supplementary relationship, is defined as meaningful or dependable relationships that enable an individual to repair disrupted life patterns and provide support or refuge from the pressures of daily life or due to loss of primary relationship, e.g., typical friends and family relationships	None	N=0

Emotional Loneliness	Attachment	The proximity to relationships that provide a person with or is accompanied by a sense of safety, security, well-being and enhances a sense of importance.	Marital status (Ebimgbo et al., 2021; Victor, et al., 2021); Phaswana-Mafuya & Peltzer, 2017); weak family ties & Bereavement (Ojembe & Kalu, 2018); loss of specific relations & painful interaction (Roos et al., 2019); having no one (Kwegyir, 2020), widowhood (Olawa & Idemudia, 2020; Olawa et al., 2021), self-centeredness (Cacioppo, et al., 2017), strained friendship (Hawley Kocherginsky, 2018); Extraversion (Olawa & Idemudia, 2020; Olawa et al., 2021), neuroticism (Olawa et al., 2021), strained friendship (Hawley Kocherginsky, 2018).	N=11
	Reassurance of Worth	Relationships provide required attention, a sense of community, and counters the feeling of unwantedness. This includes having relationships with those who have similar lived experience as it relates to the factors causing loneliness, e.g., attending events with friends that have similar experience of loneliness because they lost their spouse. These could be family, church members, community members, friends, and even neighbours.	Society do not respect or seek after older adults' wisdom (Van Der geest, 2004); self-acceptance (Ntozini et al., 2021), Homelessness and unstable housing (Yoo-Jeong et al., 2020); sexual orientation (Kwegyir, 2020); exclusion, ageism, racism and sexism (Salma & Salami, 2020).	N=5
New themes emerging	Health-related factors/behaviours	This relates to some mental, health, and physical factors that contribute to loneliness. Example drug abuse.	Comorbidity burden (Yoo-Jeong et al., 2020), Depression, (Igbokwe et al., 2020; Yoo-Jeong et al., 2020; Ojagbemi & Gureje et al., 2019; Taylor et al., 2020; Taylor et al., 2018; stress and depressive symptoms (Goneya et al., 2016), lower cognitive function (Hans et al., 2017; Phaswana-Mafuya & Peltzer 2018); psychological distress (Taylor et al., 2018); Poor health (Ebimgbo et al., 2021; Nzabona et al. 2016; disability (Ojembe & Kalu, 2018); functional status; (Yoo-Jeong et al., 2020); functional limitations, self-rated health; Illicit drug use (Mannes et al. 2016), Living condition (Nzabona et al. 2016); Van Der geest (2004);	N=15

			living conditions (e.g., health, psycho-social, and financial (Van Der geest (2004);	
	Socio-economic factors	This includes level of education, occupation (retirement), age, and income.	Educational level (Ebimgbo et al., 2021; Choi et al., 2021; Creecy et al., 1983; Igbokwe et al., 2020; Phaswana-Mafuya & Peltzer, 2017), Income (Ebimgbo et al., 2021; Nzabona et al. 2016; Choi et al., 2021); retirement (Ojembe & Kalu, 2018; Igbokwe et al., 2020) economic relief; living in rural environment (Kwegyir, 2020); income and education (Choi et al., 2021), female gender (Olawa et al., 2021; Phaswana-Mafuya & Peltzer, 2017; Victor et al., 2021); Increase in age (Phaswana-Mafuya & Peltzer, 2017; Hawley Kocherginsky, 2018; Victor et al., 2021); financial strain (Victor et al., 2021); Place of residence (Nzabona et al. 2016).	N=11
	Recommendations for addressing Loneliness among Black older adults	This includes ways that were suggested as effective or potential ways to address loneliness among black older adults.	integration of questions relating to loneliness in initial evaluation of clients by health care workers, education of families on the need to involve older adults more in participation, maintenance of historical or communal living, establishment of functional recreational or senior day care centres (Ojembe & Kalu, 2018); The exclusion of immigrant older adults which leads to loneliness warrants for the incorporation of an exclusion lens in developing social policies and programs that will promote healthy ageing (Salma & Salami, 2020); designing of age-friendly urban programs and strengthening rural community socialization, involvement of older adults in employments or gainful jobs according to their needs, preferences and capacities, establishment of special old-Age funds in some low- and middle-income countries, and increases accessibility to healthcare services by older adults (Nzabona, et al, 2016). The need to understand relevant strategies to build resilience among black older adults (Hans, et al., 2017); In-depth understanding of	N=9

| | | | variations within groups on the experience of loneliness, especially as it relates to migration, socio-demographic factors and levels of loneliness; understand the social context and lived experience of loneliness among minoritized older adults (Victor et al., 2012). The need for research with racialized older adults on the impact of sexual orientation on objective and subjective social isolation (loneliness) (Taylor et al., 2018; Kwegyir, 2020); the need for a longitudinal study to grasp if loneliness is a stable and steady trait across the life course of black seniors or whether it occurs more in a particular phase of their lives (Ojagbemi & Gureje et al 2019; Taylor et al., 2020). | |
| | Technology and media device possession/usage | The includes the different ways that technology can both reduce and increase loneliness. | Spending a lot of time watching television (Creecy et al., 1983); connecting to the outside world through using technology, Lack of old-age friendly television and radio programs, technological divide (Ojembe & Kalu, 2019); | N=2 |

Study population

Twenty-four studies included "apparently" healthy older adults. However, three studies included older adults with specific health conditions such as HIV/AIDS (Han et al., 2017; Mannes et al., 2016; Yoo-Jeong et al., 2020). Among studies conducted in the UK, South Africa, and the US, the % of BOAs ranged from 8.9% (Abedini et al., 2020) to 100% (Creecy et al., 1983; Mannes et al., 2016). In six articles, BOAs' population was less than 50% of the study sample (Abedini et al., 2020; Choi et al., 2021; Hawkley & Kocherginsky, 2018; Taylor & Nguyen, 2020; Victor et al., 2012, 2021), and was 50% or more in nine articles (Creecy et al., 1983; Gonyea et al., 2018; Han et al., 2017; Mannes et al., 2016; Ntozini & Abdullahi, 2021; Phaswana-Mafuya & Peltzer, 2017; Savage et al., 2021; Taylor et al., 2018; Yoo-Jeong et al., 2020). A qualitative study conducted with immigrant Muslim older adults in Canada noted that the study population was

predominantly from the Middle East/North Africa, South Asia, and East Africa (Salma & Salami, 2020). However, the exact sample of the population represented by each of the mentioned regions is unclear, but some of the quotes included were from older adults from Africa (Ethiopia). The older adults that participated in studies conducted in Ghana, Nigeria, Uganda and one study from South Africa (Roos et al., 2019) were 100% Black.
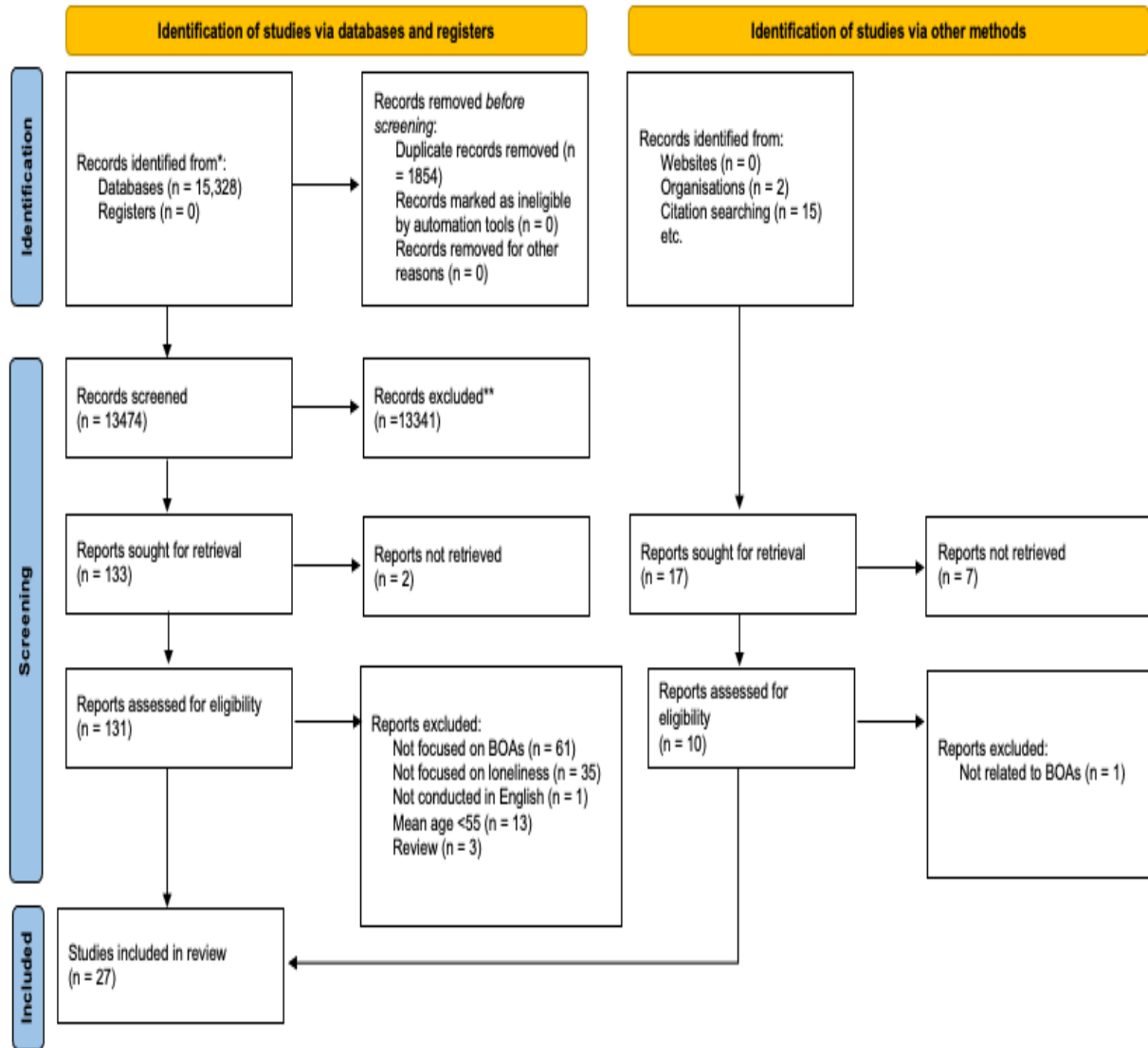
Figure 1: PRISMA Flowchart of Included Articles

Study Design

Of the 27 articles included, 19 were quantitative studies, while six were qualitative and two were mixed-method studies. The quantitative studies employed either cross-sectional (n= 13) or longitudinal (n=6), while the qualitative studies employed either phenomenology (n= 4; (Kwegyir, 2020; Ojembe & Kalu, 2019, 2018; Van Der Geest, 2004) or participatory action research designs (Salma & Salami, 2020). Roos et al. (2019) did not provide the qualitative study design but reported that a critical-realist ontology underpins their study. The two mixed-method studies did not state their specific design (Ebimgbo et al., 2021; Nzabona et al., 2016).

Instruments used to measure loneliness

Among the 21 quantitative and mixed-method studies, 12 (57%) studies used original or modified UCLA in assessing loneliness (Abedini et al., 2020; Cacioppo et al., 2017; Ebimgbo et al., 2021; Gonyea et al., 2018; Hawkley & Kocherginsky, 2018; Igbokwe et al., 2020; Mannes et al., 2016; Ntozini & Abdullahi, 2021; Ojagbemi & Gureje, 2019; Olawa et al., 2020; Olawa & Idemudia, 2020; Taylor & Nguyen, 2020). The remaining eight studies used a modified version of the de Jong-Gierveld Loneliness Scale (Han et al., 2017), a 20-point index measuring social contact (Creecy et al., 1983), the Social Isolation component of a Patient-Reported Outcomes Measurement Information System (Yoo-Jeong et al., 2020), single-item question, e.g., "did you feel lonely for much of the day yesterday or in the past seven days?" (Choi et al., 2021; Phaswana-Mafuya & Peltzer, 2017; Taylor et al., 2018; Victor et al., 2012) or two-item questions, e.g., "are there times when you have a feeling of loneliness and what do you think needs to be done to reduce this loneliness?" (Nzabona et al., 2016). One study used a single-item question and the de Jong-Gierveld Loneliness Scale to measure loneliness (Victor et al., 2021).

Categorization of articles using the Social Provision Framework

When categorized into the six social provisions (see Table 1), focusing on social and emotional loneliness as stipulated by Weiss' SPF, findings from the included papers were categorized under "attachment" (n =11) and "social integration" (n = 10), followed by "Opportunity for Nurturance" (n = 5), "reassurance of worth" (n = 4), "Guidance" (n = 3) and "Reliable Alliance" (n = 0). Findings that could not fit into the categories listed above, were categorized under "New emerging themes," comprising "health-related factors and behaviors" (n = 15), "socio-economic factors" (N =11), "recommendations" (n = 9), and "technology and media device possession and usage" (N = 2) (see figure 2).

Social Integration

Findings from 14 studies were mapped to "social integration" and were reported as either social engagement, social participation, or social connection (Choi et al., 2021; Creecy et al., 1983; Hawkley & Kocherginsky, 2018; Ojagbemi & Gureje, 2019; Ojembe & Kalu, 2019; Olawa et al., 2021; Olawa & Idemudia, 2020; Roos et al., 2019; Salma & Salami, 2020). These studies highlighted how social loneliness is shaped by the level of involvement or engagement of BOAs in community activities, enabling individuals to build competencies, identity, and specific skills needed to thrive. This theme also elucidated the intensity of socialization and social connection that helped BOAs to feel less lonely. Factors supporting social integration found to reduce the experience of loneliness among BOAs vary, including participation in recreational religious activities and traditional events (Ojembe & Kalu, 2018; Olawa & Idemudia, 2020), face-to-face interaction, quality, and quantity of relationships (Ojembe & Kalu, 2019). Another factor shown to reduce loneliness among BOAs is the frequency with which they socialize and participate in family events, visit friends, attend religious services, and travel out of the country (Hawkley &

Kocherginsky, 2018). Lastly, visiting children and other family members was also presented as one of the ways that BOAs engage in social integration, which reduces loneliness (Olawa & Idemudia, 2020). Attending traditional ceremonies predicted a lower risk of loneliness in women than in men (Olawa & Idemudia, 2020)

Having either a poor social network, lack of interpersonal interactions, being alone, limited social activities or close contact were all found to contribute to loneliness among BOAs (Choi et al., 2021; Creecy et al., 1983; Ojembe & Kalu, 2018; Roos et al., 2019). In addition, BOAs who spent limited time working tend to experience loneliness more than those who worked longer (Creecy et al., 1983). Finally, different forms of exclusion, including ageism, racism, and sexism, also contributed to loneliness among BOAs in Canada (Salma & Salami, 2020).

Guidance

Findings from three studies were mapped to the social provision of guidance as described in Table 1 (Kwegyir, 2020; Roos et al., 2019; Yoo-Jeong et al., 2020). While Roos et al. (2019) reported that attending or performing socio-cultural rituals mitigates loneliness among South African older adults, Kwegyir (2020) reported that older adults residing in Emmena, an Ashanti region in Ghana, are vulnerable to making bad health choices, including poor eating habits and gambling because they are lonely and lack a support system that objectively helps them to endure and recover from their experience of loneliness. Among African American older adults, those experiencing HIV-related stigma are more likely to be lonely than those not experiencing HIV-related stigma (Yoo-Jeong et al., 2020).
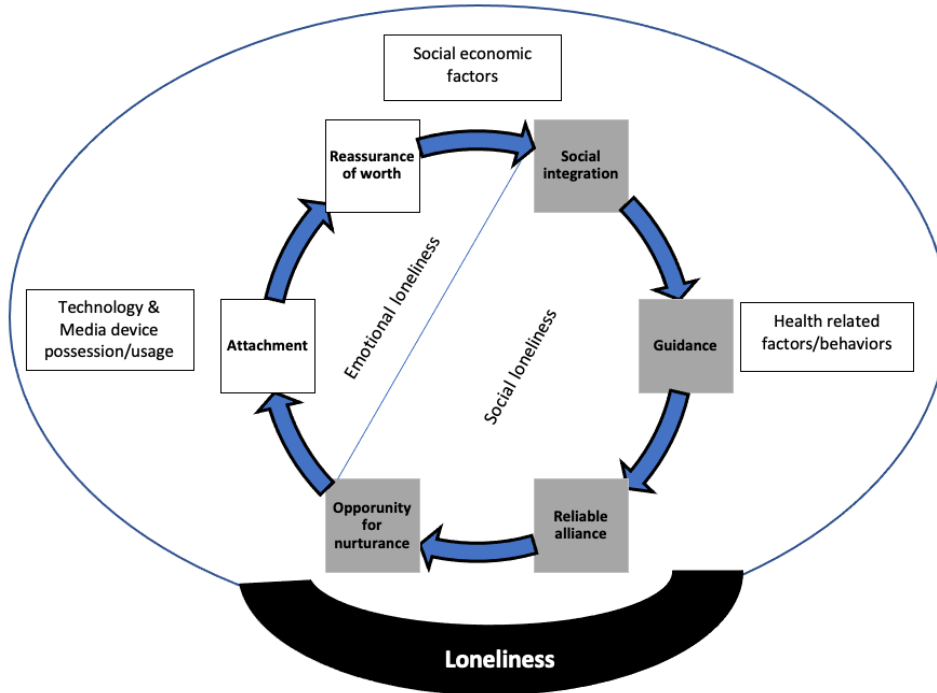
Figure 2: Conceptual figure depicting social provisions and other contributory factors for loneliness among BOAs

Opportunity for nurturance

Findings from five studies were mapped to Opportunity for Nurturance, and these concepts included the family (Hawkley & Kocherginsky, 2018; Olawa & Idemudia, 2020) and social support (Ebimgbo et al., 2021; Ojembe & Kalu, 2018); the number of children (Ebimgbo et al., 2021; Victor et al., 2021), and, living arrangements (Ebimgbo et al., 2021; Hawkley & Kocherginsky, 2018; Ojembe & Kalu, 2018). Family support (Hawkley & Kocherginsky, 2018; Olawa & Idemudia, 2020) (only in women), social support (Ebimgbo et al., 2021), reduced friendship strain (how often do you feel friends are demanding and critical of them - Hawkley & Kocherginsky, (2018), and living with people (Ebimgbo et al., 2021), were associated with a lower risk of loneliness. A qualitative study reported that living alone and weak family ties were risk factors for loneliness among Nigerian older adults (Ojembe & Kalu, 2018). A mixed-method study on factors that affect loneliness among Nigerian older adults by Ebimgbo and his colleagues (2021) reported conflicting findings. While their quantitative findings reported that having more children

was associated with a reduced risk of loneliness, in the qualitative report, they included a quote by one participant stating that "the number of children is not necessary for keeping company with older adults" (Ebimgbo et al., 2021, pg. 11). Likewise, two quantitative studies conducted in the US and the UK reported that living alone, the number of close relatives or friends (Hawkley & Kocherginsky, 2018), or the number of children (Victor et al., 2021) were not associated with loneliness.

Attachment

Findings from eleven studies comprising both qualitative and quantitative designs reported on concepts relating to the attachment dimension, highlighting the importance of having or being in relationships that provide a sense of safety, security, well-being and enhance a sense of importance, thereby reducing loneliness among BOAs (Cacioppo et al., 2017; Ebimgbo et al., 2021; Hawkley & Kocherginsky, 2018; Kwegyir, 2020; Ojembe & Kalu, 2019; Olawa et al., 2021; Olawa & Idemudia, 2020; Phaswana-Mafuya & Peltzer, 2017; Roos et al., 2019; Victor et al., 2021). Among BOAs in Nigeria and South Africa, it was reported that more than half of the participants who were married were less lonely than those who were divorced, separated, or widowed (Ebimgbo et al., 2021; Phaswana-Mafuya & Peltzer, 2017). Similarly, Ojembe and Kalu (2018) reported that bereavement increased loneliness among older adults in the Southern part of Nigeria. Among older adults in the US, having a strained relationship or friendship contributes to loneliness among BOAs (Hawkley & Kocherginsky, 2018). It was also shown that BOAs who have weak ties with their family members are more likely to be lonely than those who share a strong family bond (Ojembe & Kalu, 2018). Furthermore, loss of significant relationships, engagement in a painful interaction with significant others and involvement in a strained friendship increased loneliness among BOAs in both South Africa and the US (Hawkley & Kocherginsky,

2018; Roos et al., 2019). Among three studies that explored the influence of behavioral tendency on loneliness, self-centeredness (Cacioppo et al., 2017), Extraversion, and neuroticism (Olawa et al., 2021; Olawa & Idemudia, 2020) were also reported as predictors for loneliness among BOAs.

Reassurance of worth

Finding from six studies were mapped to the reassurance of worth category, which shows how much BOAs feel a sense of community and reception of attention which counters feelings of unwantedness (Kwegyir, 2020; Ntozini & Abdullahi, 2021; Nzabona et al., 2016; Van Der Geest, 2004; Yoo-Jeong et al., 2020). Among BOAs in rural Ghana, a study reported that older adults still actively engaged with their communities are respected and provided companionship. However, the older adults who feel that their community members do not value their wisdom or seek their advice reported more experience of loneliness (Van Der Geest, 2004). Among older adults in South Africa, low self-acceptance, environmental mastery, and autonomy were some predictors of loneliness moderated by ethnic affiliation. Overall, having these skills improved their well-being and reduced their experience of loneliness (Ntozini & Abdullahi, 2021). Among subsets of vulnerable groups among BOAs in the US, findings show that older adults who are homeless and live in unstable housing conditions tend to have a higher experience of loneliness (Yoo-Jeong et al., 2020). Similarly, older adults in rural Emmena – Ghana, who felt more vulnerable due to their health and sexual orientation, reported more loneliness than their counterparts (Kwegyir, 2020).

Other emerging themes

Socio-economic factors: Eleven studies highlighted some socio-economic factors contributing to loneliness among BOAs. Quantitative studies from the US, Nigeria and South Africa reported that BOAs with lower levels of education are more likely to be lonely than those who are well-educated

(Choi et al., 2021; Creecy et al., 1983; Ebimgbo et al., 2021; Igbokwe et al., 2020; Phaswana-Mafuya & Peltzer, 2017). Among BOAs in the US, Africa and the UK, both qualitative and quantitative studies reported that poor income (Choi et al., 2021; Ebimgbo et al., 2021; Nzabona et al., 2016; Victor et al., 2021), female gender (Olawa et al., 2021; Phaswana-Mafuya & Peltzer, 2017; Victor et al., 2021), increase in age (Hawkley & Kocherginsky, 2018; Phaswana-Mafuya & Peltzer, 2017; Victor et al., 2021), and residing in a rural area (Kwegyir, 2020; Ntozini & Abdullahi, 2021) were all risk factors for loneliness.

Technology & media device possession/usage: Two studies reported that BOAs who are lonely repeatedly watch television (Creecy et al., 1983; Ojembe & Kalu, 2019). Specifically, Ojembe and Kalu (2019) noted that technology helped older adults who were lonely to connect to the outside world. In addition, the lack of old-age-friendly television and radio programs demotivated BOAs from watching television, and reduces loneliness among BOAs who dislike watching programs that elicit negative feelings (Ojembe & Kalu, 2019).

Health-related factors/behavior: Fifteen articles reported several health-related factors and behaviors as risk factors for loneliness, including depression (Gonyea et al., 2018; Igbokwe et al., 2020; Ojagbemi & Gureje, 2019; Taylor & Nguyen, 2020; Taylor et al., 2018; Yoo-Jeong et al., 2020), poor cognitive function (Han et al., 2017; Phaswana-Mafuya & Peltzer, 2017), psychological distress (Taylor et al., 2018), stress (Gonyea et al., 2018), poor general health (Ebimgbo et al., 2021; Nzabona et al., 2016), functional status and higher score in comorbidity burden (Yoo-Jeong et al., 2020). Van Der Geest (2004) described several living conditions, such as poor health, psychosocial, and financial living conditions, as factors influencing loneliness among BOAs.

Recommendations: Nine studies identified some gaps in the literature and provided recommendations for future research directions, interventions, and program designs. These categories were grouped into programs, services, and policy-focused recommendations (See Box 2).

Box 2: Recommendations to reduce loneliness among BOAs, as suggested by the included articles (n=9)	
Program and services focused recommendations	**Policy focused recommendations**
❑ Integration of questions relating to loneliness in initial evaluation of BOAs both at the hospital and other settings, like home care (Blinded for review, 2018) ❑ Establishment of functional recreational and client-centered day care services (Blinded for review, 2018) ❑ Establishment of need preference and capacity-based programs to support gainful employment among BOAs (Nzabona et al., 2016).	❑ Policies should be "fit all", but should accommodate the heterogeneity in developing social policies (Salma et al., 2020) ❑ Policies with strategies with step-by-step approach to promote age friend socialisation programs, especially in the rural communities (Nzabona et al., 2016) ❑ Policies should be inclusive to build strategies for resilience among BOAs (Hans et al., 2017)
Research-based recommendations	
Future studies should ❑ explore an in-depth understanding of variations within BOA groups (Africans, African Americans, Caribbeans) on experience of loneliness, especially as it relates to migration, socio-demographics factors, and levels of loneliness (Victor et al., 2012). ❑ Explore the impact of sexual orientation on the loneliness BOA experience (Taylor et al., 2018; Kwegyir, 2020). ❑ Longitudinally explore if loneliness is stable across life course, or there are patterns or trajectory that can be used to describe loneliness across life course, for instance, do people move in and out of the state of loneliness (Ojagbemi & Gureje, 2019; Taylor et al., 2020).	

Discussion

Presumably, this is the first review that provides insights into the existing literature on loneliness among BOAs, mapping this evidence across Weiss' six social provisions, including social integration, guidance, reliable alliance, an opportunity for nurturance, attachment, and reassurance of worth. We found that the Social Provisions Framework provided a more effective method to capture and show the factors contributing to loneliness among BOAs. Given the lack of a clear definition of the six social provisions in the literature, we re-defined all six categories to enable researchers interested in exploring the concepts of social and emotional loneliness to have a clear conceptual meaning of these terms (see Table 1). These definitions were adopted from

Wiess' Loneliness conceptualization (Weiss, 1973). We found additional themes, such as socio-economic, technology-based, and health-related factors influencing loneliness among BOAs. We included only 27 articles (all peer-reviewed, as no grey literature was found) published in 6 countries, including Nigeria, Ghana, the USA, the UK, Canada, and Uganda, highlighting the limited number of articles in Black-dominated regions like Africa and the Caribbeans. No single article was mapped across all the six categories, highlighting the heterogeneousness of what factors contribute to loneliness among BOAs.

The literature synthesis showed some overlaps between the findings from studies included in this review but using the Social Provisions framework presented a straightforward method to organize and synthesize the results. All the categories in the framework were mainly represented in the literature, except the reliable alliance category. However, some categories were more defined than others in the articles (e.g., health-related factors, socio-economic factors, social integration, and attachment), showing what social provision might be more critical to BOAs (see Table 1). An explanation of why no article represented the reliable alliance social provision using the definition we provided (a supplementary relationship) could be explained by the fact that the Black culture values relationship with family and community members more than people outside these networks (Ebimgbo et al., 2021; Ojembe & Kalu, 2019; Olawa & Idemudia, 2020). This potentially highlights the critical role of the collectivist culture, which values more interaction with family members (Lykes & Kemmelmeier, 2014), since culture emerges in forming a society's normative values and meaningful practices. Moreover, the absence of a reliable alliance in the literature might also reveal that no study included immigrant BOAs living alone while their families and children live in another country, since this was not reported by any of the studies. For example, when BOAs arrive as refugees in another country without their families, they may

naturally seek opportunities to create networks with nonfamily members, such as religious leaders or attending healthcare workers. These individuals will serve as BOAs' reliable assurance to mitigate experience of loneliness in their new country. Additionally, it is plausible that migration actively plays a role in shaping the experiences of loneliness (Victor et al., 2012).

Furthermore, the findings suggest that some social provisions seem more prominent in some geographical regions than others. For instance, the synthesis highlights that articles from countries in Africa and the US reported more on social integration than those conducted in the UK and Canada, reconfirming the importance of relationship cohesion with the social networks available and accessible to the individual (Hawkley & Kocherginsky, 2018). Similarly, attachment is considered another social provision significant to BOAs in all the countries represented, except Canada. This might be due to the gaps in the literature on loneliness among BOAs in Canada.

Although similar factors influence loneliness in men and women, Olawa and Idemudia (2020) found that attending traditional events or ceremonies increased loneliness among men but reduced women's loneliness. This finding is surprising because, especially in the African culture where the study was conducted, men are the traditional leaders and are responsible for conducting traditional ceremonies, while women play a subordinate role (Fonjong, 2001). One plausible argument could be the type of traditional ceremony. Anecdotally, women attend traditional ceremonies more than men, for instance, traditional weddings and child dedications, while men attend and officiate in traditional events such as wrestling.

Lastly, our findings revealed the overlap between loneliness and socio-economic status. Specifically, this finding highlights how the disproportionate disadvantages that BOAs face across their life course and their unique aging experience is exacerbated by poor health, poor living conditions, financial constraints and other social inequities influence loneliness.

Recommendations for future research

Given the findings from this review, we discuss the gaps in the literature relating to loneliness among BOAs. First, while there have been studies that explored the prevalence of loneliness in high-income countries, including the USA and UK, there are limited studies in middle and low-income countries, including Nigeria, Kenya, and Ghana. Therefore, it is challenging to understand whether the prevalence of loneliness among BOAs differs or is shaped by the region. As such, studies exploring the prevalence of loneliness among BOAs in middle and low-income countries are needed to compare guiding global policies targeting loneliness. Furthermore, since it was shown that the disproportionate and cumulative disadvantages faced by BOAs across their life course exacerbate their experience of loneliness and create a unique differential experience of aging, perhaps developing culturally specific interventions would be potential in understanding effective ways to address their complex life experiences. To achieve this, research, programs and services should engage BOAs more in establishing effective strategies.

Theoretically, does understanding these social provisions (defined as what individual gains from their relationship with others) highlight the trajectorial experience of loneliness among BOAs? For instance, could one of the provisions be more critical than the other, and where should intervention be placed? Besides, most of these social provisions are amenable to targeted interventions; is it possible that intervening in one of the social provisions could influence or act on other provisions? Future studies should identify which social provisions (when targeted) could reduce loneliness, allowing clinicians to allocate resources. Another area of importance is co-developing a screening tool following the six provisions with the older adults, guiding clinicians to identify which social provisions, when targeted, are essential to reduce loneliness for BOAs, promoting a patient-centered approach to care.

Methodologically, qualitative studies are required to examine the role of geographical location (e.g., BOAs residing in high or middle and low-income countries) in explaining the experiences of loneliness among BOAs. Surprisingly, qualitative studies exploring the experiences of BOAs were lacking in North American countries (e.g., the USA and Canada) that have many blacks. Most studies in these regions lumped racial and ethnic groups together, undermining the examination of critical differences related to diversity that may present varied experiences related to loneliness. Exploring specific experiences of each ethnic group, especially in multicultural countries like the USA and Canada, would inform policies to effectively address the unmet needs of targeted groups. Although not explored deeply in this review, older Black women experience loneliness differently than men. Therefore, researchers should explicitly disaggregate data on loneliness among BOAs by gender to help inform gender-based policy and intervention. In addition, studies should explore longitudinally the role of immigration in shaping the specific experience of loneliness among BOAs, especially in countries with many immigrants from the black-dominated nations in Africa and Caribbeans. In addition, we found no article in the Caribbean, suggesting the need for relevant studies that will explore loneliness among BOAs living in the region. Regardless, studies that explore loneliness in Black dominated nations like Nigeria and Ghana do exist. Therefore, future reviews should focus on conducting a qualitative meta-analysis of qualitative studies in this region to explore the experience of loneliness among BOAs. We believe the recommendations that we have suggested in this review will further inform policy and research that will generally promote the well-being of BOAs.

Limitations

While our review is the first to provide global evidence on loneliness among BOAs, there are some limitations. We ensured that all the eligible literature was included in the review.

However, we could still have omitted some articles, especially from the African region, since some of the journals are not indexed in related databases (Hofman et al., 2009). Also, by limiting the inclusion to only articles that addressed subjective loneliness and were published in English, we may have excluded some relevant articles. Finally, the six Weiss provision is utilized in this review for a practical purpose, solely to facilitate classification and easy identification of factors influencing loneliness among BOAs, which might also benefit other ethnic groups of older adults. However, because of the ambiguity and possible overlap of the six of Weiss's provisions, we may have mapped some articles in the wrong category. Therefore, readers should reflect on this when interpreting the review findings.

Conclusion

Contributory factors for loneliness among BOAs were mapped across five of the six social provisions (social integration, guidance, opportunity for nurturance attachment, reassurance of worth), excluding reliable alliance. Socio-economic, technology-based, and health-related factors were also key contributors to loneliness among BOAs. While all six provisions seem essential in shaping experience of loneliness among BOAs, future studies should identify which social provisions (when targeted) could reduce loneliness, allowing clinicians to allocate resources effectively and efficiently.

Institutional Review Board (IRB)

This is a review and therefore does not need an IRB approval. However, the protocol has already been published in another journal (*Journal of Social Sciences Protocol*) with DOI: https://doi.org/10.7565/SSP.V4.5748

Conflict of interest declaration

The authors declare that there is no conflict of interest.

Research Ethics

There is no HIPPA identifier associated with this research.

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Appendices

Appendix 1: KEY TERMS AND MESH TERMS	
Concepts	Key or MeSH terms
Loneliness	MH "Social Contact (Omaha)") OR "social contact" OR "social connection" OR "social connectedness" OR (MH "Interpersonal Relations") OR (MH "Social Participation") OR (MH "Social Inclusion") OR "Being alone" OR "lonely" OR (MH "Loneliness") OR (MH "Social Isolation")
Older adults	"Older adults" OR "Older people" OR "Older persons" OR "Seniors" OR "ag*ing" OR (MH "Aging") OR (MH "Aged") OR "elder*" OR "elderly"
Black	"African American" OR "Afro Caribbean" OR "African*" OR (MH "West Indies") OR (MH "Cuba") OR "Caribbean*" OR (MH "Black Persons") OR "Black*"

For all the database searches, the symbol * will be used to allow the inclusion of varied word endings.

Characteristics of studies included in the Scoping Review (Appendix 2a, 2b,2c)

Appendix 2A- Characteristic of included quantitative studies

Authors name, year of publications & country	Study title	Total Sample size included in analysis Mean Age (SD) % Female	% Of BOA sample included in the studies	Study design/sampling method	Tool to measure loneliness	Risk factors/Predictor Variables/determinants/Causes for loneliness	Study finding
Abedini et al., 2020, USA	The Relationship of Loneliness to End-of-Life Experience	2875 77.3 (0.5) 49.0%	8.9%	Secondary analysis of the HRS /Convenience	Three-item Revised University of California and Los Angeles	Using life support equipment in the last 2 years of life; intense EOL care (e.g., late hospice referral, ICU use,	Compared with nonlonely decedents, lonely decedents had greater odds of dying in a nursing home

	in Older Americans: A Cohort Study				(UCLA) Loneliness Scale (R-UCLA).	or dialysis use), measures of advance care planning.	(adjusted odds ratio [aOR] = 1.78; 95% confidence interval [CI] = 1.30-2.42; P < .001) and using life support equipment in the last 2 years of life (aOR = 1.36; 95% CI = 1.08-1.71; P = .01). However, loneliness was not associated with other measures of intense EOL care (e.g., late hospice referral, ICU use, or dialysis use) or measures of advance care planning. *(Multivariate regression)*
Cacioppo, et al., 2017, USA	Reciprocal Influences Between Loneliness and Self-Centeredness: A Cross-Lagged Panel Analysis in a Population-Based Sample of African American, Hispanic, and Caucasian Adults	229 NR (NR) 54.5%	39.2%	Longitudinal	The Revised UCLA (University of California, Los Angeles	Self-centeredness	The hypothesized cross-lagged effect of loneliness in WaveN on self-centeredness in WaveN+1 was statistically significant when controlling for demographic variables (β = .14, p < .05). Inspection of Models 2a, 2b, and 3 (Table 3, top panel) confirmed that the addition of each covariate

							had little effect on the cross-lagged effects of loneliness on self-centeredness (β = .21, .16, and .17, respectively; ps = .054, <.05, and <.05, respectively). The cross-lagged effect of self-centeredness on loneliness was statistically significant when controlling for demographic variables (β = .07, p < .05), Inspection of Models 2a, 2b, and 3 (Table 3, bottom panel) again confirmed that the addition of each covariate had little effect on the cross-lagged effects of self-centeredness on loneliness (β = .11, .09, and .09, respectively; ps < .05).
Choi et al., 2021, USA	COVID-19 Social Distancing Measures and Loneliness Among Older Adults	6,884 63.5 (8.9) 46.0%	10.5%	Longitudinal national probability-based internet panel	A single-item question: "In the past 7 days, how often have you felt lonely?"	Cancelling or postponing social activities and avoiding close contact with people living together, social distancing measures	Cancelling or postponing social activities and avoiding close contact with people living together were associated with 33% (odds

							ratio [OR] = 1.33, confidence interval [CI] = 1.06−1.68, p < .05) and 47% (OR = 1.47, CI = 1.09−1.99, p < .05) greater odds of loneliness, respectively. Furthermore, limiting close contact with coresidents increased the probability of loneliness more for males, non-Hispanic Whites, and those with higher levels of education and income. Discussion: Efforts should be made to help older adults maintain social connectedness with close others by virtual communication methods.
Creecy et al., 1983, USA	Correlates of Loneliness among the Black Elderly	4,254 65.3 (NR) 54.0%	100.0%	Longitudinal and cross sectional	20-point index which is a measure of the amount of contact the respondent had with relatives and close friends. The final five-time spent working,	Demographic, activity and social-psychological	Feelings of loneliness are associated with decreased contact with relatives and close friends, a low degree of reading and spending limited time working. On the other hand, spending a great deal of time viewing

					time spent reading, time spent watching television, time spent with hobbies and participating in clubs, fraternal or community organizations- were all based on responses to the question, "Do you spend hardly any time, some but not a lot, or a lot of time participating in these activities?" The coded responses ranged from 1 for "hardly any time" to 3 for a "a lot of time."		television is associated with higher levels of loneliness. With regard to the social-psychological variables, each has a significant relationship with the dependent variable.
Gonyea et al., 2018, USA	Loneliness and Depression Among Older Adults in Urban Subsidized Housing	216 67.4 (8.1) 73%	50.0%	Cross sectional	Revised UCLA Loneliness Scale– Eight-Item Short Form	Stress and depressive symptoms	The two psychological variables, stress and loneliness, were positively correlated with depression. greater levels of stress and loneliness were

							linked to a higher level of depressive symptoms (p < .001)
Han et al., 2017, USA	Loneliness in Older Black Adults with Human Immunodeficiency Virus Is Associated with Poorer Cognition	370 58.8 (6.2) 73.9%	68.9%	Cross sectional	A modified version of the de Jong-Gierveld Loneliness Scale	Lower/poorer cognitive function	The study observed that older Black adults with HIV reported less overall loneliness than older White adults with HIV in the CEDHA cohort. Also, the association between greater loneliness and lower cognitive function was stronger in Black adults with HIV than in White adults with HIV.
Hawkley & Kocherginsky, 2018, USA	Transitions in Loneliness Among Older Adults: A 5-Year Follow-Up in the National Social Life, Health, and Aging Project	2,261 67.1 (7.2) 52.2%	10.0%	Longitudinal and cross-sectional	Hughes three-item loneliness scale from UCLA Loneliness Scale	Living alone is a risk factor for loneliness; Decreasing social activity (frequency of participation during the last 12 months in family events, library visit, religious services, and travel to a foreign country); transition to retirement	Associations between changes in loneliness and sociodemographic, structural, and functional factors did not differ between men and women (ps >.08 for all gender interaction terms) or by marital status (ps >.09 for all marital status interaction terms). Among married respondents, spousal support

							was inversely associated with changes in loneliness (B ¼ 0.08, p ¼ .025) over and above the effects of all other baseline covariates. Spousal strain was unrelated to loneliness (B ¼ 0.03, p ¼ .197). Associations between baseline covariates and transitions in loneliness did not differ by gender (ps > .1) or marital status (ps > .1). Among married respondents, spousal strain had a sizable but not statistically significant association with becoming lonely (B 2 ¼ 1.52, p ¼ .051) but was not associated with recovering from loneliness (p > .3). Spousal support was unrelated to transitions into and out of loneliness (ps > .1). Functional limitations and low family support were

							associated with an increase in loneliness frequency (as were more strained friendships) and with transitioning from nonlonely to lonely status. Better self-rated health, higher levels of socializing frequency, and lower family strain were associated with transitioning from lonely to nonlonely status. Sociodemographic predictors. Only age had a small positive association with increases in loneliness (B ¼ 0.04, p ¼ .02)
Igbokwe et al., 2020, Nigeria	Prevalence of loneliness and association with depressive and anxiety symptoms among retirees in Northcentral Nigeria: a cross-sectional study	1099 71.3 (6.0) 45.60%	100.0%	cross sectional study	8-item University of California, Los Angeles Loneliness Scale (ULS-8), and the DASS 21-depression and anxiety subscales,	Depression, Anxiety, anxious depression	female gender (AOR 1.49; 95% CI (1.09, 2.00), having secondary education (AOR 2.24, 95%CI (1.40, 3.57) and having higher education (AOR 3.82, 95%CI (2.37, 6.16) were significantly associated with depression. lonely retirees are 1.19 times (AOR 1.19; 95% CI (0.84,

							1.69) more likely to be depressed compared to retirees that are not lonely and the anxious depressed retirees are 314.58 times (AOR 314.58; 95% CI (508.05, 1941.70) more likely to be depressed than those without anxious depression.
Mannes et al., 2016, USA	Loneliness and substance use: the influence of gender among HIV+ Black/African American adults 50+.	96 55.8 (5.3) 62.9%	100.0%	Cross-sectional	The 20-item University of California Los Angeles (UCLA) Loneliness Scale	Substance use, heavy drinking, depressive symptoms	Among women, loneliness was associated with illicit drug use, AOR = 3.37, 95% CI: 1.23–9.21, p = .018 and heavy drinking, AOR = 2.47, 95% CI: 1.07–5.71, p = .033. No significant associations were found between loneliness and illicit drug use, and heavy drinking in men. Substance use among women in this population may be linked to loneliness.
Ntozini & Abdullahi, 2021, South Africa	Loneliness and psychological well-being among the elderly	301 75.4 (7.5) (old age home)	57.9%	Cross-sectional	University of California Loneliness Scale (UCLALS)	Ethnicity and age	Hierarchical regression analysis results indicate ethnicity is predictive of loneliness.

	in Buffalo City, South Africa	74.4 (7.7) (private home) 69.1%					Specifically, black people had both lower levels of loneliness and autonomy compared to the white elderly. Moreover, white elderly with low levels of loneliness had higher levels of self-acceptance compared to the black elderly.
Ojagbemi & Gureje, 2019, Nigeria	Social relationships and the association of loneliness with major depressive disorder in the Ibadan study of aging	1704 72.7 (7.4) 47.0%	100.0%	Cross-sectional	Three-item University of California at Los Angeles (UCLA) scale	Marital separation, social isolation, and poor social engagement, and major depressive disorder	Loneliness was present in 16.7% of this large sample of community-dwelling older Nigerians who were participants in the Ibadan Study of Ageing (ISA). Along with poor social engagement, the subjective experience of loneliness was associated with significantly increased odds for major depressive disorder (MDD). While social engagement was an independent correlate for depression irrespective of loneliness, the association of

							loneliness with MDD was in part moderated by social engagement.
Olawa et al., 2021, Nigeria	Gender influence on loneliness and family and nonfamily support among older adults: The confounding role of widowhood	465 74.2 (9.42) 63.2%	100%	Cross-sectional	Three-item loneliness measure of the R-UCLA Loneliness Scale	Widowhood, age, gender, extraversion, neuroticism, and social engagements,	Gender predicted both loneliness (β = −.15, p < .002), but did not predict nonfamily support (β = .002, p = .96). widowhood also predicted both loneliness (β = .27, p < .001), Comparison of mean scores showed that females (M = 4.77) had significant higher mean scores on loneliness than males (4.26). All secondary covariates including gender, extraversion, neuroticism, and social engagements, predicted loneliness with the exception of age, which did not predict loneliness.
Olawa & Idemudia, 2020, Nigeria	Gender Differences in the Associations Between Forms of Social Engagements and	406 76.69 (8.3) 63.3%	100.0%	Cross-sectional	Three-item Loneliness Scale drawn from R-UCLA Loneliness Scale	Widowhood, extraversion, and family supports significantly predicted loneliness in both men and women,	Among men, the covariates of widowhood (OR = 5.54, p = .004), extraversion (OR = .71, p = .002), and diagnosis

	Loneliness in a Sample of Nigerian Older Adults: A Cross-Sectional Survey						(OR = 1.52, p = .038) were significant, while family support (OR = .91, p = .20) was not. For women, only family support (OR =.78, p < .001) significantly predicted lower loneliness risk, while widowhood (OR = 1.65, p = .16), extraversion (OR = .86, = .16) and non-family support (OR = 1.03, p = .62) did not. Taken together, the multivariate model accounted for almost 36% of the variability in loneliness for men and 30% in women
Phaswana-Mafuya & Peltzer, 2017, South Africa	Prevalence of Loneliness and Associated Factors among Older Adults in South Africa	3,624 NR (NR) 55.9%	74.0%	Cross-sectional	One-item question was asked to assess the primary outcome, loneliness, "Did you feel lonely for much of the day yesterday?" ("Yes" or "No").	Age, Gender, Marital status, Residence, Health state	The overall prevalence of self-reported loneliness was 9.9%. Prevalence of loneliness was 10.2% for females and 9.5% for males, lowest among those married (7.5%), and highest among the 70+ years olds (12.5%). Individuals with

							highest level of education had the lowest prevalence of loneliness (5.9%). Indians or Asians were significantly more likely to experience loneliness than other population groups (Adjusted Odds Ratio=AOR: 3.20; 95% Confidence Interval=CI: 1.31, 7.80). Married or cohabiting individuals were significantly less likely to experience loneliness than unmarried or non-cohabiting ones, respectively (AOR: 0.55; 95% CI: 0.37, 0.81). In multivariable logistic regression, individuals with good subjective health were less likely to experience loneliness than those with poor health (AOR: 0.40, 95% CI: 0.22, 0.73). Similarly, individuals with good cognitive functioning were

							significantly less likely to experience loneliness than those with poor cognitive functioning (AOR: 0.55, 95% CI: 0.32, 0.97).
Taylor & Nguyen, 2020, USA	Depressive Symptoms and Loneliness Among Black and White Older Adults: The Moderating Effects of Race	6,469 NR (NR) 54.2%	10.9%	Longitudinal and cross sectional	Hughes three-item loneliness scale from UCLA Loneliness Scale	Race, depression	Race significantly moderated the relationship between loneliness and depressive symptoms while controlling for sociodemograph ic covariates, social support and negative interaction variables, and religious service attendance.
Taylor et al., 2018, USA	Social Isolation, Depression, and Psychologic al Distress Among Older Adults	1439 66.7 (8.85) 55.4%	79.3%	Crosssection al study _ National representativ e data	Subjective social isolation (subjective family closeness and subjective friend closeness). Subjective family closeness is assessed by the item, "How close do you feel towards your family members? Would you say very close,	Depressive symptoms, psychological distress	Compared to not subjectively isolated from either group, subjective social isolation from both family and friends (b(SE)=0.39 (0.14), p<.01), subjective isolation from friends ((b(SE)=0.40 (0.09), p<.001) were significantly associated with depressive symptoms, while subjective isolation from family only were not

					fairly close, not too close, or not close at all?" Subjective friend closeness is assessed by the item "How close do you feel towards your friends? Would you say very close, fairly close, not too close, or not close at all?"		associated with depressive symptoms. compared to not subjectively isolated from either group, subjective isolation from friends only was significantly associated with psychological distress ((b(SE)=0.39 (0.12), p<.01), but subjective isolation from both or family only were not significant.
Victor et al., 2012, Britain	Loneliness and ethnic minority elders in Great Britain: an exploratory study.	300 NR (NR) 50.0%	16.7%	Cross sectional study	Single item self-report loneliness rating questions used in previous studies (Victor et al. 2009).	Ethnicity	2% of the general population aged 65 and over characterized themselves as always lonely; 7% as often lonely; 32% as sometimes lonely and 61% as never lonely. Indian participants in both the ELS and the overall sample approximated to the norms of 8–10% for Britain. Older People from South Asia survey reported levels of loneliness consistent

							with the general population with 8% and 7% respectively reporting that they were often/ always lonely. This overall rate was very much lower than those reported by all other minority groups in the ELS. Almost a quarter (24%) of older people from Caribbean backgrounds report that they are always/often lonely as did 40% of Chinese participants; 50% of African and Bangladeshi elders and 50% of Pakistani respondents aged 65 years and over. For each of these groups the differences in loneliness rating were statistically different from the general population at the 1% level.
Victor et al., 2021, Britain	Loneliness in mid-life and older adults from ethnic minority communities in England and Wales: measure validation	1206 65 (NR) 52.0%	36.4%	Cross-sectional	single-item loneliness question and the eleven-item DJG scale	Gender, age, Marital status, number of children, health rating, financial strain	Three factors were not associated with loneliness— number of children, gender and health rating, and three factors were protective: younger age,

	and prevalence estimates						being married and low financial strain. The addition of ethnicity did not change these relationships or enhance statistical power of our models. Being a member of the African Caribbean group was protective against loneliness but not for the other groups included in our study.
Yoo-Jeong, et al., 2020, USA	Correlates of loneliness in older persons living with HIV.	146 56.53 (4.55) 37.7%	85.6%	Cross-sectional	Patient-Reported Outcomes Measurement Information System (PROMIS)-Social Isolation (SI) Short Form v2.0 8a.	Homelessness, depressive symptoms, disease burden, HIV related stigma	The results of the first step found that homelessness/ unstable housing ($\beta = 0.21$, p = .007), comorbidity burden ($\beta = 0.24$, p = .002), and functional status ($\beta = -0.18$, p = .026) were significant correlates of loneliness and the model explained 15% of the variance in loneliness ($R2 = 0.15$, $F(3, 142) = 8.35$, p < .001). In the second step, the addition of modifiable variables in the regression analysis accounted for an additional 26%

						of the variance in loneliness (R2 = 0.41, F(7, 138) = 13.76, p < .001). Depressive symptoms (β = 0.35, p < .001) and HIV-related stigma (β = 0.29, p < .001) were significantly associated with loneliness. I

HRS - Health and Retirement Study; NR- Not reported.

Appendix 2B - Characteristic of included qualitative studies

Authors name, year of publications & country	Study title	Total Sample size included in analysis Mean Age (SD) % Female	% Of BOA sample included in the studies	Study design/sampling method	Method of data collection	List of themes
Ojembe & Kalu, 2018, Nigeria	Describing reasons for loneliness among older people in Nigeria	12 NR (NR) 58.3%	100%	Phenomenological-descriptive/purposive	Face-to-face individual interview	(1) Perception and existence of Loneliness (i) An unpleasant experience (ii) Feelings of helplessness (iii) Feelings of emptiness (iv) Withdrawal and thoughts of suicide (2) Factors for Loneliness (i) Disability (ii) Living or being alone (iii) Age (iv) Weak family ties (v) Bereavement (vi) Poor social networks (vii) Retirement (3) Context dependent

						coping strategies (i) Interacting with someone or others (ii) Using technology (iii) Being involved in religious activities (iv) Being involved in other social and recreational activities (v) Acquiring new skills
Ojembe & Kalu, 2019, Nigeria	Television, radio, and telephone: Tools for reducing loneliness among older adults in Nigeria	15 NR (NR) 60%	100%	Phenomenological-descriptive/purposive	Face-to-face individual interview	Benefits and barriers of using technology in reducing loneliness among older adults. While the benefit of using technology includes facilitation of interaction, increasing the quality and quantity of social networks, feeling of anticipation and preferred face-to-face interaction; non-age friendly television and radio programs and usage struggles emerged as barriers of using technology in reducing loneliness among older adults in Nigeria.
Roos et al., 2019, South Africa	Loneliness of older black South African women subjected to forcible relocation.	16 NR (NR)	100%	A critical-realist ontology	Mmogo-method (a projective visual data-collection method and open-ended individual interviews	Components of loneliness (Loss of specific relationships; Inability to interact with anyone; Impact of painful interactions) 2. Remedies for loneliness (Anyone will do; Socio-cultural and spiritual rituals; Keeping busy: alone or with others)
Salma & Salami, 2020, Canada	"Growing Old is not for the Weak of Heart": Social isolation and loneliness in Muslim immigrant older adults in Canada	67 NR (NR) 74%	NR	Participatory research approach	Individual interviews and FGDs	Intersections of exclusion: ageism, racism, sexism strategies for inclusion: local, national, transnational

| Kwegyir, 2020, Ghana | Exploring the Nature of Loneliness among Older People in Rural Ghana | 10

NR (NR)

60% | 100**%** | Phenomenological-descriptive/purposive | Face-to-face individual interview | Having no one, vulnerability and relief |
| Van Der Geest, S. (2004), Ghana | "They don't come to listen": The experience of loneliness among older people in Kwahu, Ghana | 35

NR (NR)

NR | 100% | Phenomenological-descriptive/purposive | Face-to-face individual interview | "Loneliness": definitions and models; Living conditions for the elderly in Kwahu; Wisdom and respect. |

Appendix 2C- Characteristic of included Mixed-Method studies

Authors name, year of publications & country	Study title	Total Sample size included in analysis Mean Age (SD) % Female	% Of BOA sample included in the studies	Study design/sampling method	Tool to measure loneliness	Risk factors/Predictor Variables/determinants/Causes for loneliness	Study finding (Quantitative)	Study finding/Themes (Qualitative)
Ebimgbo et al., 2021, Nigeria	Predictors of loneliness among older adults in South-Eastern Nigeria	516 (quantitative), NR (NR) 49.8% 24 (qualitative) NR (NR) 50%	100%	NR	University of California, Los Angeles Loneliness Scale (ULS-8)	Marital status, income level, educational level, number of children, living arrangements, social support, and state of health	Marital status (OR=1.638, p=0.19), educational level (OR= 2.062, p =0.16), number of children (OR=1.879, p=0.002), living arrangements (OR=0.564, p=.052), social support (OR=0.582, p=0.014), and state of	Themes from the qualitative study were not clearly identified.

							health (OR=0.525, p=0.23) were significant predictors of loneliness. Income was not significantly associated with predictors of loneliness.	
Nzabona et al., 2016, Uganda	Loneliness among older persons in Uganda: examining social, economic and demographic	605 NR (NR) 65.1%	100%	NR	EPIDATA data entry program was used to capture quantitative data generated by the interviewer-administered questionnaire. This tool, which was used in the larger study, contained two questions that directly sought information on loneliness. The first one, which required respondents to evaluate how they felt in terms of loneliness, was: 'overall, are there times when you have a feeling of loneliness?' The response	Deprivation and limited capacity for affording basic items such as media facilities could be some of the factors that explain the high prevalence of loneliness in our study area. Place of residence predicted loneliness,	Findings indicate that older persons who reported having pain, swelling or stiffness of the arms or feet were three and half times more likely to be lonely (OR = 3.6; p = 0.000) than their counterparts who did not report similar health challenges. Older persons who did not own a television set (OR = 2.2; p = 0.018) were twice as likely to be lonely than their counterparts who possessed	Qualitative data appeared to indicate that quality of housing, poverty and loneliness were intertwined

| | | | | | options were either 'yes' or 'no'. For those who responded in the affirmative, a second open-ended question was asked, namely 'what do you think needs to be done to reduce this loneliness? | | the media facility. Results indicate that in comparison with older persons who were receiving retirement benefits, the elderly who did not receive pension funds (OR = 2.8; p = 0.008) were almost three times more likely to be lonely. older persons staying in houses with cement floors, the elderly who were staying in houses with rammed earth floors and other floor material were twice and three and half times more likely to be lonely (OR = 2.0; p = 0.025 and OR = 3.5; p = 0.005, respectively). | |

Chapter Three

Paper Two

A Narrative Exploration of Loneliness Among Black Older Adults

This qualitative paper has been submitted to the *Journal of Activities, Adaptation and Aging*. Thus, the formatting of the paper follows that of the journal. The manuscript has been forwarded to reviewers and currently awaiting comments from reviewers.

The foundation for this paper was laid by one of the recommendations of Paper One for future studies to investigate and establish the cultural relevance of the social provision framework in identifying and understanding the experience of loneliness among BOAs. Hence, the aim of this paper is to understand how the social provision framework explicates the experience of social and emotional loneliness among BOAs (aged 55 years and older) living in Ontario. Using a narrative approach, I interviewed 13 Black older adults and identified five themes: g*etting involved with people, care and support, intimacy and security, belongingness, and familial relationship.* The paper highlights the importance of social connections, reliable relationships and relational gains in reducing loneliness among BOAs and some socio-personal factors that prevent BOAs from accessing these social provisions. The findings of this paper provide important insight into the suitability and limitations of the social provision framework in understanding loneliness among BOAs and suggests for utilizing theories that are more relevant in understanding the experience of loneliness among BOAs.

PAPER TWO

A NARRATIVE EXPLORATION OF LONELINESS AMONG BLACK OLDER

ADULTS

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Abstract:

Despite the severe implications of loneliness on racialized older adults' wellbeing, little is known about this experience among Black older adults (BOAs). This paper explores how different social provisions shape the experience of loneliness among BOAs living in Ontario. Using narrative inquiry methodology, thirteen BOAs (n=5 Male and n=8 female) were purposefully recruited with mean age of 63.8. *Getting involved with people, care and support, intimacy and security, belongingness, and familial relationship were themes that emerged.* While some participants emphasized the importance of social connections, reliable relationships for reducing loneliness, unequal access to these social connections among BOAs exists.

Introduction

Loneliness is a prevalent social and public health issue affecting older adults across the globe (De Jong Gierveld et al., 2015), thus making it an integral aspect of the human condition. Loneliness is defined variably in the literature, but for this study, *loneliness is defined as negative and undesirable subjective feelings caused by unmet social and intimate needs* (Peplau & Perlman, 1982). Peplau and Perlman's (1982) definition supports the argument that loneliness is a negative experience, which explains why people prefer not to identify with loneliness, even when it affects them. Also, pointing out that loneliness results from unmet social and intimate needs recognizes that loneliness has a social and emotional form; this study focuses on these two forms.

Loneliness impacts both the mental and physical well-being of older adults (Coyle & Dugan, 2012), including their spiritual health (Han & Richardson, 2010), leading to poor quality of life. Many factors, including race, ethnicity, class, sex, disability, or language, have been identified as predictors of loneliness among older adults (De Jong Gierveld et al., 2015). The prevalence of loneliness is relatively high among some ethnic groups. For instance, in an

exploratory study among ethnic minoritized groups aged 65+ in Great Britain, the prevalence of loneliness was shown to be highest among participants from Africa (50%), China (40%), and the Caribbean (24%) (Victor et al., 2012). Many empirical measures, programs, and services are being developed to reduce loneliness among older adults. However, many of these programs do not account for factors that predict loneliness among older adults, including race, class, sex, ethnic group, language, or disability (De Jong Gierveld et al., 2015).

Canada is a multicultural country comprising diverse ethnic groups (Chaze et al., 2015), driven by Canadian immigration policy. Statistics Canada reported that the population of older immigrants in Canada increased from 20% in 2011 to 31% in 2016 (Kei et al., 2019). Older immigrants often have a hard time coping and integrating into their new country due to socio-cultural differences, change in connection to family, friends, and communities, difficulty in optimizing the potentials that their new environment presents (De Jong Gierveld et al., 2015) and lack of sense of place (Lewis, 2009).

While there is evidence about the different aspects of loneliness and its prevalence among some ethnic groups in the UK and the US, research on loneliness within and between diverse ethnic groups in Canada is sparse. The limited studies that have examined loneliness among minoritized older Canadians have often focused on specific populations such as Europeans (van Tilburg et al., 2004), Asians/Indians (Alvi & Zaidi, 2017) and Koreans and Philippines (Koehn et al., 2020). These studies often lump the other racialized and minoritized ethnic groups, e.g., Blacks and Latinos, together as "others" (De Jong Gierveld et al., 2015; Wu & Penning, 2015). The "Others" category often includes only a small sample of participants who are Black (Garcia et al., 2019). This obscures the unique experiences of each of these groups in the empirical literature. This study aims to bridge this gap.

This study aims to understand how the social provision framework (Weiss, 1973) explicates the experience of social and emotional loneliness among BOAs (aged 55 years and older) living in Ontario. Our study is stimulated by the work of Weiss (1973) and the need to understand the significant role played by the different social provisions people receive from their relationships and how it can facilitate the construction and the understanding of the experience of loneliness among older adults in several ways. To achieve that, we purposefully explore how the narratives told by BOAs reveal their experience of loneliness and how the absence or availability of social provisions shape these experiences.

Research evidence on Loneliness among Black older adults (BOAs)

There are very few studies that have examined the experience of social and emotional loneliness among BOAs globally. Finlay and Kobayashi, (2018) revealed that Blacks in the US are less likely to report loneliness or social isolation than Whites and Hispanics. In contrast, in the UK, loneliness was shown to be highest (20-50%) among older adults originating from Africa, the Caribbean, Pakistan, Bangladesh, and China as compared to the general population, with Africans reporting the highest experience of loneliness (50%) (Victor et al., 2012).

There are several reasons for these conflicting findings. In the US, Findlay and Kobayashi (2018) believed that older Black people had built resilience due to their socioeconomic and health status. In addition, BOAs tend to value their relationships with their family members more than any social contact or relationship (Taylor et al., 2019). Typically, Blacks have larger families and tend to live in a communal or collectivist culture (Lykes & Kemmelmeier, 2014), and these help them ameliorate their social loneliness or isolation. However, when socioeconomic factors (e.g., household income) and health status are controlled for, Blacks tend to have a higher level of loneliness than whites and Hispanics (Fisher et al., 2014; Taylor et al., 2019). Among BOAs,

loneliness was positively related to poor self-rated health, stress, and depressive symptoms (Fisher et al., 2014), poor cognitive function (Han et al., 2017), poor physical function (Miyawaki, 2015), perceived low income, and fear of neighbourhood crime (Creecy et al., 1983). Loneliness among BOAs in sub-Saharan Africa was also a result of bereavement, marital status, lack of engagement in religious activities (Kwegyir, 2020), living or being alone, disability, weak family ties, and poor social network (Ojembe & Kalu, 2018).

The adverse effect of loneliness is the same across ethnic groups. However, the negative effects may be higher among BOAs, as some are less likely to seek help due to perceived and internalized racism (Rhee et al., 2019) and exclusion (Salma & Salami, 2020). Although these studies have highlighted the experience of BOAs in the US, the UK, and some African countries, such as Nigeria, Ghana, South Africa and Uganda, exploring the experience of BOA in Canada is warranted because of its multicultural population. Furthermore, examining the experiences of BOAs will provide context-dependent information that could inform social services and programs to alleviate loneliness among BOAs in Canada.

Theoretical framework

The Social Provisions framework (SPF) is also called Weiss' typology of social and emotional loneliness (Weiss, 1973), the theory of the function of social relationships (Perera, 2016) or the interactionist theory of loneliness (Ojembe & Kalu, 2018) (we choose to use social provision framework in this paper). It is a multidimensional theory that is rooted in Bowlby's (1981) attachment theory and is based on the understanding of what individuals gain from their relationship with others. Weiss' theory acknowledges both the availability and lack of relational gains. Weiss (1973) grouped these gains into six social provisions: attachment, reassurance of worth, social integration, reliable alliance (relationship), guidance, and opportunity for nurturance.

Attachment and reassurance of worth can be grouped under emotional loneliness. In contrast, social integration, reliable alliance, and guidance can be grouped as remedies for social loneliness. Lack of opportunity for nurturance can either lead to emotional or social loneliness (see Fig 1). Definitions of each social provision are provided in Table 1. The approach identifies what promotes loneliness in an individual's life and what type of loneliness is experienced. The social provision framework is premised on what people gain from their social relationships and how the absence of these gains can have psychosocial implications and lead to loneliness. Relational deficits can lead to the loss of these gains. An increase in one provision cannot replace the deficiency lacking in another provision, explaining the occurrence of social or emotional loneliness (Drennan et al., 2008).

Due to the underlying assumptions within each social provision, and because different types of loneliness respond only to the suitable provision, social relationships must target only the specific provision that it aims to achieve. Based on this understanding, no relationship can provide all the needs arising from loneliness, making it a multidimensional complex phenomenon that is difficult to measure and address (Valtorta & Hanratty, 2012). However, multiple interventions have attempted to establish solutions for loneliness (Cohen-Mansfield & Perach, 2015; Masi et al., 2011), sometimes with flawed design encumbering the efficacy of the results (Siegers et al., 2008). Perhaps one major problem to addressing loneliness, as aptly captured by Weiss (1973), is because "we have so many preconceptions regarding its nature, so many defences against recognizing its pain, and so little knowledge of how to help" (p.236). There have been attempts to review and expand these typologies of loneliness by previous studies, such as family and romantic loneliness (Drennan et al., 2008), functional (type of social support) and structural loneliness (network size) (Fiori et al., 2006). However, evidence has shown that the social provision framework proffers

dimensions that might help tackle different forms of loneliness and lack of social support (Perera, 2016) among diverse populations.
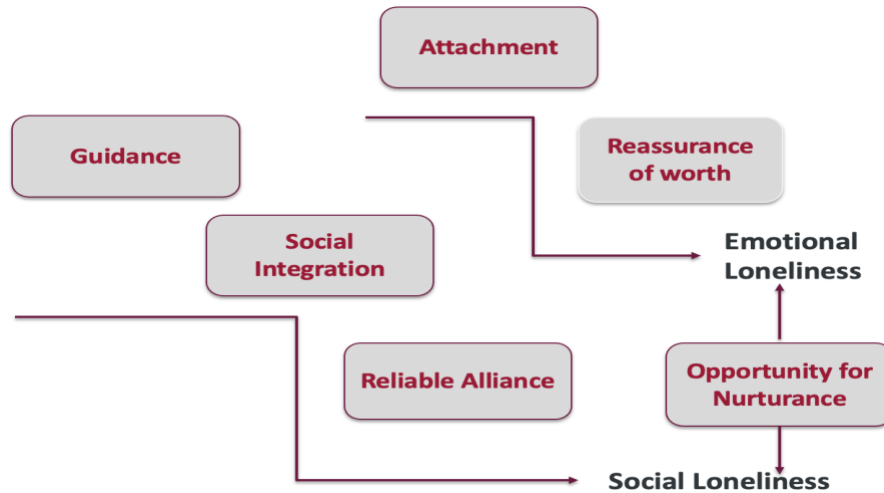
Fig. 1: Schematic representation of the Experience of Loneliness using the Social Provisions Framework

Table 1: Definitions of the typologies of social provisions and sources responsible

Typologies of Loneliness	Typologies of Social Provisions	Definition	Who Provides It
Social Loneliness	Social Integration	The relationships or social participation that enable an individual to build competencies, identity and special skills needed to flourish.	Community, Groups, Individual Association
	Guidance	Natural support structures that provide objective, critical information aimed at helping people to overcome their struggle without any judgment (e.g., social support by family and friends)	Family and friends
	Reliable Alliance	Supplementary or dependable relationships that provide support and mentorship when there is no primary relationship available, such as family and friends.	Healthcare workers, Church members, settlement workers and family (when available)
	Opportunity for nurturance	The provision of social support, nourishment, security, care, and encouragement.	Family, children, and friends
Emotional Loneliness	Attachment	The presence of a close, intimate relationship that provides a sense of safety, security, and enhances well-being.	Spouse, Partner, close friend, Children
	Reassurance of Worth	Relationships that provide a sense of community and counters the feeling of unwantedness to BOAs.	Family, church members, community members, co-workers, and neighbors

Adapted from (Ojembe et al., 2022; Weiss, 1973)

Methods

Research design

We employed a narrative inquiry in this study. Narrative inquiry is a methodology that emphasizes focus on the particularity of experience rather than the generality (Chase, 2008). We combined our narrative inquiry approach with Weiss's Social and Emotional loneliness approach (Weiss, 1973) and the philosophical foundation that highlights the construction of narratives and explores multiple ways of making meaning, addressing the interactions that shape people's experiences (Squire et al., 2019). Our paper is situated within the constructivist epistemological approach, especially regarding the belief in multiple ways of making meanings (Lincoln & Guba, 2016). Our interest is in generating an understanding of the relatively different constructions that people hold about their experience of the world with a focus on achieving social change. In this stance, knowledge construction is mutually based on the personal experience of both the researched and the researcher, the multiple interpretations of the experience of the phenomenon by the participants, and the creation of an interpretive understanding of what reality is to them, not as perceived by others.

It seems to be a more pervasive view among narrative researchers that answering a research question should not be the sole interest of narrative inquiry (Bamberg, 2012; Clandinin, 2016) as expected of other traditional qualitative and quantitative methods. One dominant thought is that research puzzles guide narrative studies, and researchers do not go into the field with pre-defined expectations of an answer; instead, they go into the interview with "a sense of a search, a 're-search,' and a searching again" (Clandinin, 2016, p.42). The unfolding of the puzzle and the transactional conversation between the researcher and the participant are shaped by the overarching aim of the research. Hence, this paper's overarching aim is to *examine how different*

social provisions shape the experience of social and emotional loneliness among BOAs living in Ontario. We focus on understanding how BOAs describe or define loneliness when asked to relate their experiences; events that exacerbated or reduced their experience of loneliness, specific ways BOAs differentiate social and emotional loneliness; and how the stories told by BOAs help to address the cumulative disadvantage that BOAs grapple with across their life course and aging experience.

Sampling/recruitment techniques

A criteria-based purposive and snowballing sampling was employed in selecting BOAs who have an experience of loneliness. Participants who were (a) 55 years and above, (b) self-identified as Black (c) self-identified as being lonely (c) could communicate in English, Broken or Pidgin English were invited to participate in the study, since evidence has shown that language difficulty is one of the significant challenges faced by racialized older adults in Canada (Stewart et al., 2011). The *criterion-based selection* was beneficial because it offered detailed information and high accuracy, especially with the relatively small number of participants used in the study (Sarantakos, 2013). We also included snowballing technique as a recruitment strategy to enable participants and gate-keepers to refer of people with relevant characteristics (Atkinson & Flint, 2001).

We recruited 13 participants, including one for the pilot study (see participants' demographic information in Table 2). This is within the recommended sample size for narrative inquiry (Law & Chan, 2015; Nguyen & Dao, 2019). The study was advertised through various religious institutions and ethnic associations in Hamilton and Ontario, including the Federation of Black Canadians. The study was also announced on the websites and social media platforms of some social service and aging research agencies in Hamilton, including the Young Women

Christian Association (YWCA), the McMaster Institute of Research on Aging (MIRA), and the Gilbrea Centre for Studies in Aging. The aim was to recruit participants from different cities in Ontario, but only participants in Hamilton and Windsor volunteered to participate in the study. The first author shared the study info on Twitter, Facebook, and Instagram. Individuals interested in participating in the study contacted the first author via email or phone call, and participants were screened to ensure they met the inclusion criteria. When participants met the inclusion criteria, interviews were scheduled. The study was approved by McMaster Research Ethics Board (MREB - #5476).

Data Collection

Narrative interviewing adopts a semi-structured and unstructured method (Anderson & Kirkpatrick, 2016). Each individual participated in two interviews using both methods. The initial phase of the first interview was unstructured and as the conversation progressed in both interview sessions, the interviewer (BO) adopted a semi-structured method allowing for follow-up and probing on some grey areas of their stories. Interviews were conducted via telephone (Lechuga, 2011) or virtually (Crichton & Kinash, 2003) depending on the participant's choice. Five participants opted to be interviewed over the phone because they did not know how to use Zoom. The remaining eight participants were interviewed on Zoom. All but one participant was interviewed twice. The interviews focused on four broader aspects outlined by Anderson and Kirkpatrick, (2016): the introduction and explanations about the research; the narrative; questioning phases comprising a combination of semi-structured and unstructured interview questions; and the conclusion. The discussion started with statements like, "can you tell me about yourself, your family?", "tell me what loneliness means to you", "tell me about your experience

with loneliness" etc. These questions led to a rich, in-depth unstructured conversation between the

researcher and the participant and helped build trust.

TABLE 2: DEMOGRAPHIC INFORMATION OF PARTICIPANTS (N=13)

Participant's Unique Study ID number or Pseudonym	Gender	Age	Marital Status	Living arrangement	Educational level	Living with functional disability	Self-rated health	Ethnicity	# of Years in Canada	City of residence	Lang. of interview
BOALSPILOT1	M	58	Divorced	Living with a friend	Post-secondary	No	Good	Caribbean	Over 30years	Hamilton	English
BOALSP1	M	56	Married	Living with a family	Graduate level	No	Poor	West African Black	5 years	Hamilton	English
BOALSP2	F	55	Single	Living alone	Graduate level	No	Good	West African Black	5 years	Hamilton	English
BOALSP3	F	63	Married	Living with spouse	Prefers not to say	No	Good	West African Black	Over 20 years	Windsor	English
BOALSP4	M	70	Married	Living with spouse	Post-Secondary	No	Good	West African Black	37 years	Windsor	English
BOALSP5	F	65	Widowed	Living with someone not family	Post-secondary	No	Fair	Indigenous Black	Born in Canada	Windsor	English
BOALSP6	F	65	Widowed	Living alone	No formal education	Yes	Poor	East African Black	15 years	Windsor	Broken English
BOALSP7	F	75	Widowed	Living with a family	Graduate level	Yes	Poor	East African Black	48 years	Windsor	English
BOALSP8	F	81	Widowed	Living alone	Post-secondary	Yes	Poor	West African Black	17 years	Windsor	English
BOALSP9	F	77	Widowed	Living alone	No formal education	No	Poor	West African Black	17 years	Windsor	Pidgin English
BOALSP10	F	87	Divorced	Living alone	Post-secondary	Yes	Poor	Caribbean	50 years	Windsor	English
BOALSP11	M	64	Single	Living alone	No formal education	Yes	Poor	East African Black	16 years	Windsor	Broken English

BOALSP1 2	M	72	Married	Living with spouse	Post-secondar y	No	Fair	West African Black	40 years	Windsor	English

The first author who conducted the interview was flexible to adapt to specific aspects and topics that emerged during the interview, which enhanced a deeper understanding of participants' experience of the phenomenon (Clandinin & Connelly, 2000). Each interview lasted between 60-120 minutes. Participation was voluntary, and participants gave their verbal consent before and on the interview day and identification number chosen by the participants are used here for privacy. The interview guide was pilot tested, and the tool was revised after the pilot testing. All interviews were recorded digitally (with the respondent's consent) and transcribed verbatim for the analysis.

Data Analysis

Data were managed in NVivo 12 and analysed inductively. We adopted thematic narrative analysis (Riessman, 2008) which focused on the content of what was said within-case and between cases, rather than the structure of what was said. We explored the moments when the stories by BOAs portrayed the narrative of loneliness and the relational gains that the narrative reports. This allowed us to theorize across cases and pay attention to the significance of the story (Riessman, 2008). The steps involved transcribing the interviews, reading the interview transcripts, field notes and memos several times. Next, we inductively generated a coding tree that revealed patterns, meanings and relevant narrative elements that are represented by themes and subthemes. Finally, conclusions were drawn and verified with the senior research team members. To ensure that our analysis was data-driven, we sought not to subdue the particularity of the participants' experiences while seeking similarity in the data and showing how they enable the understanding of how loneliness is shaped by the presence and the absence of different relational gains (Chase, 2008).

Researchers' characteristics and reflexivity

Being reflexive allowed us to identify, reflect and address the issues of power and positionality between the researched and the researcher. Through reflexivity, we ensured that we maintained transparency and paid attention to sustaining the quality of the study throughout the process, not losing the element of "apparency, verisimilitude and transferability" (Connelly & Clandinin, 1990, p.7). We made sure to pay attention to the crucial markers of quality in qualitative research including rich rigour, sincerity and credibility (Tracy, 2010). We did this through detailed memoing and team validation.

Both the first author and the Primary Supervisor identify as Blacks. This positioned them with some insider knowledge because of racial similarities to study participants. Also, this may have influenced participants' interests in the study and their openness to the interview questions (Bishop & Shepherd, 2011). Also, the first author is a social gerontologist with prior insider training about aging, existing knowledge on loneliness among BOAs in other countries, and insights into possible ways older adults communicate some of their expectations. While this might have influenced the construction of leading and follow-up questions, attention was paid to ensuring that participants' storied experiences were given precedence. Below, we present the results and discussion in the same section following the narrative inquiry approach that allows researchers to expand on participants' narratives (Ronkainen et al., 2016)

Results and Discussion

Our findings are reported in two-levels. The first level shows the themes, subthemes, patterns, patterns of meanings and relevant narrative elements that emerge from our analysis supported by quotes. Five themes emerged from the data that depict the experience of social and emotional loneliness by BOAs: *getting involved with people, care and support, intimacy and*

security, belongingness and familial relationship. The themes highlight how deficits in relational gains can contribute to varied and multidimensional loneliness among BOAs, supported with direct quotes from participants. The second level shows the convergence and the divergence of SPF with our findings.

Getting involved with people

Central to this theme is the significance of getting involved with people, supported with four themes that emerged: *being with people doesn't mean having people, a dependable relationship, alienation and self-alienation*, and *lack of commitment*.

Being with people doesn't mean having people, is perpetuated by the participants' narratives that social relationships could help alleviate loneliness only when they connect with people who give them a sense of belonging, either culturally or religiously.

> Being among people doesn't mean that you have people. That is why I said, "not having people." I didn't say not being with people. One can be in a crowd and still feel lonely. My definition of having people is that when you pick up the phone, you have people to call, and if you don't pick up the phone to call, someone will call you instead. But if you are constantly calling and nobody calls you, that is still having nobody, and if you are calling people and they don't call you back, that is still not having people. That you have their names and phone numbers doesn't mean that you have them. (BOALSP3, 63years, Female)

Many of our participants believed that they do not need to integrate with everybody, rather with groups of people that share the same purpose with them. According to our participants, sharing the same purpose entails integrating with people who belong to the same religious group. This might be because BOAs tend to be more religiously involved than other racial groups (Taylor et al., 2010), and belonging to a religious group and religious attendance provides social integration

and social support, reducing loneliness (Rote et al., 2013). It also involves connecting with people who share the same cultural belief or ideology. Participants believe that such connections could be made in places like a community centre for BOAs where they can engage in common social activities like dancing, singing, cooking, among others. Then, social integration is said to have transitioned from "being with people" to "having people" "who will be good to you" and give them temporary relief from their loneliness burden.

> You need to be around specific people because it's not all people you need. You have to observe the person to see what they are doing and decide if you want to get involved. So, you need people that you have the same purpose with. (BOALSP11, 64years, Male)

> We need a community centre where… we can have a small gathering among us as Black seniors… We can share with each other on a regular basis. We can sing our African songs, dance, and forget our sorrows. (BOALSP7, 75 years, female)

Participants also talked about *having a dependable relationship* or *someone that they can trust and rely on*. BOAs described a reliable relationship as one where there is someone who mentors them as new immigrants and refugees, looks out for them, and makes health decisions for them, e.g., healthcare workers, church members, and settlement service providers. Such relationships enable them to repair disrupted life patterns and manage the overwhelming pressures of daily life. It is noted that when families are available, they provide support for BOAs, which serves as a vital factor for reducing loneliness (Ojembe & Kalu, 2018). Conversely, BOAs who arrived in Canada as refugees and are living alone and have functional limitations, strive to rebuild the lost relationship with others who are not their family members because older adults need a dependable, trusting relationship and someone that they can count on to represent and sometimes, meet their needs (Wilson et al., 2019). Accounts from the only Canadian-born participant did not

reflect on this social provision, likely because of increased availability and proximity to family and social support networks.

> … if you have a nursing background, I can appoint you to be my decision-maker when it comes to my health…with your background, you will know what to do and what decision to make more than my son could. (BOALSPILOT, 58years, Male)

> I have PSWs that come to keep me company and help me with my medications and other things…I don't know what I would have done without them…I also have my fellow Christians in the church where I worship…Some of them come here to prepare food that will last me for one week and fill the freezer. (BOALPS8, 81years, Female)

Participants who spoke on this theme were primarily older immigrants with lifelong mobility limitations that prevent them from connecting with others. Some of these participants migrated to Canada in their later life. For them, loneliness is not just the absence of connection but also the absence of people, a state of being that they were already used to before arriving in Canada. Therefore, having a dependable alliance was a way to ensure that they protect themselves and look out for themselves, especially if they do not have any family living close by or in the same country. Through building a dependable relationship, BOAs are able to connect and engage with others, thus, reducing the experience of loneliness of having no one to lean on. Sometimes, the people who provided this social support are limited by time constraints.

> …The loneliness was not that I didn't have people to talk to, but because I didn't have people to lean on… (BOALSP3, 63years, Female)

> During the early days when I newly arrived, I didn't know my left or right. Now it's getting better, but it is still there. Then I didn't know who was who. Now, I have people that I can depend on… I have some friends in our group, and they are always there for me.

Meanwhile, when I came in those days, I was totally alone. There was nobody, and it was very difficult. But now, it's better than ever before. (BOALSP8, 81years, Female)

Alienation and self-alienation. BOAs narrated how levels of social exclusion and discrimination lead to self-isolation and limiting social integration. BOAs reiterated that they prefer to be acknowledged in their community rather than merely seen as existing. This explicit acknowledgement includes but is not limited to seeking their opinion when developing services and products relating to BOAs and receiving government support that recognizes the historical social inequality and exclusion regarding social services. When they are acknowledged, they feel socially integrated and are stimulated to participate in social activities to reduce loneliness, as shown by the comment below:

Well, there is self-alienation that people don't just bring upon themselves. They must have experienced something that led to it. Either because of the poor treatment, they received from society or the fear of the unknown and not just that, but how some people treated them and made them feel unwanted. So, things like that will make them alienate themselves. (BOALSP4, 70years, Male)

Lack of commitment. In trying to understand the link between social connection and alienation, tension around lack of commitment from some BOAs was observable. To BOALSP5, she believes that sometimes, people have some standards that prevent them from integrating and connecting with others. Similarly, BOALSP1 pointed out that social connection entails some level of commitment to participate and engage with others or a group that brings some sense of ownership, as shown by the comments below:

Feeling lonely in a group, umm, I don't know. Do you have your walls up? Are you

participating? With a group, you have to interact; you can't just isolate yourself and then think that people are mind readers. Be a little more open … If they can get in a group, … you learn how to participate and interact. (BOALSP5, 65years, Female)

You should not wait to be invited before you get involved… If you sit down in your house waiting for people to always visit you, you end up doing yourself a disservice, and the end result is loneliness …you have a part to play… It is when people interact with you, they sit down with you, they talk with you, and they do something with you; that's how they see how you feel. (BOALSP1, 56years, Male)

The participants each spoke of social connection as an integral element in the experience of loneliness and fostering a collective identity that is essential among culturally diverse immigrant older adults within gerontology studies (Buffel & Phillipson, 2012; Liu & Gallois, 2021). Achieving this collective identity requires collective action on a micro and macro level, and as one of the participants points out, "everyone has a part to play in making sure that we reduce the experience of loneliness" (BOALSP4, 70years, Male). The four subthemes provided a bidirectional relationship. While some BOAs emphasized that they are often self-isolated because of social exclusion and lack of acknowledgment, others reported that BOAs do not need to wait until they are invited or included to socially integrate. The latter group highlighted that even though BOAs are socially excluded, BOAs should learn to involve and advocate for themselves, especially now that the population of BOAs will increase exponentially in the following decades because of immigration policies in Canada. This finding resonates with research on identity and belonging among immigrant older adults (Liu & Gallois, 2021).

Care and support

Participants presented care and support as fluid concepts and relational gains that can be provided by any relationship accessible to older adults. This characteristic enables it to reduce social and emotional loneliness. However, two major subthemes were prominent in the storied narratives of BOAs: *inadequate support by the black community, and children as a dependable source of nurturance for parents.*

Lack of support by the black community. Inadequate social support affecting the traditional systems of care within the Black community, in general, was noted as a barrier to why BOAs lack some care and support. Some participants talked about assisting widows with mentoring and raising young children to be worthy members of the community, providing financial support and social capital to enable affected individuals to live a more meaningful life, irrespective of the individual's status. And as pointed out by the quotes below, the actualization of this is the responsibility of everyone in the community.

> …I was about 60 when my husband died… my children were still very young and needed a father figure, but not a single man from the black community in my city called to say hello. How are you guys doing? Is everything okay? I went through a lot, but nobody helped. No help… the African community in Canada does not support you. They don't support each other. It is unfortunate…When someone is in a crisis, people will not help. … (BOALSP7, 75years, Female)

> To me, loneliness actually means that one is not getting enough support from their community. If you get enough support from your community, you won't feel that lonely. One has to know that the community cares. (BOALSP8, 81years, Female)

Children as a dependable source of support for parents. While the broader Black community provides inadequate support, our data showed that children are a reliable source of

social support and nurturance for their older parents, resonating with previous evidence on the role children play in supporting older parents within the Black families (Fingerman et al., 2011). In our data, all the participants have children, and different factors account for differences in receiving care and support from children, including the age of the parents, gender of the child, economic status, proximity, measures of needs and availability of family members. For instance, BOAs who have older children tend to receive more material and instrumental support from children than BOAs in middle age (55-64years) and whose children are still younger. Previous evidence supports that the relationship between parents and children improves as both the child and the parent increase in age (Akinrolie et al., 2020). Historically, more daughters tend to provide support to their parents than sons (Laditka et al., 2009). However, our study did not highlight this, as male and female participants received caregiving from both their sons and daughters. We believe that gender roles are often blurred in some modern families, where anyone can assume the role of caregiving, including grandchildren. Irrespective of the gender, children provide support and a feeling of contentment, a sign of the value instilled in children by Black parents.

> …I don't have anybody to share anything with. No. I only call my daughter. She is the one that does my shopping, takes me to appointments, takes me out and is always there when I need anything. (BOALSP10, 87years, Female)

> I am lucky I got a family… I have grandchildren…I am very lucky. I have to tell you… They have kept me going. I can say I don't have 100% loneliness because of them, but sometimes I have about 50-60% loneliness…In a way, I'm blessed, but how many people have that? (BOALSP7, 75years, Female)

Intimacy and security

Some of the sub-themes that emerged under this theme include *having someone to share with, a credible or meaningful relationship with others and being in a reciprocal relationship.*

Having someone to share with. BOAs believe that having someone to share with lessens the burden one must bear alone since loneliness creates a feeling of an empty nest. To some of our participants, to be lonely "is more like being without someone to share intimate moments with" (BOALSP2, 55years, female), an experience that is further exacerbated by living alone. Some other narratives on sharing with someone centred around having someone with similar characteristics and whose personal and temporal experiences can resonate with the individual's own. E.g., having someone of the same age who can dance to the same music.

> There are times that I just craved someone my own age to interact with. To just have that relationship and understanding… someone I could identify with and have companionship and interact with. You know, who knew the same music that I knew…I have been lonely. I thank God that he has never left me there (BOALSP5, 65years, Female)

Credible or meaningful relationship with others. Some BOAs talked about the loss of someone to share with and how this was a social provision they enjoyed in the past but have lost because of death, divorce, or separation. Irrespective of how long it has been, stories by BOAs around grieving a lost or failed relationship were narrated as an event that remains fresh and is discussed with a sense of regret, fear, displeasure, or indignation, depending on the type of grief. For men and women who are separated or divorced, it is more of regret and indignation, and for BOAs who are bereaved, there seems to be a sense of fear, displeasure, and guilt (Scheinfeld et al., 2021).

So basically, you can say that my middle name is now lonely. Yeah, I'm sorry, but that is the way it is…because…I have been married before me, and I can say that I'm lonely because I don't have my companion with me anymore. (BOALSP2, 55years, female)

…loneliness can put you into a deep mental state… because you have lost a loved one, and you are now by yourself, and you don't even want to replace that wife or the husband with anyone else. (BOALSPILOT, 58years, Male)

The narratives around credible relationships presented it as a quality relationship Ojembe & Kalu, 2019) that brings a sense of comfort without feeling judged or inhibited by physical location, as shown by the quotes below. It entails being cautious and "selective… when trying to establish relationships that are credible, not just every Dick and Tom" (BOALSP4, 70years, Male).

Loneliness doesn't mean that you don't have people, but that you do not have quality relationships with people. It's just having someone you can call, chat with and make each other laugh or even cry to or pray with or go hang out with, whatever. Sometimes, it becomes stressful if you have too many people. (BOALSP3, 63years, Female)

I was in Jamaica, and he was here in Canada… but he maintained the connection and looked out for me. That reassured me that I'm not in this all by myself. I'm not all alone. (BOALSPILOT, 58years, Male)

Being in a reciprocal relationship. BOAs also talked about the relevance of reciprocity in relationships. BOAs described reciprocal relationships as a responsibility that entails collective effort to make it work, without any intention to take advantage of each other, as captured by the quotes below:

Give and take. One that you can give to and take from…sometimes you're the giver, and sometimes you're the taker…It's a balance, and you actually have to work at it. It doesn't

just happen naturally. It's a job. (BOALSP5, 65years, Female)

… in establishing relationships with people, one needs to be careful not to get involved with people who are out to take advantage of you without benefitting you in any way. And your loneliness will increase instead of decrease. (BOALSP4, 70years, Male)

Belongingness

Narratives around this theme present loneliness as the absence of connections that encourages the feeling of importance and a sense of community among BOAs, promoting social participation and preventing them from *feeling unwanted, having burnout* and *Replacement of human connection and interaction* because of trying to prove themselves worthy of external acceptance. Thus, emphasizing the need for BOAs to maintain positive thoughts about themselves (Masi et al., 2011) and not dwell on the negativities of life, as stated by BOALSP5:

I'm just so proud to be black, and I'm proud to be a woman and finding more positive information day by day. There's a lot of negative stuff out there, but if you really look, it's minuscule compared to the positive and the attributes that we have. (BOALSP5, 65years, Female)

Feeling unwanted. The inability to address maladaptive social cognition and enforce a sense of belonging can lead to a feeling of unwantedness, low self-esteem and withdrawal from social participation and engagement.

… feeling unloved and unwelcomed or not valued can lead to alienation which can lead to loneliness (BOALSP5, 65years, Female)

Loneliness is something that destroys confidence and self-esteem in people… It makes one feel probably unloved and sometimes unwanted by society or among certain groups of people or even the community. (BOALSP4, 70years, Male)

Burnout. When the assurance of being cared for is not there, participants tend to bury themselves in work or activities that can occupy them and reinforce their withdrawal from spaces where they feel unloved or unwanted. And as one participant mentioned, people can burn themselves out trying to enforce belongingness and fill the vacuum that accompanies this type of loneliness.

…It sorts of boxes you in a way. And then at some point…I overloaded myself with so much work because I was trying as much as possible to be so busy that my head was not feeling that vacuum. It even began to affect me mentally. (BOALSP2, 55years, Female)

Replacement of human connection and interaction. Loneliness was depicted as a condition that negatively affects BOAs' mental health, minimally starting from maladaptive social cognition to nursing suicidal ideation, leading to social isolation and social disconnection. The narratives further revealed the replacement of human connection and interaction with habits and activities like excessive watching of television (Creecy et al., 1983), spending much time praying and reading the bible. Women without partners were mostly affected (Fisher et al., 2014), irrespective of age, and this encumbered their possibilities of mingling with others and receiving needed social provisions.

For me, I am addicted to my TV and my phone because I am lonely and because I don't have anyone to talk to... (BOALSP6, 65years, Female)

…or when I'm watching Television. That is why I always have the television on. It makes me feel like I have someone around. Like I'm listening to somebody talking. Anytime I'm doing the dishes, the television is on, and someone is talking…Just hearing somebody talking makes me feel better. And like that, I don't feel lonely. (BOALSP10, 87years, Female)

There has been evidence to support the relationship between time spent watching television, increased depression and reduced physical functioning among older women (Lucas et al., 2011) and the likelihood of older Black women to develop functional limitations much earlier in their 50's and 60's as compared to other racial and ethnic groups (Warner & Brown, 2011). The true causality of early onset of disability among Black women remains largely unclear. However, an insight can be gleaned from the debilitating jobs and higher occupational stress leading to poor health among Blacks than non-Black racial groups (Assari & Bazargan, 2019), which is not our focus in this paper. Nonetheless, our findings could provide a partial answer to the early onset of physical limitation among Black women. In this sense, the need to mitigate loneliness by watching television contributes to developing functional disability, as these participants are not actively engaged. This highlights the need for mixed-method studies to highlight the actual causes of early onset of functional disability among Black women and how this can contribute to loneliness.

Familial relationship

Emerging sub-themes under this theme include *dedication to family leading to deprivation, unintentional elder abuse and men as masters at facading.* These themes highlight how BOAs' commitment and dedication to their families may deprive them of getting involved with things that will improve their adaptability to their new environment and even leads to unintended abuse from family members.

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Dedication to family leads to deprivation. Participants described loneliness as a condition that might arise due to a lack of opportunity to receive or seek out information, relevant education, or knowledge needed to thrive in their new home. BOAs who are new to Canada reported that their dedication to their families and desire to fulfil family obligations often deprives them of seeking and utilizing opportunities that will help them familiarize themselves with their new environment. BOAs, especially women who migrated as babysitters for their grandchildren, see it as a duty to fulfil family dependency as older members of the family, resonating with existing evidence among Black families (Horsford et al., 2010). Thus, by dedicating their time and years to their children and grandchildren, these women miss out on becoming a part of their new home and equally making their new country a part of whom they have become. They are often not allowed to work because they must stay home with the grandchildren while their children work (Treas, 2008), thus, missing out on the benefits of being employed outside the home and gaining financial freedom. The freedom that employment income brings is recognized as an essential determinant of health and wellbeing and is believed to promote access to services and social inclusion (Premji et al., 2014). The narrative is further illustrated by the quotes below, which demonstrate the complexity of the challenges that older Black women have to navigate as they fulfil their responsibilities to their family members.

> …most women came here to serve as nannies. They were just at home taking care of the children. So, they didn't have time to go out and associate with others. Now the children are all grown and left the house, and they are just learning to go out and see what is out there. But they have missed out for a long, and they don't know all these Canadian cultures. So, it will be very hard for them to learn these things now, and since they cannot learn, they decide to isolate themselves. (BOALSP3, 63years, Female)

…They watch the children Monday to Sunday and cannot go out. They only stay at home. How do you expect them not to feel lonely? I have grandchildren, but you can't expect me to sit at home with them from Monday to Sunday. I will go crazy. The person has no space to relax, sit down, and watch the sun because she is busy watching the children and husband and wife they are working. So, the mother will be the caretaker, but with no pay and no life. (BOALSP7, 75years, Female)

Unintentional elder abuse. A tension on elder abuse emerged during the conversation with BOAs. Some of them mentioned the inability to seek out opportunities because their relatives did not deem it appropriate to provide opportunities for them to integrate socially. Some of the participants talked about how these types of treatment constitute abuse to the older adults who are usually not at liberty to voice their dissatisfaction with the exploitation and deprivation because of fear of losing connection with their families and the feeling of indebtedness to their children's benevolence of sponsoring their immigration processes. Our findings did not identify men as victims of this type of abuse, perhaps, because women are mostly the ones that engage in childcare provision for family members (Zhong & Peng, 2020).

Some seniors suffer elder abuse… there is abuse in seniors, which people don't talk about. Because if you raise that issue, you are a terrible person and will become the enemy of the children. But you know, the seniors cannot say no when their child needs their help with babysitting the children. And you know, because the children brought them here, they are afraid to talk. Because they are also afraid of losing their children, their grandchildren or family. So, because they want to have a connection with their families, they keep quiet. But they will tell you that they are not happy about it, but they have no choice. Yes, the senior is supposed to take care of the family but let her have some leisure … She should

not be a prisoner every Monday to Sunday. (BOALSP7, 75years, Female)

There were also stories of abuse of older women brought here by other relatives and later neglected because they voiced their dissatisfaction. What is not apparent to the family is how the older adult feels about the situation they are subjected to and how it impacts their mental health, as captured by the comment below:

> …after 8 years, I comot… since I comot their house, dem no dey talk to me again – Pidgin English (Translated: I left after eight years…since I moved out of their home, they stopped talking to me). (BOALSP9, 77years, Female)

Men as masters at facading. Our data highlighted the tendency for BOAs to put up a facade or hide impairment. The act of *facading or putting up a* superficial appearance, as captured in our data, was mainly presented as a skill well-mastered by men compared to women, as they do not want to be a burden to family members or children and do not want to be seen as deteriorating or weak (Eriksson et al., 2016). It is not surprising that women are less masterful in the act of facading because, as participants noted, women are naturally "nurturers…making sure that everyone is properly taken care of" (BOALSP3, 63years, Female) while men "seem to be private, and … don't want anyone to invade in our (their) private life" (BOALSPILOT, 58years, Male). Notwithstanding, it is understandable that putting up a facade highlights the innate human desire to not present oneself as deteriorating instead to self-preserve. It is also thought that cultural differences play a significant role in shaping patterns of social relationships (Rodrigues et al., 2014) and gender roles, especially concerning expressing one's mind and sharing sensitive matters, as captured by the quote below:

> …in the black community, we are afraid to talk about many things…we are so private and keep everything inside. We don't even share it with our children, our grandchildren …we

are afraid to open up and talk about many things. Some Black men are dying lonely…

suffering from prostate cancer … and other health challenges… We are dying inside, but

we keep it to ourselves... We secretly go to the doctor…Because we are afraid to open up

and talk about something. (BOALSPILOT 58years, Male)

Convergence and Divergence of SPF with our results

This section shows the convergence and the divergence of the SPF with our themes and

the subthemes. Three aspects are significantly observed in comparing the framework with our

result: a) some categories seem to align more with our results, b) some categories seem to agree

less with our results, and c) no category could align with some of our themes and subthemes (see

Table 3).

Categories with higher convergence

Hierarchically, all six social provisions align with the subtheme of *"being with people*

doesn't mean having people," followed by *"having a dependable relationship or someone that*

can be trusted or relied on" and *"having someone to share with" (see Table 3).* This highlights

the significance of social relationships and connections and their relevance in providing relevant

relational gains and making people thrive as members of the system. In essence, when BOAs do

not connect to the right people who guide, nurture, and improve their sense of inclusion, their

capability and agency at building intimacy, alliance and social integration are affected.

Categories with lower convergence

Weiss' theory acknowledges both the availability and lack of relational gains. The SPF seems to

align minimally with seven of our subthemes. However, the least convergence is observed between

two social provisions (*reassurance of worth, attachment and opportunity for nurturance*) and two

subthemes (*"burnout," "dedication to family and deprivation," and "men as masters in facading"),* respectively. This shows how lack of relational gain and avoiding familial support can lead to burnout and deprivation of people's fundamental right to thrive within the social relationship they are involved in, leading to different forms of loneliness. Therefore, the observed pattern raises a question best answered by the influence of cultural practice and how it influences relational social provisions, especially among cultures that prioritize family relationships over any other kind of relationship (Lykes & Kemmelmeier, 2014).

Table 3: Comparison between the SPF and our result

Themes	Subthemes	Weiss' Typologies of Social Provisions						
		SI	GU	RA	OFN	AT	ROW	NA
Getting involved with people	• *Being with people doesn't mean having people*	X	x	X	X	X	X	
	• *Alienation and self-alienation*	X	X			X		
	• *Lack of commitment*	X				X		
	• *Having a dependable relationship or someone that BOAs can trust and rely on*			X	X	X	X	
Care and support	• *Inadequate support by the black community*	X			X			
	• *Children as a dependable source of nurturance for parents.*				X	X		
Intimacy and security	• *Having someone to share with*	X		X		X	X	
	• *A credible or meaningful relationship with others*		X			X	X	
	• *Being in a reciprocal relationship.*					X	X	
Belongingness	• *Feeling unwanted*					X	X	
	• *Having a burnout*						X	
	• *Replacement of human connection*							X
Familial relationship	• *Dedication to family leads to deprivation*					X		
	• *Unintentional elder abuse*							X
	• *Men as masters at facading*					X		

Note: Social integration (SI), Guidance (GU), Reliable Alliance (RA), Opportunity for nurturance (OFN), Attachment (AT), and Reassurance of worth (ROW).

Areas of divergence

The SPF did not align with two of our subthemes, namely: *"unintentional elder abuse"* and *"replacement of human connection"* when there is a lack of relational gain especially within a familial relationship. Familial loneliness has been linked to deficits in family support and weak family relationship (Drennan et al., 2008). The divergence between the SPF and our findings points to the shortcoming of the SPF as an all-inclusive theory in explaining loneliness resulting from relational deficits among BOAs. This finding resonates with previous research that explored typologies of loneliness and expanded the SPF theory to include family and romantic loneliness (Fiori et al., 2006). Our findings align more with family than romantic loneliness, which might be because of the demographic characteristics of our participants (race and age).

Limitations and strengths of the study

Although the utilization of thematic narrative analysis allowed us to extract and show common patterns across stories, it is possible that some uniqueness or particularities of individuals' stories were omitted. We tried to ensure that this was covered by observing and reporting some observed tensions while analysing the data. Due to funding limitations, the recruitment method employed by our study might have excluded some participants whose stories might have further contributed to the richness of this paper. For example, only participants who could speak English or broken English were included, making it difficult for BOAs experiencing loneliness and do not speak any of the eligible languages to be excluded, even though a language barrier is a risk factor for loneliness among immigrant older adults in Canada (Stewart et al., 2011). This emphasizes the need to expand funding support for studies to further cultural understandings of health and social problems among a larger scale of BOAs in Canada. Also, we did not use double coders in our analysis because we believe that showing reliability is not relevant to the method we used, which

places importance on the retelling of participants' stories (Clandinin, 2016; Stenbacka, 2001). However, peer-member validation was done, and meetings with the primary supervisor aided in the development of codes and themes, providing new insight into the data analysis.

Conclusion and Implication

Our study is the first to explore and report the unique experience of social, emotional, and familial loneliness among demographically different BOAs (African, Caribbeans and Indigenous Blacks) living in Canada. In our study, all but one participant was born outside Canada, and they all have experienced loneliness in ways that are uniquely different and similar to that of other BOAs. Our findings present insights into the unique experience of loneliness among a group that has been minimally represented in research involving older adults, expanding the existing knowledge on loneliness among ethnic minoritized groups and immigrants in Canada (Alvi & Zaidi, 2017; De Jong Gierveld et al., 2015; Garcia Diaz et al., 2019; Koehn et al., 2020; Salma & Salami, 2020; Wu & Penning, 2015). Our study suggests ways that different relational gains can enrich social relationships and their significance in addressing various forms of loneliness among demographically diverse BOAs and potentially other groups.

Analysing personal narratives of loneliness allowed us to understand how loneliness can be shaped and interpreted from personal meaning-making and shaped by cultural identity. We further outlined the irreplaceability of the preference for family relationships and the relational gains provided by family. We showed how the absence of these gains can lead to loneliness among older immigrants who depend on their families for support and care. We showed that when family members undermine this value of dedication to family, it may result in abuse and familial loneliness for BOAs, especially among immigrant older women who are mostly the victims of this unfair treatment. This highlights the need for interventions that will empower immigrant BOAs to

be economically independent of their families and protect them from deprivation and elder abuse, since there is little they can do to assist themselves.

Analysing further contributory factors to loneliness among BOAs, our study showed that to participants who live alone, have poor functional limitations, and came to Canada alone as refugees, loneliness does not just highlight the absence of connection but also the absence of reliable people. Other factors that promote or hinder the reception of social provisions include having a dependable relationship, differential gendered narratives in receiving care and support, lack of support by the Black community and lack of self-restricted involvement. Primarily, among those born outside Canada who migrated to Canada, their needs were focused on establishing social connections, integrating into their new country, and receiving social provisions that specifically address their needs. This highlights the need for settlement services to specifically cater to the unique needs of this group, especially BOAs who arrive in Canada alone with refugee status and in their later life. This also raises the question of whether factors predicting loneliness between Canadian-born BOAs and immigrant BOAs differ and if intervention should differ. This is an aspect that is further discussed in our upcoming paper. However, participants, irrespective of their place of birth, believe that establishing social connections and integration for BOAs could be encouraged by opening a Black-focused community centre to promote collective identity and reduce loneliness.

In line with previous studies, our findings showed that age is not a standalone factor for loneliness among BOAs; rather, loneliness among BOAs is confounded by poor physical functioning, refugee status and living alone. Hence, notable trends point to the need for further exploration of how loneliness among BOAs could be shaped by different types of interactions and social locations that influence their experience of loneliness. Further studies need to explore how

BOAs and immigrants experiencing loneliness replace and redefine their social relationships when family support is inaccessible.

In conclusion, our study provides important insight into the role and limitation of the social provision framework when exploring loneliness and the complex relational deficit among racialized older adults whose cultural assumptions and practices tend to predominantly favour familial relationships above others. This highlights the need for the utilization of theories that are more relevant and wholistic in understanding loneliness among this group, to design and provide a more targeted intervention for ameliorating the loneliness experience.

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Chapter Four

Paper Three

"You're Not Understood, And You're Isolated": A Narrative Account of Loneliness By Black Older Adults In Ontario, Canada

This qualitative paper has been submitted to the *Canadian Journal on Aging* and is awaiting feedback from the editor. Thus, the formatting of the paper follows that of the journal.

This paper aimed to uncover the constellation of factors contributing to the experience of loneliness among BOAs aged 55 years and older who are living in Ontario and how this population copes with their experience of loneliness. Using the same data from13 Black older adults as Paper 2 and 4, but a distinct theoretical framework and analytical method, Paper Three provides insight into the impact of time, place and socio-personal interactions in the experience of loneliness among BOAs. Specifically, three themes were identified which highlighted time as a driver of change, a sense of belonging reinforced through place identity, and making a new home as significant factors in the experience of loneliness among BOAs. Finally, this paper raises critical theoretical issues that have a bearing on understanding the complex situations BOAs face in Canada, especially when they arrive newly to Canada.

PAPER THREE:

"YOU'RE NOT UNDERSTOOD, AND YOU'RE ISOLATED": A NARRATIVE

ACCOUNT OF LONELINESS BY BLACK OLDER ADULTS IN ONTARIO, CANADA

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Abstract

Loneliness is a leading health and social concern among many older adults across the globe and in Canada, including racialized and minoritized groups. Although studies have been carried out among some ethnic minoritized groups in Canada, little is known about the constellation of factors that specifically contribute to loneliness among native-born and immigrant Black older adults (BOAs) in Canada and how they deal with their experience. Therefore, our study aims to explore the different factors that shape the experiences of social and emotional loneliness among BOAs living in Ontario and their coping mechanisms. This study employs a narrative approach to understand experiences of loneliness within this population. We purposively selected 13 BOAs and invited them first to an unstructured virtual/telephone interview, with a follow-up semi-structured interview. Analyzing and exploring the experience of loneliness among BOAs and their coping mechanisms through the unique and interrelated narrative accounts of participants resulted in three significant themes: *time as a driver of change, a sense of belonging reinforced through place identity, and making a new home*. In our study, loneliness was experienced contextually and influenced by a complex overlap of temporality, relationality and place, their interaction in the experience of loneliness, exclusion, building resilience, adapting, and expanding accessibility to more social provisions. Our findings highlight the need for services and policies that will encourage more cultural sensitivity both on the micro and macro level, as this will enable immigrant older adults in Canada to thrive and build a sense of home in their new country.

Introduction

Over the past decade, there has been an increase in research and policy interest in understanding loneliness, its effects, and risk factors among older adults, including minoritized and racialized older adults (de Jong Gierveldet al., 2015; Victor et al., 2021). Loneliness has been defined differently across the literature. It has been defined as *being alone,* described as a physical state where you are physically by yourself; *living alone,* often depicted by household living arrangements (Victor et al., 2000); and *feeling lonely*, often a state of mind characterized by emptiness, or feeling unwanted (Teater et al., 2021). In this study, we use Peplau and Perlman's (1982) well-known definition which defines loneliness as a *negative and undesirable subjective feeling caused by unmet social and intimate needs* (Peplau & Perlman, 1982). The definition reinforces the common consensus that acknowledges loneliness as a subjective experience reflecting *social* and *emotional* relational deficit (van Staden & Coetzee, 2010; Weiss, 1973), and highlights the multidimensionality of loneliness. In essence, one must depend on the individual's narrative of what loneliness means to them and how it affects them to understand the appropriate approach to take in responding to the problem, as compared to social isolation which is dependent on an objective report or observation (Wigfield et al., 2020). However, several lines of evidence suggest that risk factors for both loneliness and social isolation differ and can be equally somewhat interrelated (Drennan et al., 2008; Heylen, 2010; Teater et al., 2021).

Evidence focusing on the risk factors for loneliness among older adults as both a homogenous and heterogenous entity abound. Loneliness among older adults as a homogenous group has been linked to different factors (Dahlberg et al., 2021), including personal, social, and cultural factors (de Jong Gierveld et al., 2015), racial specific demographical factors (Taylor, 2019), unfulfilling social relationships (Hawkley & Kocherginsky, 2018), migration-related

factors (Koehn et al., 2020), among many others. Similarly, specific studies focusing on loneliness among ethnic minoritized older adults have pointed to a number of personal and social factors, for example country of birth (de Jong Gierveld et al., 2015) and reduced neighbourhood social cohesion (Taylor, 2019), as significant risk factors for loneliness, among others. While some of these findings resonate with the studies that have been carried out among some ethnic minoritized groups in Canada (Alvi & Zaidi, 2017; de Jong Gierveld et al., 2015; Garcia Diaz et al., 2019), little is known about the constellation of factors that specifically contribute to loneliness among native-born and immigrant Black older adults (henceforth – BOAs) in Canada and how they deal with their experience (Ojembe et al., 2022). Here, we intend to address this gap.

Our study aims to uncover the different factors that shape the experience of social and emotional loneliness among BOAs (aged 55 years and older) living in Ontario and to understand their coping mechanisms. Our narrative study was guided by the three-dimensional space narrative inquiry framework. We achieved this by focusing on the personal narratives of BOAs. Although these three spatiotemporal locations (time, place and space) are usually considered distinctively when exploring loneliness, we intentionally brought them together as a purposeful and strategic means of exploring loneliness among racialized, ethnic minoritized and immigrant older adults. We believe that such understanding will aid in addressing diversity and provide information that could aid in developing strategies for better supporting ethnic minoritized groups with relevant programs and services.

Literature review: Culture and loneliness

Culture is a significant determinant of how people experience relationships and loneliness (van Staden & Coetzee, 2010) since it contributes to the formation of a society's normative values and meaningful practices and perceptions. Within collectivist cultures, lack of interaction with

family contributes more to loneliness compared to individualistic societies, where loneliness results from a lack of interactions with friends and the existence of an attachment figure (Lykes & Kemmelmeier, 2014). This confirms the evidence supporting the value of familial interactions within collectivist cultures. There has also been some conversation around the changing of family relationship patterns where parents have a collectivist background but raise children in individualistic cultures. In such societies, younger family members have less time to provide filial piety for those who might need it due to several competing demands such as career and education (Garcia Diaz et al., 2019; Ojembe et al., 2022). Hence, when familial relationships are lacking, the experiences of loneliness among older family members and a sense of abandonment are increased.

When loneliness is explored as a single-dimensional concept (i.e either social or emotional), people in individualistic cultures are more likely to feel lonely than in collectivist cultures (Lykes & Kemmelmeier, 2014). Conversely, when loneliness is approached as a multidimensional variable (emotional and social loneliness), collectivist cultures tend to have a higher level of emotional loneliness than individualistic cultures (Dykstra, 2009). Proponents of emotional loneliness might argue that this is because collectivist societies advocate for strong interpersonal ties. Thus, whenever there is a lack of such relations, the experience of social and emotional loneliness may be felt (Ng & Northcott, 2015). There has also been a discussion around *cultural loneliness,* which arises when moving to a place with a different or foreign culture compounded by the inability to be understood or understand culturally meaningful issues in the new location (Sawir et al., 2007). Studies on loneliness rarely explore cultural loneliness related to immigrant older adults, even though cultural loneliness can significantly lead to social and emotional loneliness when language proficiency and exclusion hinder an individual from social integration (van Staden & Coetzee, 2010).

Evidence from North America has shown that the experience of loneliness is influenced by an individual's country of origin and cultural background (de Jong Gierveld, van der Pas, et al., 2015). For instance, among ethnic minoritized older adults in Canada, those who are not highly acculturated to Canadian culture had a higher rate of loneliness than those acculturated to the Canadian culture (Garcia Diaz et al., 2019). In this study, only four (2.6%) Black participants were included, encumbering the understanding of how cultural expectations contribute to the specific experience of loneliness among Canadian-born and non-Canadian-born BOAs. Even though Statistics Canada reported that the population of older immigrants in Canada increased from 20% in 2011 to 31% in 2016 and Blacks' population has doubled within the last two decades (Wendy Kei et al., 2019), BOAs continue to be excluded within loneliness research (van Tilburg et al., 2004). Therefore, understanding the experience of loneliness among BOAs is warranted and this is precisely an aspect that our paper highlights while contributing to the discussion on loneliness among ethnic minoritized older adults in Canada. Our study was guided by the research question: *What different factors shape the experience of loneliness for BOAs; and how do BOAs cope with their experience of loneliness?*

Theoretical Approach: The three-dimensional Space Narrative Inquiry

The three-dimensional Space Narrative Inquiry (henceforth used as the 3-D SNI) (Clandinin & Connelly, 2000) is strongly influenced by the Deweyan Theory of Experience (Dewey, 1953), consisting of *interaction, continuity,* and *situation*. Clandinin and Connelly (2000) expanded this framework to include sub-components for each component: *personal and social* (interaction); *past, present, and future* (continuity/temporality); and *place or context*. (situation). (see figure 1). The 3-D SNI emphasizes the compartmentalization of experiences into four directions: *inward and outward, backward, and forward. Inward* direction refers to the internal

and personal conditions relating to our experiences, such as feelings, hope and moral dispositions. *Outward* direction focuses on the environmental conditions that contribute to our experiences. *Backward* and *forward* directions look at temporality, locating people's experiences in the past, present and future. Therefore, to understand an experience, one must ask questions focusing on these four directions because the understanding of people is based on a holistic examination of the personal experiences and the interactions they have with other actors in the environment across time or their life course in a particular place (Clandinin & Connelly, 2000). The importance of this assertion is further enforced by the knowledge that "individual narratives of experience are embedded in social, cultural, and institutional narratives" (Clandinin & Caine, 2008, p.2) and not isolated.

By integrating the 3-D SNI, our study sought to understand the impact of temporal and spatial factors in the experience of loneliness among BOAs. We thus, explicitly explored the influence of cultural context, interactions, and community connections in defining the risks of loneliness among BOAs (Clandinin & Connelly, 2000) through the lens of the continuum of the experience – present, past, and future within the social location presently occupied by BOAs.

Methods

This study is based within the social constructivism paradigm (Lincoln & Guba, 2016), using a narrative inquiry methodology (Clandinin, 2016). The social constructivist paradigm aims to generate an understanding of the relatively different constructions that people hold about their experience of the world to achieve change. Thus, knowledge construction is based on personal experience and interpretation of the experience by the individual (Lincoln & Guba, 2016). The ontological and epistemological position of this study is presumed on the fact that there are multiple interpretations of reality, shaped by the unique experiences of the researched and

researcher, thus, recognizing that the degree to which older adults experience loneliness might differ by race, gender, and other demographic differences (Cresswell & Poth, 2018). Narrative inquiry was employed as the methodological approach (Clandinin & Caine, 2008) for this study because it emphasizes the diversion from a 'general' experience of loneliness to a 'particular' experience of loneliness among BOAs in Canada (Chase, 2005). It also allowed insight into how more extensive social, institutional, and cultural narratives inform our understanding of the experience of loneliness among BOAs in Canada (Clandinin & Caine, 2008).
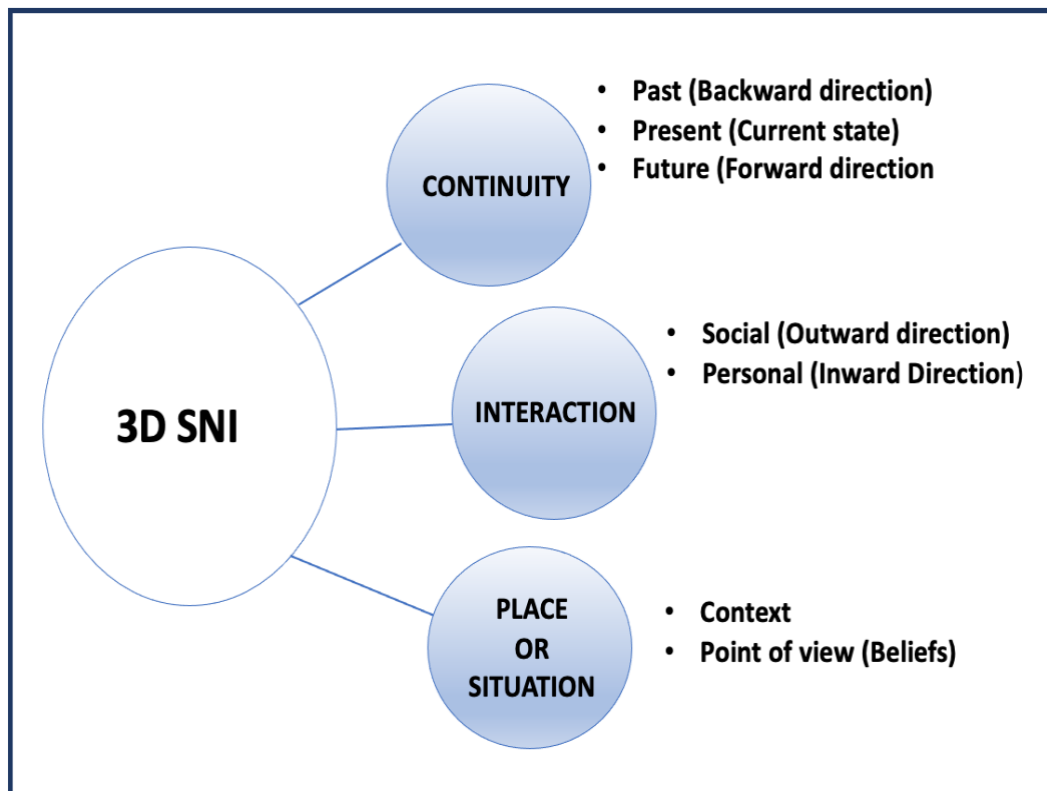

Figure 1: Three-dimensional Space Narrative Inquiry (3-D SNI) Framework adapted from Clandinin and Connelly, 2000
This framework consists of interaction (personal and social); continuity/temporality (past, present, and future); and situation or place (context, belief and/or point of view).

Sampling/recruitment techniques

Criterion-based and maximum variation purposive sampling was employed with snowballing in selecting BOAs with experience of social and emotional loneliness. This resulted in a sample of 13 participants who were (a) 55 years and above, (b) Black (c) were able to communicate in English, (d) were living in Ontario, Canada and (e) could self-identify as lonely. However, to ensure that BOAs with experience of loneliness but are limited by language were not excluded from the study, broken English and Pidgin English speakers were also invited to participate (Stewart et al., 2011). To ensure *maximum variation* in the recruitment, we purposefully recruited demographically different respondents (Benoot et al., 2016). We paid attention to variations in age, gender, geographical location, health status, education, and immigration status in our selection of participants. Participants were recruited online using Twitter, Facebook, and Instagram. The study was approved by McMaster Research Ethics Board (MREB - #5476).

Data collection

Each participant was invited to participate in two face-to-face interviews conducted via telephone (Lechuga, 2011) or virtually (Crichton & Kinash, 2003), and 25 interviews (13 participants, 2 interviews each, except one participant who completed only one interview) were completed. To build trust with the interviewees during narrative interview sessions, it is required that interviews be conducted more than once (Goodson & Gill, 2011). As a standard method in narrative inquiry, the interviews comprise two major phases: the narration phase and the conversation phase (Kim, 2015). The advantage of this method is that it allows us to further engage with stories told by participants. Prior to the interview date, participants were informed of the two phases and each phase's description.

The narration phase often consists of unstructured interviews where participants narrate their experiences of the concepts being studied - in our study, loneliness. Discussion at this phase started with questions like, *'tell me about yourself?', 'Tell me about your experience with loneliness?', 'Tell me what it was like when you newly arrived in Canada?'* and participants were invited to tell their stories without interruption. The interviewer took notes and developed probes to follow up in the conversation phase. There was no stipulated time for this phase; however, participants stopped when they had exhausted their narrations. In the conversation phase, we used a semi-structured interview guide to explore some of the points raised by the participants in the narration phase, alongside the notes taken during the narration phase. Participants were probed, providing more in-depth context to their narrations. Each interview lasted between 60-120 mins, with breaks when needed. Participation was voluntary, and participants gave their verbal consent before and on the interview day. All interviews were recorded digitally (with the respondent's consent). The data was transcribed verbatim, and identifiers chosen by participants were used in data coding and reporting for privacy. The interview guide was pilot tested, and the tool was revised after the pilot testing.

Data Analysis

Narrative inquiry is a field characterized by extreme diversity and complexity. Hence, there is no single way to analyse narrative research, just as there is no single definition of narrative (Riessman, 2008). Therefore, our data analysis was done iteratively and along with data collection. We followed the steps of conducting a three-dimensional analysis (Ollerenshaw & Creswell, 2016). *First,* the transcripts were read to have a complete sense of the data. *Second,* the transcripts and field notes were re-read along with the narrative concept of experience and considered through the lens of temporality, sociality, and spatiality. In exploring temporality, we analysed experience

in the past, present and future context. Exploring socio-personal interaction allowed the in-depth exploration of social, cultural, and structural forces that shaped the experience of loneliness among BOAs. Finally, exploring space enabled the understanding of the influence of place over the experience of loneliness. The consideration of these three-dimensions allowed the first author who did the coding to think both inwardly and outwardly while scrutinizing the experience of loneliness.

Third, themes were developed from the categories of statement to form a narrative, while identifying interconnections, plotlines, patterns, and tensions for each participant. *Fourth,* participants' stories were retold chronologically capturing the particularity of the meaning presented by each experience narrated by the participants. The accounts were validated by participants who indicated interest during the interviews and discussed with senior team members. Their suggestions were reflected, and agreements were made by each member. *Fifth,* similarities and differences across cases were compared to elicit a chronicled picture that represents the concept of experience and coping among BOAs. The comparisons continued until no new theme or pattern could emerge. *Finally,* a comprehensive chronicles report that captures the narrative accounts of the participant's experiences of social and emotional loneliness was completed. The transcripts were uploaded on NVivo 12 to manage the data.

Ensuring rigour

Like other qualitative methods, the narrative inquiry does not rely on reliability, validity, and generalizability (Clandinin & Connelly, 2000). However, we ensured rigour and enhanced credibility by maintaining triangulation of data sources. For example, while analysing the transcripts we referred to the memo and field notes taken to provide context to the themes that emerged. After restorying all the narratives individually, we ensured participation validation of

what was captured by sharing the written report with those who indicated interest during interview sessions. To maintain confidentiality, only their specific report was shared with them. To further ensure dependability of the research process, the lead author engaged in a peer-debriefing sessions with supervisors (Tracy, 2010).

Findings and Discussion

The findings are represented below in two levels. The first level introduces an overview of the background and stories from six participants (two male and four female). We chose these participants because their experiences maximally varied and illuminated the understanding of multiple narratives of loneliness and coping. Their varied experiences also enriched our understanding of the interplay between experience of loneliness and the three-dimensional narrative space. The second level provides the similarities and differences in the chronicled accounts of participants. The mean age of participants is 63.8 (see Table 1).

Participants' portraits of experience of loneliness

BOALSP4 Story (West African Black) (loneliness caused by geographical relocation)

BOALSP4 is a 70-year-old man who migrated to Canada from West Africa 37 years ago as an undergraduate student and whose experience highlights the loneliness that is experienced upon moving to a new country. BOALSP4 told his story mainly in chronological order, starting from when he migrated to Canada, leaving his wife and two and a half children (as he puts it) in Africa. BOALSP4 described his arrival and settling into Canada as a challenging and lonely experience. He talked about how difficult it was for him to adapt to not having and enjoying the type of relationships he was used to in Africa, such as having his family and relatives around. The absence of the relationship he desired was replaced with getting closer to God and engaging in

incessant praying because it provided him with an opportunity to escape from his experience of loneliness. As time went by, BOALSP4 started getting involved with church activities and making Christian friends which reduced the severity of his loneliness.

BOALSP5 Story (Indigenous Black) (loneliness caused by identity denial)

BOALSP5 is a 65-year-old Canadian-born woman. Her biological parents were Indigenous, but she was adopted and raised by a Black woman and a White man. She was also married to a Black man before his demise. However, she self-identified as being Black. BOALSP5's experience of loneliness began with learning to live in denial of identity. BOALSP5 told her story in a non-linear sequence, starting with her marriage, family, bereavement, career, and childhood. She discussed her adoption by interracial parents (a White father and a Black mother) who did not raise her to identify with being Black. BOALSP5 talked about lack of adequate knowledge about her culture and heritage until she was in her 20s and 30s. She also mentioned growing up in a neighbourhood dominated mainly by White families and the implicit racism and spiteful treatment that she and her adopted parents had to experience. That said, she described how her lack of awareness of what racism was back then shielded the impact of those experiences for her. Looking back now, she understands how unpleasant those experiences were and the adverse effects they had and continue to have on her present life, including battling chronic depression. However, BOALSP5 described how she is still on a continuous journey of fully discovering her identity.

BOALSP10 Story (Caribbean Black) (loneliness caused by losing significant relationships)

BOALSP10 is an 87-year-old woman who migrated to Canada from Eastern Caribbean 50 years ago to join her ex-husband and work in Canada. BOALSP10 is diagnosed with early onset of dementia, preventing her from remembering some information, such as the full name of the first

organization she worked for. BOALSP10 started her story in a nonchronological order by talking about her lack of interaction with others and her loneliness experience caused by living alone and losing significant relationships in life, including her marriage, her son, and friends. Her description of these relationships depicted them as valuable to her. Now that they are no longer available, she misses the attachment, intimacy, and social provisions (relational gains) she received from them.

BOALSP7 Story (East African Black) (loneliness caused by lack of support as a new immigrant)

BOALSP7 is a 75-year-old woman who migrated to Canada from East Africa 48 years ago to join her late husband, who came to study in Canada. She told her story mainly in chronological order, starting from the beautiful memories of growing up and being oblivious of racial differences as missionaries had raised her. She also talked about the conflictual experience of racial discrimination she and her family had in seeking better career opportunities and some of the significant changes she had witnessed in Canada over time. BOALSP7 talked about the setbacks they faced as new immigrants and the complex challenges they encountered to make Canada their new home, including navigating restrictive immigration policies, adapting to unfriendly neighbourhoods, and coping with a lack of social and financial support. BOALSP7 noted that staying in Canada was very lonely for her, and even though she wished to go back to Africa, she could not because her husband was in Canada, and she could not afford to take care of their children alone. Having lived a long time in Canada, BOALSP7 transformed her negative experiences by engaging in community involvement and supporting new immigrants.

BOALSP8 Story (West African Black) (loneliness caused by poor health)

BOALSP8 is an 81-year-old woman who migrated to Canada as a refugee from West Africa 17 years ago due to the war in her birth country. BOALSP8 described the physical injuries she sustained during the war and how she was saved and brought to Canada as a refugee, leaving

her family and children in Africa. BOALSP8 told her story in a non-linear sequence and highlighted how difficult it has been for her to live alone with a chronic back injury that prevents her from standing up or engaging with others. Although PSWs come in to provide care support for 30minutes every day, BOALSP8 noted how she wished for more access to care, believing it would help her interact more with people and reduce her loneliness.

BOALSP11 Story (East African Black) (loneliness caused by disability and disengagement)

BOALSP11 is a 64-year-old man who migrated to Canada as a refugee from East Africa 16 years ago due to war in his birth country. BOALSP11 is single, lives alone and has impaired vision. He narrated his story in a non-linear sequence, starting with how his disability has prevented him from working, earning income, meeting his financial needs, and actively engaging with his community as he used to do before recently experiencing difficulties with his vision and how these experiences have contributed to his loneliness. He highlighted some of the challenges he has gone through in securing some welfare from the government to ease his financial strains, including delayed approval of his application for support. BOALSP11 described feeling a constant worry about losing his accommodation and becoming homeless.

Narrative analysis and discussion of loneliness within the three-dimensional spaces

Our second-level analysis identified loneliness as an experience that has both backward and forward directions and highlights how the location of BOAs, their activities and interactions through *time* and *place* contribute to their experience of loneliness. Three narrative threads (themes) emerged from the chronicled accounts of all the participants: *Time as a driver of change; Sense of belonging reinforced through place identity;* and *Making a new home* (see Figure 2). Across these themes exist subthemes, patterns, and tensions that provide context to participants' narratives (see Table 2)
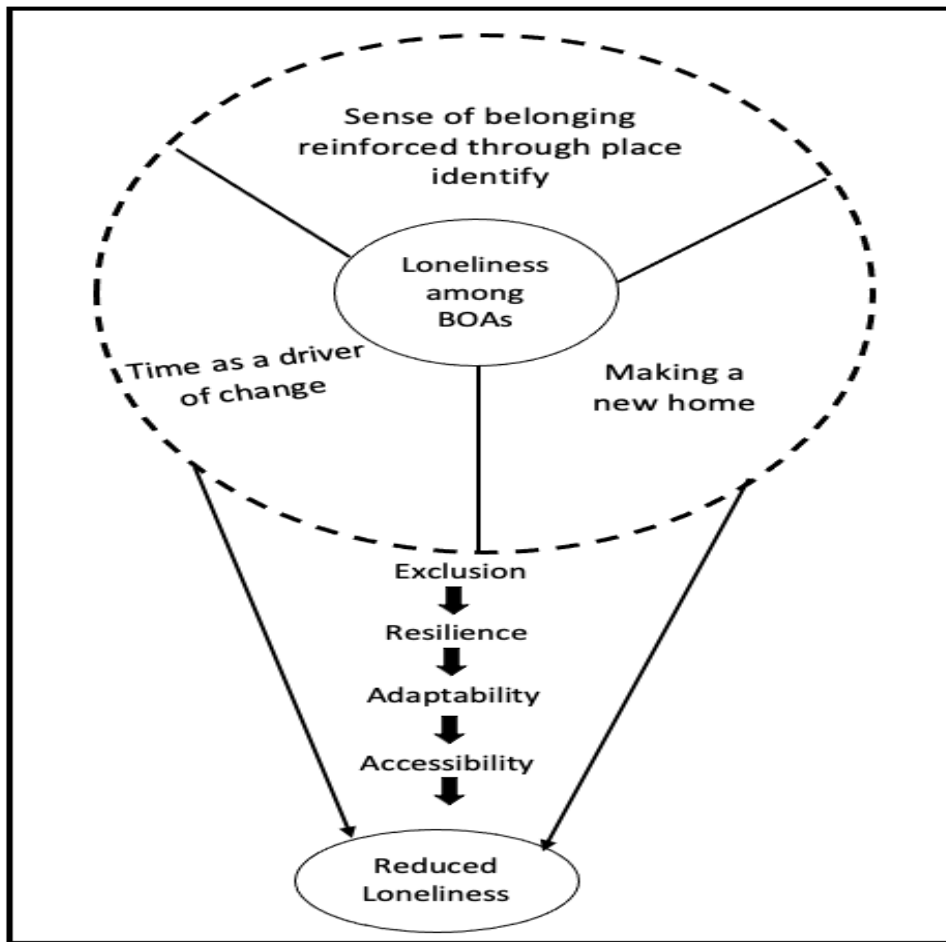
Fig 2: Schematic representation of the model of coping with loneliness among BOAs across the 3-dimensional spaces

Explanation:
Black older adults' experiences of loneliness are shaped through the interaction of three spatiotemporal concepts, including *time* as a driver of change in experience, *place identity* reinforced by the sense of belonging and *socio-personal interaction* leading to making a new home. Across the three spatiotemporal locations, BOAs grapple with complex levels of exclusion that contribute to their experience of loneliness. However, many of them built resilience, developed adaptability and accessibility to social networks, ultimately reducing loneliness.

Table 1: Representation of second-level analysis

Themes	Subthemes	Patterns and Tensions revealing coping strategies
Time as a driver of change	• Changes in health status • Changes in patterns of social relationships • Social Exclusion • Timing of migration	• Facing exclusions • Coping resiliently • Learning to adapt • Gaining more access

Sense of belonging reinforced through place identity	• Place identity and sense of belonging
	• Facilitators for a sense of place identity and belonging
	  - Proximity to people from the same culture or race
	  - Feeling accepted
	• Barriers to a sense of place identity and belonging
	  • Conflicting cultural practice
	  • Cultural intolerance
	  • Identity denial	

Making a new home	• Separating, abandoning, and leaving everyone behind • Getting used to living in a new place	

Source: Adapted from Ojembe & Kalu, (2018)

Time as a driver of change

Time as a driver of change portrays the negative and positive transitions that have occurred and their contribution to the experience of loneliness among BOAs. Temporality or time is universally assumed to have a linear progression. However, the form we consider in our paper is conscious time (i.e., the subjective qualification of time by the observer) (Andrews, 2021). This sense of time is subjectively experienced and is presented by some of our participants as non-linear, continuous and can progress in any direction - chronologically and non-chronologically. Participants talked about their experience of loneliness as shaped by significant changes they have experienced and witnessed, locating them in different time-spaces (past, present, future) (Clandinin, 2016)

Changes in health conditions. Our participants perceived time as a concept or as something not encountered in isolation. They connected time to other events, such as health conditions they have experienced across their life course, some of which were unwelcoming. For example, BOALSP11 and BOALSP10 talked about how their excellent health condition suddenly changed to the point where the former could not see anymore, and the latter could not remember some essential things from her past, like places where she had been and worked. The transition from good to poor self-rated health reveals how events are shaped by time and how these changes can lead to social disconnection, a significant cause of loneliness (Ojembe & Kalu, 2019).

> …I used to do everything well, but now, I cannot see clearly. I am not able to do things… That makes it more difficult for me and makes me to be more lonely. (BOALSP11, 64 years, Male)

> When I was young, I would take the bus and go to Toronto anytime I wanted…I was driving… But I can't do that now. I can't do that again because I forget sometimes. (BOALSP10, 87 years, Female)

Changes in patterns of social relationships. Participants' narratives revealed how time has contributed to changes in patterns of social relationships with children and friends, specifically leading to weakening social relationships and some level of exclusion for BOAs. Common contributory factors for this change include the age difference, which sometimes creates a gap between generations. Others involve changes in preferences or values. For instance, the younger generation is more career-focused and technology-focused, contrary to their parents, who focus on their family and maintaining relationships.

> I will say time and age …Maybe because I'm old now, everybody is saying live your life alone and leave everybody alone. When I was younger, I had more friends and companions… but as I got older, everybody stays on their own…now friendships are no longer what they used to be. The quality of relationships that people have is

disturbing… It's sad, and you end up being more lonely. (BOALSP10, 87years, Female)

…This generation is a fast-paced generation… their way of thinking, their way of living is totally different. It's a different generation…They don't have the time to sit with us…They don't have time to work with us using a cane. They don't have time to push us in a wheelchair. They rather pay someone $1,000 to push mom and dad in a wheelchair. ..So the time has changed. And it means I have to now live in my time and get connected to the time. (BOALSPILOT, 58years, Male)

Social exclusion. Other participants talked about different innovations developed over time and how the inability to access things like technology sometimes affects social relationships and connections. This highlights the negative and positive impact of technology on social relationships, especially with increasing and reducing loneliness (Ojembe & Kalu, 2019). BOALSP8's referred to not having a laptop, something which she lamented because in recent times, most connections are conducted online due to the social distancing protocols for containing the transmission of COVID-19. However, sometimes when they do have a laptop, they lack the skill to operate them. While BOAs believe that owning computers can help reduce social exclusion and loneliness by actively attending virtual social events, the purpose of having them is defeated when one does not have the skill to operate them.

> …many things are going on now only with Zoom. Everything now is Zoom, Zoom, Zoom, and I don't know how to use it…If I don't know computer [how to operate it], how can I join when I don't know how to open it, where to touch and how to join? … I'm too old now for computer. We don't know too much about computer in Africa… it is hard for me to understand what they are doing. (BOALSP8, 81years, Female)

Timing of migration. The amount of time that BOAs have spent living in Canada also plays a significant role in their experience of loneliness. Time allows BOAs to adapt, learn English (Koehn et al., 2020), and build their social network. This was easier for BOAs who have spent over 30

years in Canada than those who have spent less time in Canada. This passage of time allowed some of them to transition from loneliness to reduced or no loneliness.

> During the early days when I newly arrived… to this country, I had setback… I didn't know my left or right…Then I didn't know who was who… My English was not very good…I was totally alone…So, they sent me to St. Clair college to go and learn English, and that helped me not to feel too alone. But now, it's better than ever before… I have people that I can depend on… I have some friends in our group, and they are always there for me. (BOALSP8, 81years, Female)

Some of the participants recounted how their desire to remain relevant members of their community pushed them into building capacity, transitioning from defeat to resilience which is shown in their approaches to the challenges they face over time. Resilience thus enabled BOAs' adaptability to the changes they must navigate across their life course, thus increasing the opportunity for accessibility to things and people that were usually unreachable to them, reducing their experience of loneliness and allowing them to have a more meaningful life in the present (as depicted in Figure 2).

> … we have to meet up with our kids. That's why many of us are on social media …, so it's not like we can catch up with them… they are always a step ahead of us… But we can at least try to experience what they are experiencing so that we do not lose relevance. (BOALSP2, 55years, Female)

Sense of belonging reinforced through place identity

This dimension highlights how place, as a socio-spatial phenomenon, can shape BOAs' lives and their experiences of social exclusion and loneliness, especially as it relates to the geographical environment, neighbourhood characteristics, place-based cultures and practices, and a sense of belonging (Walsh et al., 2017). According to Clandinin and Connelly (2000), *place* comprises the social, cultural, and institutional contexts embedded in an individual's experience,

primarily because people's narratives of experience are situated in a particular context and not isolated. Hence, understanding the significance of place in our participants' accounts enabled us to make better meaning of the experience of loneliness by BOAs. Some of the themes that our participants used to describe their experience living in Canada and how it contributed and continues to contribute to their experience of loneliness include: *place identity and sense of belonging,* and *barriers and facilitators to a sense of place identity and belonging.*

Place identity and sense of belonging. Experiences of loneliness among BOAs differs by geographical place, for both Canadian-born and foreign-born individuals. Participants' narratives illustrated the significance of having a sense of belonging and place identity as a member of a particular community which is sometimes unattainable due to some undesirable community or neighbourhood characteristics. For example, BOALSP7's narration of her experience in different places that she has lived in Canada highlights how individuals who feel like part of the community are more likely to identify with that community, restating the feeling of protection, security, and trust.

> We stayed in Edmonton for three years. My experience in Edmonton was the best one. It felt like home to me. More like what I was used to in Africa, I had a very wonderful experience, though I was not working and was not doing anything. It was so different from what I experienced in Kingston… my experience in Kingston Ontario was lonesome. (BOALSP7, 75years, Female)

The participants also described place identity as the responsibility of everyone, to ensure an enabling environment that helps immigrants and newcomers feel comfortable, eliminating feelings of regret and isolation.

> But here in Canada, I'm sorry, it's a melting pot; there is no we do it this way. You invited all of these nations to come in. So, you've got to give them what they want to be comfortable in their new country. (BOALSP5, 65years, Female)

…We had just moved to a small house in a very quiet community. It was a safe place to raise children, but it made my loneliness worse… the neighbours didn't help… It's good in a way that everybody minds their own business, but if we all say hi hello and have a 2-second chat, does that not help us to feel like a part of the community or neighbourhood? (BOALSP3, 63years, Female)

Facilitators for a sense of place identity and belonging

Two narratives emerged while discussing the facilitators for a sense of place identity and belonging: proximity *to people from the same culture* and *feeling accepted.* Our participants showed that these factors reinforced accessibility and collective identity for BOAs.

Proximity to people from the same culture or race and living in a more ethnically dense area increases a sense of belonging and place identity for BOAs. BOAs in more ethnically dense places or locations report less loneliness (Tseng et al., 2021). Hence, place of residence matters less to BOAs when they have social connections to people of similar cultural backgrounds. Still, when this social contact is not available, place of residence matters in the experience of loneliness of BOAs and adaptation becomes challenging to achieve.

…seeing people from Africa and other Black people when I came to this city helped me so much. I did not feel like I had nobody. (BOALSP11, 64years, Male)

…we met all kinds of African people in Edmonton. That was the first time I met Nigeria, Ghanaians, and people from different parts of Africa, West Indies …It was nice, and I made friends in the church. Everybody was nice …every week, they would take us to a different place, and they made us feel at home, and we had a wonderful experience…but I had to move to downtown. Because I usually have a very challenging and difficult pregnancy and to be close to things, I had to move to downtown. That became a lonely experience for me again. (BOALSP8, 75years, Female)

Specifically, some BOAs who initially experienced ill-treatment when they newly arrived in some cities in Canada were surprised to receive better treatment that provided a sense of belonging when they moved to a different location. Hence, receiving poor treatment as a new immigrant meant a lingering lack of trust, especially for older immigrants who have remained in the same city since they arrived in Canada.

> …they had formed a group to support and work on each other, which was surprising.
> We even got a small room at the University of Alberta, where we were renting.
> (BOALSP7, 75years, Female)

Feeling accepted. The narratives by our participants described acceptance as a lack of judgement for BOAs' way of thinking and doing things, which might be strange as compared to the popular culture or practice. It is also described as a treatment that makes one feel welcomed, which is observed by the general attitude of others in the community.

> … and I can tell you or another black woman or man my feelings, and they can
> acknowledge to me safely not feeling judged". (BOALSP5, 65years, Female)

> It also depends on the culture of your neighbourhood. Some neighbourhood is more
> welcoming and accepting than others. Others would make you feel so out of place
> and unwanted. You see this in the way that people look at you, relate with you and
> even avoid you when you come out to the community. I experienced it in some
> small communities where we have lived in the past. (BOALSP4, 70years, Male)

Barriers to a sense of place identity and belonging

While narrating the obstacles to developing a sense of place identity and belonging, participants talked about *conflicting cultural practices, cultural intolerance,* and *identity denial*. BOALSP7 compared her current experience to her previous experience growing up in Africa.

> My experience in both England and Canada made me realize that Black people are
> not accepted. That was different from my experience growing up because I was

taught and made to believe that there is no difference between Blacks and White. In Africa, I played with the White man's son, and there was no issue with that. Most of the time, the father took me to school with his son. So, I didn't have a vision of racism and discrimination. In my mind, everything was good. (BOALSP7, 75years, Female)

Conflicting cultural practice. Participants talked about grappling with conflictual cultural expectations and how the Canadian culture differs from many of the cultures they were accustomed to before arriving in Canada. In this sense, the culturally unique expectations that people have contribute to loneliness (van Staden & Coetzee, 2010), especially when they relocate newly (de Jong Gierveld, van der Pas, et al., 2015). Furthermore, participants narrated the cultural conflict related to caregiving and relational patterns across different locations, especially regarding availability and accessibility to each other. Thus, when BOAs arrive in Canada with their preconceived perception of a collectivist orientation where communal living is more prominent but instead meet a different society where individuality is paramount, their loneliness tends to increase, but this is largely reduced when they learn to adapt and accept other cultures within their diverse communities.

> Some culture makes people to feel lonely. Like in Canada, when you get old, your children will go and keep you in a nursing home and leave you there… But in Africa, where I come from, when you get older, you will live with your daughter and her family. You are never left alone to suffer loneliness. They take care of you, and they talk with you…But here, it's only you in the house, only you every time. It is very bad…They say they want to respect your privacy, but it leads to loneliness. It's different from our African culture. In Africa, we have more time for each other, but here, they are too busy for each other. (BOALSP8, 81years female)

> Blacks live a communal life. You understand…But the culture here teaches you to be on your own and book an appointment for everything, and you must adapt. (BOALSP4, 70years Male)

Cultural intolerance. Participants raised the issue of collective involvement in addressing cultural narrow-mindedness (Freitag & Rapp, 2013) and negative attitudes towards immigrants or people of other cultures due to a lack of understanding of other groups. For example, BOALSP7 stated, "People don't understand us, and people don't want to take time to study us." BOAs noted that these undesirable attitudes, such as rejection of other people's food, dressing, language, and names, hinder the adaptability of both the society and BOAs and lead to cultural extinction. This points to how adaptation and cultural tolerance can sustain cultural differences and reduce loneliness among older adults, especially in a multicultural society like Canada.

> As a Black community, we must be careful because if we only cater to our culture, we will be in danger of going extinct. Because if we are dead, everything dies, and the culture dies. (BOALSPILOT, 58years, Male)

> …so, we must learn to accept other cultures different from the ones we are used to. That is one way we can help ourselves associate more with others and avail ourselves of loneliness. And this is not just for our community, but everyone must get involved irrespective of whether Black or not. (BOALSP4, 70years, Male)

Identity denial. Participants talked about how identity denial can make them feel invisible and the struggles BOAs go through to change the narratives and correct the negative assumptions others hold of them. This identity denial can sometimes be witnessed in marriage and association with other racial groups occurring in different spaces. For example, BOALSP5 talked about the struggles her parents had to face in countering identity denial.

> …um yeah, it was hard, and my adopted parents had it quite difficult. I mean, you love whom you love, and they had a rough time being an interracial couple. But like I said, we lived in predominantly White neighbourhoods and looking back, that was difficult, and it did deny me knowing who I was…And when you carry that in… it adds to loneliness because you're not understood, and you're isolated, you know. And having those desires or characteristics and not having anywhere to display them or to

have them valued, or to be made aware of why you feel and see and the things that you like, it's just, it's really sad… (BOALSP5, 65years, Female)

Participants also talked about identity denial that implicitly or explicitly pressure them to accept changing colour codes (behaving or talking like people from more popular culture in a particular society) and how it denies BOAs their identity. Participants believe that these behaviours reinforce racial discrimination and force BOAs to fit into the normative cultural structures that implicitly cause racialized and minoritized groups to adapt to the popular culture, irrespective of the consequence.

> When you are in a different zone, you pick up the right code…you learn how to switch code. Someone like me can adjust because I have been here longer. It's like I'm shifting code. I will be like, "Okay, I'm in the white zone now."…As a Black woman living in Canada, switching between the black and white codes happens naturally to me because society expects you to…Like how you have to courteously greet and interact with someone who is not Black. (BOALSP3, 64years, Female)

> But it is because we're not encouraged to be Black; we never have. Being Black was always, you know, the minority or a negative thing, so we were always encouraged to act better, Whiter, proper, and now it's so embedded and instilled in a lot of our people that they don't see their value and the value of their culture. (BOALSP5, 65years, Female)

Making a new home

Making a new home in the context of our study refers to the processes that BOAs undergo to develop social, cultural, and familial relationships in their new physical environment. The move to making a new home for BOAs is mainly born out of the potential prospects to better one's living conditions and career, as shown by the conversation between BOALSP7 and her late husband - "I asked myself and my husband why we came to Canada, he said that he's been told it's a good place with good opportunities and would bring good experience." Two major themes emerged while

discussing how BOAs navigate their arrival to a new country: *separating, abandoning, and leaving everyone behind;* and *getting used to living in a new place.*

Separating, abandoning, and leaving everyone behind. BOAs narrated how their journey to making a new home started with leaving their home countries of origin and moving to Canada. Except for BOALSP5, who was born in Canada, all the other participants were born outside Canada, and four of them came to Canada as refugees, displaced by war in their different countries. In contrast, the remaining eight participants came to Canada for family unification. Notwithstanding, all the participants expressed a sense of loss of relationships with the people they left behind in their countries of birth. The pain of these lost social relationships and separation accentuated their experience of social and emotional loneliness. For BOAs who came to Canada in their later life, the decision to move is accompanied by a sense of abandonment of their children and grandchildren. For those that arrived in Canada in their early life, it is often a loss of relationship with their spouse, children, parents, and siblings. Although all the participants expressed how being separated from their loved ones is something beyond their control, participants who migrated in their later life seemed to be more affected by this and reported higher loneliness. This might be because ethnic minoritized older adults prefer to live in close proximity to their family members (Gee, 2000). This points to the process of making a new home as an event that negatively affects some people more than others. Hence, while making a new home can reduce loneliness in some immigrants, it increases loneliness in some participants, especially those who identify home as being the country they left more than where they presently reside. Thus, to our participants, home becomes where their heart is (Liu & Gallois, 2021), even when that home is unreachable due to many impeding factors, such as war and safety issues.

During the war, I sustained a lot of injuries on my back which is why I ran away from Africa and came to America… I feel bad for separating and staying away from my kids. This one staying there and that one staying there. I cannot go back because of the war in Africa…Anytime I remember the fight back home, I'm scared to go…I am tired of this loneliness… I am not young anymore… and I don't want to die in a different land. (BOALSP8, 81years, Female)

…Till now, we don't know where our parents were buried (talking about his and his wife's parents). We do think of it, and it is a painful thing. But it is part of the experience of living in a foreign land. You just leave, and you are separated from your loved ones, but we do not wish to abandon them, you know. We just learn to live with it. (BOALSP4, 70years, Male)

Getting used to living in a new place. As revealed by participants' experiences, making a new home entailed moving from regret for what is lost to the desire to develop meaningful interactions and relationships, expand social networks, build new connections, learn a new language and career. Participants narrated adaptation as sacrifices and efforts that individuals make to develop a sense of home as they undergo acculturation in their new country, through which they developed the resilience that enabled them to withstand the complexities of surviving as an immigrant. To BOALSP8, her resilience is reflected in how she navigated the lack of access to social connections to having connections that she can depend on, including learning English, joining several support groups, and connecting to a religious group. Her story also highlights the role that settlement centres for new immigrants can play in assisting new immigrants to complete their journey of making Canada their new home (Chadwick & Collins, 2015).

…Hmm, it was really difficult when I came to Canada…it was like just take your things and go home. Go back to Africa…When you have somebody in Africa, they will know where you live. Even if it is 20 miles, they will come and see you. But here, I came here, and I cannot even understand the language well… My English was not very good… People were not friendly, except in the refugee centres. They helped

me. I was not even going to church because I didn't know which church to go to. So, it was a difficult thing for me.

Now, it is getting better, but it is still there. I belong to many groups now. I have the African women group and another group for black seniors. I also have my fellow Christians in the church where I worship. I have people that I can depend on. I have some friends in our group, and there are always there for me. (BOALSP8, 81years, Female)

To BOAs who have recently lost their spouse, making a new home refers to going into a career pivot that enables them to give back to the community, through which they developed the resilience to adapt and pull through their painful experience of loss and loneliness. Other participants talked about refusing to allow the ill-treatment they received as new immigrants to prevent them from supporting others and impacting their communities positively. Hence, they pointed to their previous experiences as new immigrants in Canada as a motivating factor behind their community engagement.

> I am the type of person that you know may enter in, but I won't stay in a bad situation. So, I found things to do. At over 60 years old, I went back to school after my husband died to become a personal support worker so that I could invest in others and because I was an empty nester. (BOALSP5, 65years, Female)
>
> That's why I don't look at those things before helping people. I have tried to bring Black seniors together. I belong to a group here, and I love them so much. We do things together. I have worked with a non-for-profit organization for 30 years, both as president and board member. I like to participate in making the community a better place for our members because their experiences remind me of what I went through as a new immigrant and a widow. (BOALSP7, 75years, Female)

Our findings showed an overlap among the three narrative spaces – time, place, and interactions. Specifically, our findings highlight how power dynamics and complex marginalization brought about by change deprive BOAs of their identity, affecting their sense of

home and belonging as they navigate their integration and adaptation in their new country of settlement. It also emphasizes how BOAs build resilience to withstand these challenges through which they gain more access to meaningful social connections and interactions and reduce loneliness.

Limitation and strength of the study

The accounts presented in this paper are not a comprehensive record of the experience of loneliness by all categories of BOAs. For example, our study included only one Canadian-born Black older adult raised by inter-racial adoptive parents whose experience might differ from other Canadian-born participants and/or those not raised by inter-racial adoptive parents. However, this unique experience emphasizes the uniformity in the experience of marginalization and discrimination that BOAs grapple with, irrespective of country of birth and the need for specific policy and program development that will enhance self-identity and reduce loneliness among BOAs.

Conclusion and Implications

To our knowledge, this is the first study to specifically explore loneliness among BOAs in Canada, understanding how their experience of loneliness is enforced in time, place and by their ability to make a new home. In our paper, loneliness among BOAs is experience alongside a complex overlap of temporality, relationality, place and their interaction in the experience of exclusion. We also explored how the need to improve a sense of identity and worth enables BOAs to build resilience, adapt, and expand their access to people, things and more social connection.

Tying this back to the three-dimensions (Clandinin, 2016), with respect to temporality, our paper presents how change over time leads to marginalization and exclusion of BOAs from the

system. We also showed how this change disrupts their patterns of doing things, including involvement in social relationships and their experience of loneliness. In addition, the significance of migration timing in the experience of loneliness among BOAs presents another conceptualization of time in our paper. It was shown that for some BOAs, time is not just a commodity that divides the haves and the have-nots, but one that also alleviates the struggle BOAs face as new immigrants. The setbacks that BOAs face over time also becomes a motivation for community engagement, which usually happens after many years of migration and after a sense of identity and belonging has been established, although at a very high price of the embodiment of social inequities and deprivation (Koehn et al., 2020). Our findings further demonstrated that living in an unfriendly neighbourhood can deprive BOAs of their self-worth, *a sense of belonging and place identity*, making them feel like outsiders and leading to social and emotional loneliness. Similarly, *making a new home* in the diaspora, as presented by our participants, entails a process that affects the social relationships and integration in both the new country and BOAs' country of birth, as they keep thinking about the loss of leaving their country of birth and the gain in remaining in their country of settlement. Therefore, our findings demonstrate that the experience of loneliness among BOAs differs across time, place, and the situational context of the individual. Indeed, such experiences are fluid and heterogeneous, highlighting the need for interventions that do not adopt a one-size-fits-all approach while responding to loneliness, especially settlement services for immigrants.

Place identity is enforced by proximity to people of the same ethnic and racial affiliation. Therefore, even when newcomers face multi-layered exclusion (Walsh et al., 2017), seeing someone of the same race alleviates the feeling of loneliness and makes it easier not to notice to notice the treatment of racism and discrimination experienced. Participants' reports of receiving

more social support and connections when they resided in more ethnically dense cities than in cities that were not (Tseng et al., 2021) raise questions about the role of communities in improving a sense of belonging for new immigrants. What level of tolerance and empathy do Canadian communities show for new immigrants? What type of reception do new immigrants receive when they arrive in Canada? How can we correct the negative impressions that new immigrants receive when they migrate to Canada? These questions are crucial to consider if the aim is to develop a more integrative approach that looks beyond addressing the personal factors to external social factors for loneliness among racialized and immigrant older adults, including settlement initiatives and a social prescribing program that provides referral to community support services for newcomers and indigenes. Furthermore, the issues raised illuminate how the current movement calling for diversity, equity and inclusion might be focusing less on some vulnerable groups in Canada, like immigrant older adults who feel more excluded despite living in a multicultural country like Canada. This thus highlights the need for more equitable resources that will emphasize diversity and reduce the exclusion of BOAs and older immigrants in Canada.

Through our expanded conceptual framework of loneliness shaped by three-dimensional spaces, we highlight implicit and explicit forces that contribute to the experience of loneliness among BOAs and how they adapt and manoeuvre through their experiences. Our findings suggest the need to consider programs, services and policies that would appreciate and address the marginalization constantly faced by BOAs, such as identity denial and cultural intolerance. Such initiatives would aid BOAs' adaptability, accessibility to more social provisions, and reduce loneliness among BOAs (Ojembe et al., 2022). Further, more studies adopting integrative theoretical approaches are warranted for a more in-depth and holistic understanding of the experience of loneliness by marginalized and vulnerable groups.

Conclusively, our findings demonstrate that despite the levels of exclusion that BOAs face due to age and race, many discussed strategies that helped them to be resilient and adaptable over time. They also mentioned how they learnt to build a new home, make new social connections, and continue to make conscious efforts to access and develop new interactions that will improve their health and well-being in their new country.

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Chapter Five

Paper Four

Narrative Analysis of Exclusion from Social Participation and Loneliness among Black Older Adults in Ontario, Canada

This qualitative paper has been submitted for review at the *Journal of Ethnic & Cultural Diversity in Social Work* and is currently awaiting initial feedback from the editor. The formatting style used in this paper has been formatted to suit that of the journal.

This paper aimed to uncover the contributory factors that shape the social participation of BOAs (aged 55 years and older) living in Ontario, Canada and ways to improve the participation of BOAs in existing social programs and services. Using a representational intersectionality lens and thematic narrative analysis, this paper highlights ways through which the multiple aspects of BOAs' identities intersect and influence one another to create unique experiences of inequities and deprivations from social participation, which in turn, leads to their experience of loneliness. Finally, this paper demonstrates the need for programs and services that are targeted to promote cultural diversity and inclusion of all older adults in Ontario rather than adopting a one-size-fits-all approach.

PAPER FOUR:

NARRATIVE ANALYSIS OF EXCLUSION FROM SOCIAL PARTICIPATION AND LONELINESS AMONG BLACK OLDER ADULTS IN ONTARIO, CANADA

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Abstract

Social participation and connection are effective ways to reduce loneliness among older adults. However, little is known about Black older adults' (BOAs') poor participation in social programs. Our study explores the varied factors that shape BOAs' participation in social programs and services and how lack of social participation contributes to loneliness. We used semi-structured interviews grounded in a narrative inquiry approach. Thirteen BOAs (n=5 Male and n=8 female) were purposefully recruited with mean age of 63.8. *Misrepresentation of BOAs in social programs and services*, *lack of opportunity for employment engagement, affordability and accessibility* were identified as reasons for BOAs not participating in programs. These findings highlight the conditions that generate marginalization in social participations and provide insights into the factors that prevent BOAs from participating in existing social programs and services in Ontario. Future programs should integrate strategies to increase the participation of culturally diverse populations, including BOAs.

Background

Social participation is fundamental for forming effective social connections, reducing loneliness and social isolation, improving social functioning and quality of life in later life (Levasseur et al., 2015). The definition of social participation has not been consistent in the literature; however, in this paper, social participation is defined as activities or duties that older adults engage in to foster connection with others in the community outside their home (Aroogh et al., 2020). The increasing prevalence of loneliness, social isolation and even migration among the aging population demonstrates the heightened need for social participation in old age. Although old age migration has been associated with loneliness and social isolation among diverse immigrant older adults (de Jong Gierveld et al., 2015; Salma & Salami, 2020), attending programs and services offered by

municipality, senior's program centres and many more, is a form of social participation through which older adults build these social connections.

However, while these programs are highly attended by older adults born in Canada, racialized immigrant older adults face systemic and institutional barriers and challenges, including culturally inappropriate programs and policies that hinder them from utilizing these services (Stewart et al., 2011). Furthermore, these structural barriers prevent them from developing social connections and influence their feeling of loneliness and social isolation (Garcia Diaz et al., 2019). To date, there is a paucity of evidence that describes the degree of participation of BOAs in such social programs and services. Still, current evidence suggests that BOAs are excluded from such programs in multiple ways, more than other groups, which might influence their level of participation (Scharf et al., 2005).

Population ageing comes with some social, economic, and demographic changes that increase the possibility of the exclusion of older adults from institutions, resources, programs, and services (Scharf et al., 2005). Across the literature, social exclusion has been extensively discussed using diverse conceptual frameworks, conceived from different disciplinary viewpoints, contexts, and used in political efforts to tackle disadvantages (Walsh et al., 2017). Social exclusion has been identified as a relative, dynamic, multidimensional disadvantage that deprives people of their agency (Walsh et al., 2017). When studying the exclusion of older adults, attention to this multidimensionality highlights the different domains within which older adults experience exclusion across their life course and its impact on them (Grenier & Guberman, 2009).

Other scholars describe social exclusion as the inability of older adults to participate in activities readily available to most people from different domains of the society, which may affect older adults' quality of life and prevents having an equitable society (Levitas et al., 2007). Despite

how it is framed, social inclusion/exclusion demonstrates how differences among groups and individuals are either recognized and accepted in a society or not and illuminates some of the existing individual, structural and societal marginalization that is not typically visible (Schirmer & Michailakis, 2018). Several authors have articulated different dimensions of exclusion. While Burchardt et al. (2002) outlined four dimensions of exclusion: exclusion from consumption, production, political engagement, and social interaction, Scharf et al. (2005) expanded these dimensions to include exclusion from material resources, social relations, civic engagement, basic services and neighborhood exclusion. Later, Lui et al. (2011) added exclusion of cultural dynamism, which Walsh et al. (2017) termed socio-cultural exclusion.

Related to loneliness, Gordon et al. (2000) identified four dimensions in which people are excluded from participating in social activities, thus, leading to social isolation: lack of participation in social relations; impoverishment; lack of access to basic services; and exclusion from a range of social relations. In addition, socio-cultural exclusion (identity exclusion) indicates the inability of service providers and program developers to recognize and represent individuals' cultural and ethnic identities (Walsh et al., 2017). Synthesizing these perspectives, one central theme is the deprivation of participation in social relations/interaction. When experienced by older adults, deprivation from social participation is understood to have the potential to prevent them from engaging in meaningful relationships with others and invariably increase, if not lead to, social and emotional loneliness.

There is evidence that biomedical and/or socio-demographic factors predispose older adults to social exclusion. The identified factors include race and ethnicity, physical limitations (disability), socioeconomic status, deprived neighborhood, and language proficiency (Burchardt et al., 2002; Keating & Scharf, 2012; Piller, 2015). For example, a study on the social exclusion

of older adults in deprived urban communities in the UK found that older adults of African origin (Somali) were more vulnerable to multiple exclusions than Black Caribbeans, Pakistanis, Indians, and Whites (Scharf et al., 2005). A possible explanation for this finding could be that migration to the UK by other ethnic groups started long before those from Africa (Victor et al., 2021). Furthermore, a recent qualitative study reported that the time since immigration influences loneliness and sense of belonging among older adults (Ojembe et al., 2022). Importantly, this finding suggests a differential experience of exclusion and aging among diverse groups and the need for a specific focus on interventions that uniquely address the collective needs of a particular group of older adults, to reduce loneliness and improve overall quality of life (Scharf et al., 2005; Schirmer & Michailakis, 2018). This is all the more important because the exclusion of cultural and ethnic identities has been linked to loneliness and poor quality of life among BOAs (Taylor, 2019). Also, lonely and socially disconnected racialized older adults (especially Black older adults) are more likely to report their mental health as poor compared to Whites (Miyawaki, 2015).

Canada is a multi-cultural country and visible minoritized groups currently constitute Canada's largest population, of which Blacks rank second only to South Asians and Chinese (Kei et al., 2019). Yet, despite this demographic presence, BOAs remain a hard-to-reach population within social programs, services and research (Liljas et al., 2017). Also, in Canada, no study has explored the participation of BOAs in social programs and the factors that facilitate their participation. This highlights the need for research that will elucidate the factors contributing to BOAs' lack of social participation and proffer solutions for practical approaches to promote engagement of BOAs in social programs and services. Our study aims to fill this gap. The study findings will contribute to knowledge to guide efforts to reduce loneliness, improve social

integration and overall health and well-being among this group and other hard-to-reach ethnic groups in Canada.

Our study aims to explore the experience of BOAs (living in Ontario, Canada, aged 55 years and older) participating in social programs, the varied factors that influence their participation (or lack of participation) in social programs and services, and how participation or lack thereof contributes to loneliness. Our study was guided by the representational intersectionality approach (Crenshaw, 1991). This framework enables us to understand and address the overlapping, conflicting power dynamics and inequalities that lead to the exclusion of BOAs from the social sphere due to multiple intersecting aspects of their identities such as age, gender, disability and socioeconomic status (Crenshaw, 1991). We adopted a narrative inquiry approach to highlight different levels of exclusion of BOAs and how they might contribute to loneliness and lack of participation of BOAs in programs and services. To achieve this, we address two research objectives.

1. *To explore the contributory factors that shape the participation of BOAs in social programs.*
2. *To understand how we can improve the participation of BOAs in these programs and services.*

Framework: Representational Intersectionality

Crenshaw, (1991) outlined three types of intersectionality: *structural intersectionality, political intersectionality, and representational intersectionality*. *Structural intersectionality* looks at how social structures such as legal systems downplay the unique experiences of some groups over others, especially when accounting for race and gender. *Political intersectionality* focuses on how the interests or experiences of some subset of a group are erased by some political movements or competing discourse of resistance, especially antiracism or feminism. *Representational*

intersectionality, which is the type that this study will adopt, looks at how popular culture tends to omit or exclude the representation of some subsets involved in a large group, thus leading to disempowerment and representational inequality. Representational intersectionality questions the exclusion of cultural diversity and people of color within the broader public domain and the law system (Crenshaw, 1991). Our paper focuses on representation within social and community programs and services, not the legal system. Within this context, representational intersectionality has been used to address diverse forms of color-blindness and identification that unknowingly disregard racial and ethnic diversity within the public domain (Ben-Moshe & Magaña, 2014).

Broadly, an intersectionality framework expands the understanding of inequality relations between and among groups (Calasanti & King, 2015). The intersectionality framework illuminates how multiple aspects of our identities intersect and influence one another to create unique experiences of inequities and deprivations (Koehn et al., 2020). It further explicates some taken-for-granted assumptions and overlapping power dynamics that might lead to exclusions among a particular group to the degree that is different from the experience of others. Using an intersectionality framework alongside narrative methodology, researchers have shown the consequential individual and programmatic factors that shape the experience of cumulative disadvantages among Black women (Ko et al., 2013; Shelton & Lester, 2020), but not among BOAs, and more specifically, their social participation.

By considering representational intersectionality in our study, we sought to understand the extent to which BOAs participate in existing programs and services, the factors that facilitate their social participation or lack thereof and possible ways to ensure that their unique needs are adequately captured in planning and designing program and services in Ontario. We focus on this because understanding measures to facilitate social participation by BOAs will enable program

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developers and service providers to design broader culturally inclusive social projects that may improve the overall quality of life of racialized and ethnic minoritized groups such as BOAs, reducing marginalization and exclusion.

Methodology

A narrative inquiry approach was selected as the most appropriate methodology for exploring the phenomenon of social participation among Black older adults (Chase, 2005; Reissman, 2008). Situating our study within the constructivist paradigm (Lincoln & Guba, 2016), narrative inquiry allows us to explore different ways that participants make meaning and perceive their individual experiences of the phenomenon - in our study, the experience of social participation and loneliness. Furthermore, narrative inquiry also allows us to retell and highlight the barriers and possible facilitators that could shape social participation among a socially marginalized ethnic group, bringing out the particularity of their unique experience (Clandinin, 2016). Finally, retelling the story allows us to reframe and present the reported account in a new light, bringing out narratives that have the potential to work towards social change.

Participants

We purposively recruited eight female and five male Black older adults living in Hamilton and Windsor, Ontario, Canada, between the ages of 55 and 87 years (with a mean age of 63.8 years) who self-identified as being lonely (see Table 1 in Paper 2 and 3). Included participants could speak English, Broken or Pidgin English which the interviewer also understands and speaks, ensuring that eligible participants were not excluded because of a language barrier which is a significant factor in exclusion and lack of participation among immigrant older adults (Keating & Scharf, 2012). All but one participant was born outside Canada. Participants were recruited through Facebook, WhatsApp, Instagram, and Twitter. Emails were also sent to different

organizations and Black community gatekeepers in Ontario to request support with recruitment of their members that might be eligible for the study, including the Federation of Black Canadians (FBC), The Nigerian Canadians for Cultural Educational and Economic Progress (NCCEEP), Windsor Essex Black Seniors Association (WEBSA), and Hamilton Young Women Christian Association (YWCA) among others. Interested individuals reached out to the first author, but only those eligible were included in the study. The study received ethics approval from McMaster Research Ethics Board (MREB - #5476).

Data collection

The first author employed a narrative interviewing method as outlined by Anderson and Kirkpatrick, (2016) to interview the participants. Interviews started with open-ended questions such as, "Tell me about some services and programs for loneliness that exist for older adults in your city"; "Tell me what you know about programs that focus on older adults in your city." Interviews ended with semi-structured questions to gain further clarification of participants' narratives. Depending on participants' preferences, multiple interviews were conducted on phone or zoom, and audio recorded with participant's oral consent. Using multiple interviews facilitated an in-depth discussion of the issue and the development of rapport between the participants and the researcher (Law & Chan, 2015). Each interview session lasted between one to two hours. To preserve participants' privacy and identity, the interviewer shared a list of identification numbers (BOALPILOT to BOALSP12 – meaning Black Older Adults Loneliness Study Participant) with the participants, and each participant chose their preferred identification number. Interview data were transcribed verbatim, and analytic memos taken during the interview and transcription processes were used to promote reflexivity (Bishop & Shepherd, 2011). The concept of participation and exclusion emerged naturally during in-depth conversations with BOAs.

Thematic narrative analysis

Our data analysis was done iteratively and inductively, adopting a within and between case thematic narrative approach (Reissman, 2008). A within-case approach allowed us to extract findings that are unique to each participant, while the between-case approach allowed us to draw out similarities in experience and meaning made by participants. Although we were interested in drawing out the similarities in the stories told by participants, we ensured that the particularity, distinctive and identifiable stories and experiences of individuals were retained in our analysis (Ewick & Silbey, 2003). Furthermore, we paid attention to the moral of the story and the content of what is said rather than how it is said, allowing us to endow participants' stories with ontological freedom that facilitates representations of reality and social change (Reissman, 2008). We believe that stories reflect people's underlying reality and are fundamental to their individuality and identity. Hence, the first-hand knowledge we share in this paper enables us to report accounts of the experience of social participation, exclusion and loneliness as told by participants and create meaning aimed at achieving social transformation and addressing the ambiguities surrounding the aging experiences of BOAs in Canada. To achieve this, we adopted the following analytical steps: transcribing the interviews; reading the interview transcripts, field notes and memos several times; generating a coding tree that revealed patterns, meanings and relevant narrative elements represented by themes and subthemes; drawing conclusions and verifying with the senior research team members and; validating the report with the three participants whose stories were used in the within-case portion of the result section (Reissman, 2008). Intersectionality is used as a lens in our study to interpret the overlapping power dynamics and marginality around age, race, the exclusion from social participation and loneliness (Crenshaw, 1991). Data were managed in NVivo 12.

Reflexivity and Rigour

Triangulation of data sources and an audit trail was used to ensure rigor and enhance the study's credibility. For example, while analyzing the transcripts, we referred to the memo and field notes taken to provide context to the themes that emerged and check for consistency (Tracy, 2010). We further validated the findings by sharing the individual's written report with participants who had indicated an interest in being contacted for verification. Finally, the first author also engaged in peer-debriefing sessions with supervisors.

Results

We found four distinct processes and themes that highlight the social forces that influence social participation by BOAs and enable us to address the lack of participation, namely: *misrepresentation of BOAs in Social programs and services*; *lack of opportunity for employment engagement; affordability and accessibility; and recommendations on solving the problem.* In this study, 13 participants were interviewed, and they all had similar stories to tell about factors that influence the social participation of BOAs. However, in this paper, we present one narrative that captures what is reported by most participants on each theme, except for the last theme, where we use a between-case narrative approach that allowed us to highlight the similarities in the suggestions made on the possible solutions to the problem, as narrated by the participants. The individual stories are arranged chronologically to help put them in sequence.

BOALSP5: Misrepresentation of BOAs in Social Programs and Services

BOALSP5 is an indigenous Black woman born in Canada. When she was interviewed, she was 66 years old and had recently lost her husband, who died due to COVID-19. After her husband died, BOALSP5 became lonely and depressed. She joined a support group, which she felt did not

address her specific needs, compelling her to find an alternative solution for her problem. BOALSP5 felt there was a misrepresentation of cultural diversity in the program structure, and she noted how the concerns of some members of the Black community "do not get addressed when approached generally" or when a one-size-fits-all approach is adopted. Her narratives and that of other residents who spoke on this, further depicted the lack of competence and understanding of cultural differences by program developers and service providers. For example, BOALSP5 talked about how Black people "do not process things the same way" as other cultural groups and how this could contribute to their exclusion. She believes that the absence of cultural diversity in programs and services is the significant reason why BOAs remain largely invisible in social participation. She emphasized the need for culturally specific social programs and the accommodation of racial differences in existing services and programs.

> BOALSP5: …it didn't even dawn on me until this morning that our seniors are not represented out there in the communities and in retirement homes just because they feel that nobody understands them. Not every black person is capable of adapting to things and physically capable of doing some things…So, if you take care of somebody emotionally, their physical well-being will also improve."

BOALSP5's story is similar to those echoed by many participants who talked about their reluctance to participate in programs and services, even when they know about the existence of these programs. Majorly, they narrated how their needs are not addressed and how this deters them from participating in such programs, thus, highlighting the challenges that are posed by adopting a one-size-fits all approach and the possibility for increasing social exclusion of a specific group.

BOALSP2: Lack of Opportunity for Employment Engagement

BOALSP2 was 55 years old when she was interviewed. She migrated to Canada from West Africa when she was 50 years old. She had worked in the financial sector for many years before migrating to Canada. On arriving in Canada, she decided to continue in the same field without envisaging

the challenges and restrictions that she might face. She was met with resistance that prevented her from securing a job in the field that she cherishes and loves. BOALSP2 faced the problem of unattainable high standards and exclusion from employment. She was either overqualified, too old for the position she applied for or lacked the skills they needed. When a job was offered, it was usually on a part-time condition which did not enable her to meet all her needs. As a result, she felt marginalized and excluded from employment opportunities as a new immigrant. She also mentioned how this exclusion limited her from integrating and learning ways to socialize and effectively participate in her new country. BOALSP2 believes that her experience is not an isolated case, but one that is common to most new older immigrants, irrespective of gender. She noted how new immigrants are faced with setbacks that prevent them from socially participating in the labour industry and building social connections, which is essential for newcomers who are mostly at a higher risk for loneliness and social isolation (Koehn et al., 2020). She noted that when newcomers are denied the opportunity to learn and participate in their community, they "feel odd and do not fit in."

> BOALSP2: Nobody gives you a chance to learn…Nobody is given the opportunity of a learning curve… They expect you to just fit into the job immediately without realizing some of the limitations you might have…I'm coming from Africa, and some of the things used here, I never used them before. If I'm not given the opportunity to get the job, then how do I learn? And I am not daft not to be able to learn. And it is the same thing with a lot of my friends, all of them have the same complaints, both men and women. It affects you, and that's enough to make somebody feel alienated. It makes you scared to try more, and it limits your potential to seek out more opportunities. That is why a lot of us struggle and struggle and struggle until we are able to hit a balance or we quit.

> BOALSP5's story depicts the challenges that are faced by older immigrants and stories told

about employment experience as newcomers to Canada by some other participants including male and female participants, also alluded to this. These experiences highlight the setbacks that older

immigrants who migrated to Canada in their old age have to navigate. It also makes one wonder the effectiveness of newcomers' settlement programs in meeting the needs of older immigrants who migrate to Canada through other means other than refugee and permanent residence route.

BOALSP8: Affordability and Accessibility barriers

BOALSP8 was 81-years old when she was interviewed. She was born in West Africa and migrated to Canada as a refugee 17 years ago prior to her interview due to war in her birth country. There is a constellation of factors that encumber BOALSP8's situation, her ability to socially connect with people in her wider community and participate in programs designed for older adults. BOALSP8 lives alone and reports having physical limitations and poor health that prevent her from going out as much as she would like. She has no family members in Canada, and her social support comes primarily from her church and community members. Although she can depend on these supports, they are sometimes not available when needed. BOALSP8's lack of access to social participation and connection is compounded by lack of proximity to critical resource centres, lack of reliable transportation, disability and poor health, language barrier and program cost and affordability. For example, when she wants to attend some programs in which she is registered, there are always limitations due to a lack of reliable transportation as she cannot afford to pay for a taxi every time she wants to go out. Hence, she is forced to stay home, feeling isolated and socially disconnected. BOALSP8's situation mirrors the daily cumulative disadvantage and embodied experience of isolation, loneliness, exclusion, and social disconnection faced by several immigrant older adults in our study, especially the oldest old like BOALSP8, who have no family. It also highlights how one's socioeconomic status can influence an individual level of social participation.

> BOALSP8: Personally, I like to participate in those programs, and I used to go before. But now, my health makes it difficult to attend and even when I want to go, I cannot afford

it…Before covid, I used to also go to church to meet with some of my Christian sisters to share our stories. I will call taxis to take me to church when I can afford it, but sometimes, it is very difficult to afford that because I'm just managing what the government gives me every month. I am old, and I cannot work anymore. I wish I could go more. I know it will help me with this loneliness.

BOALSP8's story demonstrates the intersection of age, gender, disability, socioeconomic status and old age migration. Her story was echoed by many other participants, experiencing similar intersecting oppressions and raises the implications for understanding how to amply address the challenges faced by these individuals.

Recommendations for Solving the problem

In examining this theme, we highlight similarities and common ideas suggested by most of our participants as possible ways to increase their social participation and inclusion in social programs. Participants emphasized the following points: *making BOAs relevant, importance of developing culturally specific programs, intensifying commitment to initiatives that focus on BOAs, intergenerational-focused programs and services, and mentorship programs for new immigrant older adults*

Making BOAs Relevant. This subtheme emphasizes the structural and systemic ways by which Black older adults are excluded from programs and services. Some participants questioned the meaning of the concept of inclusion, raising concerns about the need for clarification and analysis of the concept. Participants suggested that when addressing issues concerning racialized older adults, including BOAs, the programmatic focus should be on making this group "relevant" and their meaningful inclusion to the operation of a program rather than just empty calls for their participation. In essence, the focus of programs and policies should be to understand and recognize the strength and potential that this group brings to the table, as captured by the first quote below. Sometimes, prioritizing relevance and identifying these strengths could also mean creating an

equal opportunity for every group or participants without preference for any particular group, leading to reassurance and reduced loneliness. It also emphasizes the need to value and prioritize the needs of older adults. This might involve including them from the outset and having them at the table when decisions concerning them are being made, rather than expecting them to slot into existing programs and services.

> BOALSP3: Inclusion simply means that you are a part of what I am doing. But if it is something that we have to create or bring to existence, it means that at some point, it had been excluded. If we are saying that we must include our seniors, my question is why and at what point were they excluded? If they had been included from the onset, then we won't be talking about inclusion and exclusion. I believe that we should be talking about relevance, not inclusion. All of a sudden, we are trying to include Mama Jane. Who kicked her out and when? You see, the question should be, how do we make seniors more relevant? Because they were never excluded, we simply failed to make them relevant, recognize their abilities, make them visible, and give them a place in the centre-place. We need to locate them and bring them in…Programs have to be designed in such a way that seniors, especially Black seniors, are made relevant. (Female, 63 years)
>
> BOALSP2: Yeah, so, they say. But how equal is equal? Well, it's only for them now to consciously say, "Okay, now we're having people coming in. What can we put in place to help these people?" … maybe put some policies and some activities or things in place for that purpose". (Female, 55 years)
>
> BOALSP5: Making them relevant: It's important to know how Black seniors are bearing with this and how they are dealing with it. Is it that much harder for them now that they're getting old and isolated? … That's the question we should be asking… Just make people aware that they are valuable. (Female, 66 years)
>
> *Importance of Developing Culturally Specific Programs.* Our participants were concerned

about the lack of culturally specific programs and a one-size-fits-all approach in existing programs. A common view among participants was that such programs would bridge the isolation and alienation of BOAs with personal conditions that prevent them from integrating and connecting

with others, including a language barrier and physical limitations. Equally, it would help enforce a sense of community, belongingness and reduce loneliness among BOAs, irrespective of age, gender, and place of birth. Finally, it would replace the nostalgic feelings of BOAs born outside and those who migrated to Canada in their later life and thus improve their overall quality of life.

> BOALSP11: If they have an organization where Blacks can be together and share things together. That will build them up. Because if you are only one, you can be lonely. But if you have people from the same community or culture as you, it brings joy. The feeling that "my sister is here," "my brother is here." That brings joy. We can all meet and share drinks. That will bring joy to the Black seniors. (Male, 64 years)

> BOALSP3: So, we need programs that are suitable for us, not making us fit into what is already out there…we have different issues. Although the program might be very tasking and involving at first, but once we are supported to walk through them, people will blossom and flourish and can even have another life. (Female, 63 years)

> BOALSP4: We also need to intensify the cultural awareness because, for instance, when our seniors come down here, they miss home, and there is that nostalgic feeling that they are carrying around, and it's affecting them either consciously or subconsciously. So, we need programs that will make them feel that sense of home and have that cultural collective feeling. (Male, 70 years)

However, participants believe that sometimes the initiative for developing culturally relevant programs for BOAs should start from the community members, as this will ensure the sustainability of the programs. Furthermore, starting from the community is relevant because the community members better understand the needs of the community. The comment below further illustrates this narrative.

> BOALSPILOT: Well, we can get active in our community. We don't have to wait on our mayor or the government for us as a Black race or Black culture to do something and get involved. We can have our little Community group… take care of our own. (Male, 58 years)

Other participants believe that integration of cultural diversity in programs and services also entails public funding of Black initiatives. For example, the provision of reliable transportation was significantly highlighted as a means of facilitating BOAs' participation in such programs. The majority of those who spoke on this issue felt that financial limitations and funding are significant factors in the representation of BOAs in existing programs.

> BOALSP12: Of course, we have to make sure that Black seniors live in better housing and have reliable transportation, especially those underprivileged ones who cannot move from one place to another. We have to make sure they live in a comfortable home, have enough food to eat, and have people take care of them until the end of their lives. (Male, 72 years).
>
> BOALSP7: There is a senior Centre that runs programs for seniors, but they want you to pay $100 a year. Our seniors don't have $100 to pay for programs. They don't…you need transportation to go all the way to attend those programs, and many seniors don't have transportation to go there. (Female, 75 years)

Intensify Commitment to Initiatives that focus on BOAs. Many participants highlighted the need for organizations targeting the Black community to intensify their commitment and expand their scope to include BOAs in their programs and services. Our participants felt that existing organizations that work with Black communities are more involved with younger groups than older adults. Although most of our participants stated that they are not aware of any program that focuses specifically on BOAs, a few who were recruited from the same city (Windsor) indicated knowledge of one organization that focuses on supporting and empowering BOAs. This further increases the inequities Black older adults face across their life course and exacerbates an already disadvantageous situation. Specifically, BOALSP3 pointed out some challenges that hinder Black-owned or Black-focused not-for-profit organizations from involving aging-related programs, including lack of commitment, sustainability, funding and accountability.

> BOALSP3: In my area, we have a program for Black seniors which is not nearly enough to address the needs of Black seniors. I don't think that we are doing 5% of what the seniors

who are lonely need to help themselves come out of loneliness. There are all kinds of programs out there, but I would say there is not enough that is specifically for Black seniors. There are so many organizations that cater to seniors, but I don't know of any ongoing, active organization specifically for Black seniors. They mostly tend to focus on the younger population. The government should fund Black initiatives that cater to Black seniors. Whatever thing the government is sending or spending is not reaching them. And it's difficult to do without the proper funding. It's a lot, honestly…Not too many people can just do it with a little money. Therefore, I don't blame anybody if they are not functioning… Programs for Black seniors lack sustainability. But I do know that when the Black community sees a call for something for Black seniors, all the people that are not doing it would be out now writing, they will put something together to get the funding, but they won't follow up or sustain it. They just rush to open, and they quickly shut down. Program reports should clearly specify how many Black seniors were reached by the program or included. (Female, 63 years)

Intergenerational-focused Programs and Services. A recurrent idea in the narrative of social programs and social participation was a sense amongst our participants that programs should not just focus on the older adults but should integrate younger people into this initiative. In all cases, participants reported that it would enable the younger generation to get acquainted with appropriate coping mechanisms, develop relevant knowledge, and handle their aging experiences better than the present generation of BOAs. As BOALSP5 said, "you can't just expect somebody to jump up and know something they haven't been taught or shown how." Furthermore, most participants agree that adopting an intergenerational approach in program development for BOAs would also enable the sustainability of cultural values across different generations. Generally, the involvement of younger people in such programs is a concern shared by both male and female participants. The comments below illustrate the narratives further.

BOALSP12: First of all, we need to create an environment for the younger generation. Because tomorrow, they will be in the same shoe as we are today. They are gonna be old

too, and we need to be sure that we have something that will help them have a better experience tomorrow as Black seniors than we do today. We should not focus only on seniors because tomorrow, the young people will have it bad too. (Male, 72 years)

BOALSP3: If we get it right now, 10-15 years coming, the next batch of seniors will have something in place and functional to fall back on and not have the same experience as the current ones. (Female, 63 years)

BOALSP11: It is also important to get young people involved and train them in whatever we are doing because when the older people are gone, if the young people are not trained well, there will be no one to take over. That is why people who have the knowledge should pass it on to others so that the knowledge can nourish and continue when they are gone. (Male, 64 years)

A Mentorship Program for new Immigrant Older Adults. Some participants also emphasized the need for settlement programs to integrate a mentorship program that would enable new immigrant older adults to navigate and integrate into their new environment. Participants noted that such programs would enhance faster social integration and improve the feeling of belongingness and acceptance among immigrant older adults who are new to Canada, both for BOAs living with their family members and those who live alone. Participants believe that this initiative would benefit not just BOAs but also all older immigrants who are new to Canada.

BOALSP7: The black community needs some sort of a welcoming plan for newcomers, especially seniors. It would be nice to have a program that says, "adopt a senior." If we can have a program that says adopt newcomer seniors for six months or one year. Be their guide, navigate and connect them to community programs and services and explain the services in the community to them. Even when they have a family or living with their family here, that should not prevent the program. It will give them a sense of belonging and show them that they are accepted in their new community. Then when they have found their feet and don't need the person or services again, then, it ends. I think I would like to see a big-sister or big-brother program available for newcomer seniors. It will take away loneliness and isolation. (Female, 75 years)

Discussion: Looking at the problems and implications for research, policy and practice through an intersectional lens

Our findings present insights into the lack of inclusion of minoritized groups, including immigrant and racialized older adults, in programs and services that target older adults. They highlight the erasure of diversity and cultural differences in these programs and services. They further reveal the taken-for-granted assumptions of homogeneity surrounding the development and operation of existing programs and services, where such interventions are assumed to adequately address the needs of every individual and group involved. Previous evidence has utilized an intersectionality framework to draw attention to the experience of loneliness among immigrants (Koehn et al., 2020). However, no one has specifically explored representational intersectionality to understand the factors promoting the lack of social participation among Black older adults. Therefore, using the representational intersectionality lens in this paper allowed us to understand the overlapping, conflicting dynamics of power that are shaped by race (being Black), age (old age), socioeconomic status (low income, education), gender, migration, age of migration and the ways that these power dynamics influence social participation, loneliness and overall misrepresentation of racialized and minoritized groups. The approach further explains how multiple aspects of BOAs' identities intersect and influence one another to create unique experiences that encumber their social participation and leads to loneliness. In this section, we will discuss three prominent aspects of our findings.

Erasure of Black Older Adults in Program Development

The most apparent finding from our analysis is the erasure and lack of representation of Black older adults in program development. Sociologically, *erasure is defined as the ''practice of collective indifference that renders certain people and groups invisible''* (Sehgal, 2016). The analysis also shows the prevailing use of a one-size-fits-all approach in program design and service

delivery without consideration for cultural sensitivity despite Canada being a multi-cultural country. This taken-for-granted assumption that one particular approach works for everyone makes it difficult for BOAs to stay in these programs, as they do not feel their needs are being met. Even when they leave, our findings reveal a downplaying of structural inequities and inefficiencies of these programs and services since there is no follow-up evaluation to ascertain what went wrong or how the needs of racialized and ethnic minoritized groups could be adequately met. This finding resonates with a previous study that explored barriers and challenges faced by immigrant older adults in Canada, where a lack of culturally appropriate programs was identified as a significant barrier to accessing services and programs (Stewart et al., 2011).

Furthermore, participants' stories highlighted how these structural inequities and cultural erasure deprive BOAs of opportunities that might have contributed to their social integration and connection, which may invariably lead to reduced loneliness and overall improved quality of life (Koehn et al., 2020). Although desires for social participation differ substantially among different individuals, the finding on the erasure of cultural diversity and denial of learning opportunities for BOAs may reflect cultural privilege, ethnocentrism and color-blindness on the part of those who sit at the table when strategic program decisions are made (Lee & Tapia, 2021). It also highlights the lack of recognition of how cultural relativism and cumulative disadvantages shape differential aging trajectories among diverse groups and their influence on the social participation of BOAs in existing programs and services (Walsh et al., 2017).

Also, the poor representation of BOAs in research combined with their exclusion from decision-making regarding program development makes it challenging to understand activities that BOAs might prioritize. Most evidence-based programs addressing loneliness and social isolation are modelled on studies conducted with immigrant older adults from Asia and Europe and often

tend to exclude Blacks (de Jong Gierveld, van der Pas, et al., 2015; Koehn et al., 2020). Therefore, it becomes essential for programs and services in Canada to be tailored to focus on individual ethnic groups since evidence has shown that BOAs tend to have a stronger sense of belonging and less loneliness within an ethnically dense group, and that their aging experience differs from that of other older adults (Ojembe et al., 2022). In addition, the recognition of cultural diversity in program development and service delivery creates an opportunity to engage not just BOAs but other ethnic minoritized older adults in decisions that concern them and in co-creating relevant programs and services.

Race, Aging and Migration

People migrate to improve or save their lives. However, another significant finding of our research is the disadvantages that racialized older immigrants face while trying to integrate and adapt to their new country. This further draw attention to the hidden inequities and power dynamics propagated by the system (systemic hindrance) that deprive immigrant BOAs of social integration and participation (Holtug, 2010), thus leading to loneliness. Indeed, social capital is reduced when people migrate in their old age (Li et al., 2017). This reduction in social capital affects socioeconomic status, which is a key determinant for loneliness, social connection and participation among older adults. For instance, someone's socioeconomic status decides what they can afford and activities in which they can get involved. It determines health and living conditions. Similarly, someone's present job determines what their retirement will look like. Specifically for immigrants who migrated to Canada in their 50's or later life, the situation is tougher, and the expectation is that they will depend on their employment and social connections to develop a sense of belonging and an improved quality of life. Unfortunately, that is not the case for most, as our findings show that immigrant BOAs find it difficult to get employed and integrated into the society,

mainly because the society refuses to give them a chance. Therefore, to survive, they are forced to accept employment in precarious jobs, and the impact tends to be exacerbated for our female participants as compared to males, aligning with a previous study on gender inequalities in work and employment distribution (Campos-Serna et al., 2013).

It has been argued that poverty in old age is exacerbated by low economic and social status after retirement, further increased by low benefits received from the State (Walker, 2006). These disadvantages double on all sides with racialized older immigrants (Stewart et al., 2011). This is because social policies continue to overlook the inequalities that older immigrants experience in their new country, such as service barriers related to administrative problems, entitlement restrictions, personal attitudes exacerbating these inequalities, and circumstantial difficulties (Garcia Diaz et al., 2019; Stewart et al., 2011). These inequalities thus heighten the problem of poverty among older immigrants and worsens their health. This raises the question of what retirement experiences will be like for immigrant BOAs who arrived in Canada in their 50s when most Canadian-born age cohorts already have retirements plans in place. Hence, for those who had job stability all through their life course, it is undoubted that they will have a better quality of life and a more productive retirement experience than BOAs born outside Canada and who migrated to Canada in their 50s. Hence, this cumulative disadvantage directly and indirectly encumbers many BOAs from thriving in their later life (Dannefer & Settersten, 2010), sets the ground for them to experience a poor quality of life without proper social integration and participation and also leads to loneliness and social isolation (Koehn et al., 2020). In addition, the experience of exclusion of BOAs from employment also highlights the need for immigrant settlement services to facilitate the integration of newcomers. This could be achieved by expanding and extending their service eligibility to all taxpayers that are resident in Canada, both temporary, permanent

residents and citizens, rather than just focusing on refugees and permanent residents as is currently permitted by the Canadian Department of Citizenship and Immigration Act. In this way, they can better ensure the representation of all groups and work towards the elimination of systemic hindrances and exclusions facilitated by such discriminatory policies.

Integrating Aging in Project Development

Insights from participants point to the possible intersection of age, deprivation of agency and the exclusion of BOAs from Black-focused projects. Surprisingly, participants mentioned only one Black-owned not-for-profit organization that specifically focuses on providing services for BOAs in one of the cities from where participants were recruited. Knowing that there are numerous existing Black-owned organizations that provide services and run programs targeted at the Black community, one would expect a higher number than mentioned. This finding highlights the unequal focus on the younger generations by most programs and organizations targeting racialized communities in Ontario. It is not known why they fail to attend sufficiently to the needs of BOAs. However, deeper reflection on this question perhaps points to the possibility of ageism and apathy towards the welfare of older adults within the Black community. Although the Black culture is collectivist, there has also been some evidence of prejudices against the aging population even within this culture (Salma & Salami, 2020). Secondly, it could be explained by such taken-for-granted assumptions that Black families take care of older members, and failure to realize the adverse impact of changing patterns of family relationships and dwindled social contact on the older population (Drennan et al., 2008; Ojembe et al., 2022). This highlights how the intersection of social identity (race, age, social class) and macro-level structural forces (racism, ageism, poverty) can produce social disparities and inequities against BOAs, preventing them from being included in these types of social initiatives.

To ensure the integration of BOAs in such initiatives, Black-focused organizations could adopt an intergenerational model of development and operation of programs and services that involve both younger and older members of the Black community. If such a model were implemented, it would benefit both the young and the old. Hence, rather than just promoting participation in programs and services, such an approach could become an avenue for the transfer of the Black culture of caring and respect for older adults, elimination of ageism with the Black community, and reduction of loneliness and social isolation among BOAs. For example, evidence has shown that BOAs feel a sense of fulfillment, and their loneliness is reduced when the younger generation seeks after their wisdom (van der Geest, 2004). In addition, intergenerational contact experience is crucial in reducing negative psychological concerns about aging and general ageism among the younger population (Lytle et al., 2020).

Study limitation

The main weakness of this paper is that we did not interview program developers and service providers. The addition of these perspectives would have allowed for a broader contextual understanding of how programs are structured and areas for improvement, as told from their perspectives. Hence, future studies should address the questions raised in this research while also involving program developers and service providers. This study is also limited by location; we only recruited participants from the province of Ontario, Canada, and primarily from the cities of Hamilton and Windsor. Therefore, these narrative experiences may not represent the experiences of all BOA in Canada or internationally. So, this study's findings should be interpreted with caution. Regardless, we provided a thick description of participants and context, allowing readers to decide how they might use this study's results to inform policies and programs to improve social participation and reduce loneliness among visible minorities in Canada.

Conclusion

Our study highlights how multiple aspects of older adults' identities intersect to influence their unique experiences. Our research advances existing knowledge about the nature and context of social participation among BOAs, exposes circumstances leading to social exclusion, inequities and loneliness, and ultimately contributes to knowledge about how well-being for traditionally silenced and marginalized groups such as BOAs might be improved. Further, our findings outline important implications for research, policy and micro-macro level practice. Specifically, it highlights the need for the representation and integration of BOAs in social programs and services, the development of culturally specific programs, and the creation of services and programs that are both affordable and accessible for marginalized and immigrant older adults. Therefore, we recommend that program developers and service providers (including gerontologists and social workers) use this information to inform targeted interventions to address problems associated with loneliness and a lack of social participation of BOAs, immigrant older adults and other ethnic minoritized groups in Canada who are most at risk for loneliness, social isolation and multilayered exclusion.

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Chapter Six

Conclusion

The purpose of this doctoral thesis was to critically examine how Black older adults (BOAs) living in Canada experience and view loneliness along with its contributory factors. This doctoral thesis consists of four manuscripts. There has been paucity of research in this area until now. Therefore, I led a team that conducted a scoping review to understand the current knowledge on loneliness among BOAs and its contributory factors as presented in the global literature. This was the aim of Paper 1: through a scoping review, which included 27 studies, of which none focused explicitly on BOAs in Canada. Hence, Papers 2-4 set out to start to fill this gap using narrative inquiry methodology and diverse theoretical approaches.

This research is timely because the increasing ethnic and racial diversity of the older population in Canada has been projected to be one of the significant elements of demographic change in Canada that will influence and guide policies and programs (Wendy Kei et al., 2019). Currently, Blacks account for 4.7% of the Ontario population, while BOAs account for only 7.3% of the Ontario 65 years and over population (Statistics Canada, 2016). As the population of Black adults continues to rise, the group of BOAs in Ontario is also expected to increase. Therefore, understanding the experiences of loneliness among BOAs will help the province and possibly the country at large to prepare and mitigate the adverse effects of loneliness.

Specifically, in Paper 2, I explored the different social provisions (defined as what individuals gain from their relationship with others) (Weiss, 1973) that shape the experience of social and emotional loneliness among BOAs living in Ontario. In this paper, participants highlighted that while social connection is crucial in reducing loneliness, it is essential to understand that *being with* people is not synonymous with *having* people – it is having reliable

people in one's life that improves one's feeling of importance. Further, Paper 3 investigated the constellation of factors that shape the experience of loneliness for BOAs and how BOAs cope with loneliness. In Paper 3, I showed that the experience of loneliness among BOAs is influenced by geographical relocation, identity denial, loss of significant relationships, lack of support for new immigrants, poor health, disability, and disengagement. Finally, in Paper 4, I examined the contributory factors that shaped the participation of BOAs in social programs and provided the measures to improve the participation of BOAs in existing programs and services. The findings shared in Paper 4 showed that BOAs are largely not represented in existing social programs and services, which contributes to their lack of social participation and subsequent experiences of loneliness. The four papers contribute to our understanding of loneliness among BOAs and ways to increase social participation and integration of BOAs and, by extension, other racialized and minoritized groups that might embody experiences similar to BOAs.

Key Findings and their Implications

While findings that emerged from each of the studies have been discussed in each individual paper, I will highlight the key findings that emerged across the paper and describe its implication in three sections: substantive, methodological and theoretical contribution and how the findings may be applicable in influencing policy and practice targeting loneliness among racialized and ethnic minoritized groups.

Substantive

The results of this study highlight four substantive findings that contribute to the broader gerontological literature: *lack of quality social relationship contributes to loneliness*; *Lack of sense of identity and belonging contribute to loneliness; hindrances and loneliness among BOAs are due to their immigration status; and BOAs' lack of social participation is not by choice.*

Lack of Quality Social relationship contributes to Loneliness

One of the findings of this study highlighted that BOAs value the quality-over-quantity of the relationship, which supports the assertion that active maintenance of a small number of emotionally meaningful relationships provides a foundation for reduced loneliness (Dahlberg, 2021). Previous studies have reported on the quality-over-quantity social relationship or interpersonal connections (Hyland et al., 2019; Ojembe & Kalu, 2019). However, such studies lack clarity on the meaning of the construct. My study filled this gap by providing an in-depth analysis of what the construct of quality-over-quantity means to Black older adults within the context of loneliness. For instance, as shown in Paper 2, the concept of quality-over-quantity highlights the importance of the availability of and access to reliable and dependable relationships, as compared to having a larger social network, which is sometimes not what the individual needs. This finding has significant implications in the context of the development of interventions or strategies to reduce loneliness among BOAs.

Previous interventions targeting loneliness and promoting social participation tend to focus more on activities that encourage group connections, explicitly focusing on enhancing social skills and support, increasing social contact opportunities, and addressing maladaptive social cognition (Gardiner et al., 2018; Quan et al., 2020), with none focusing on improving the quality of social relationships, which BOAs in this study have identified as vital to reducing loneliness. Since BOAs value access to reliable connections over a larger social network, interventions targeting loneliness among BOAs should focus less on prioritizing group interventions and more on one-on-one interventions that could promote quality relationships, especially for older adults from collectivist cultures, who tend to revere intimate interpersonal relationships. It is no surprise that BOAs think

that current social loneliness intervention programs do not meet their needs, as highlighted in paper 4 of this manuscript.

Furthermore, BOAs that participated in this study did not only choose quality over quantity relationships; they spoke about shifting preferences and prioritizing quality relationships outside their family. This finding contradicts the norms of a collectivist culture where family relationship and tie is most sacrosanct (Lykes & Kemmelmeier, 2014). This finding of BOAs' shifting preferences for quality relationships outside their family raises a question of what the role of the family is in the experience of loneliness among all ethnic minoritized and immigrant older adults, not just the Black older adults. Evidence has shown the active role that family members play in reducing loneliness (Fingerman et al., 2011), although limited among immigrant older adults who are not living in close proximity to their family members. However, since BOAs who participated in this study feel that there is a greater chance of receiving support from non-family members (such as church members, ethnic community members, friends, and PSWs) that enables them to overcome their struggle with loneliness, perhaps the focus should be on how to facilitate that. In essence, when the family is not forthcoming, either because of lack of availability due to distance or unwillingness due to other competing interests, there should be an alternative social support structure that BOAs can fall back on, as suggested by BOAs who participated in this study. Examples could include peer-based community centers targeting BOAs as outlined in Paper 2 and intensified Black-focused initiatives by existing programs that target racialized and ethnic minoritized groups, as delineated in Paper 4. A recent randomized control trial shows that such a peer-based initiative has effectively reduced loneliness and increased resilience among Chinese Hong Kong older adults in Calgary, Canada (Lai et al., 2020). Therefore, by creating black-focused

peer-based community centers, it is plausible that BOAs could build quality relationships with peers outside their families that would mitigate their experience of loneliness.

Lack of sense of identity and belonging affects both immigrants and Canadian-born BOAs

My study filled a gap in the loneliness literature by contributing to the knowledge of how a sense of belonging and sense of identity can contribute or serve as a protective mechanism against loneliness among BOAs. Specifically, in Paper 3, I reported the challenges and macro-level roadblocks, such as social exclusion, lack of acceptance and identity denial that immigrant BOAs encounter when they newly arrive in Canada, that hinder their ability to develop a more meaningful place attachment. This finding confirms findings from a quantitative study that used a Longitudinal Aging Study Amsterdam (n=478), which reported that national and transnational belonging serves as a protective mechanism for Turkish and Moroccan older immigrants residing in the Netherland (Klok et al., 2017). Although using the same narrative inquiry approach to explore loneliness and belonging among older immigrants in Canada, Koehn reported the concept of belonging as an essential feature in reducing loneliness among ethnocultural older immigrants of Asian origin (Koehn et al., 2020).

However, contrary to popular belief on lack of belonging being an experience known only to older immigrants, my study revealed that loneliness resulting from a lack of sense of identity and belonging is not only experienced by immigrant BOAs but also by Canadian-born BOAs raised in an interracial marriage. Sadly, this experience of identity crisis and lack of belonging, as shown in Papers 3, seems to be an ongoing experience that BOAs go through across their life course, especially during their immigration trajectory in Canada; highlighting the compounding experience BOAs face because of the intersection of immigration, age and race. Evidence has reported that the negative effect of loneliness may be higher for BOAs, as many are less likely to

seek help due to perceived and internalized racism (Rhee et al., 2019). The struggles with age prejudices and racial discrimination BOAs encounter across their life course have been described as a "double jeopardy," contributing to loneliness (Chatters et al., 2020:854). Therefore, my study specifically contributes to understanding how racialization creates a false sense of belonging and identity, undermines agency and compounds the challenges BOAs living in Ontario have to manage and negotiate, ultimately preventing them from social participation and contributing to their experience of loneliness.

While racialization continues to be an issue that older immigrants and people of colour continue to navigate throughout their immigration trajectory, there have been efforts to tackle it, through research, activism and education. Efforts to address such assumptions gave rise to the field of cultural and humanistic gerontology, within which the foundational tenet focuses on upholding the cultural identification of older adults, specifically as it relates to the interplay between culture, structure, and agency (Baars, 2007). Other discourse has focused on racism and diverse inequities that stem from social issues, such as health and social inequities (Gee & Ford, 2011). Therefore, the concerns raised by the finding from my research study, specifically articulated in Papers 2-4, validate and add to numerous calls that have been made on the need to address implicit and explicit institutional, structural and cultural racism and the marginalization of people of color, with greater attention paid to promoting equity, inclusion and multiculturalism in Canada (Hyman et al., 2011; Koehn et al., 2020). Therefore, to reduce this identity crisis, policies that promote the early integration of immigrants with dependable social networks could be promising in enhancing their sense of identity and belonging. Also, I believe educating new immigrants on the importance of quality social relationships and networks and their roles in reducing loneliness in old age should be considered as an essential part of settlement programs for new immigrants regardless of age.

This is a point of particular emphasis because many of the experiences recounting a lack of sense of identity and belonging occurred during the time when BOAs newly arrived in Canada.

The intersection of age at immigration, immigration duration and immigration status in shaping the experience of loneliness among BOAs

The discourse on the challenges that older adults encounter when they migrate in old age has been dominant in gerontology (Fokkema & Ciobanu, 2021; Holtug, 2010; Li et al., 2017; Salma & Salami, 2020). My study contributes to the broader loneliness literature by identifying three patterns of experience of loneliness among BOAs, which highlighted the intersection of age at immigration, immigration duration and immigration status. First, BOAs who arrived in Canada in their early life had a higher experience of loneliness in their early life but built increased social networks in their later life, reducing loneliness. Second, BOAs who arrived in their later life, especially as refugees, did not experience loneliness as newcomers to Canada because they had more access to community and social resources on their arrival, but they experienced a greater deprived living condition in their later life resulting in their experiences of loneliness. Third, BOAs who migrated to Canada in their later life (50+ years) experienced loneliness because of a myriad of factors, including age, immigration status (study/work permit), and employment expectations. This pattern of experience of loneliness added a new perspective to loneliness literature, specifically among ethnic minoritized groups in Canada (de Jong Gierveld et al., 2015; Garcia Diaz et al., 2019; Koehn et al., 2020; Salma & Salami, 2020). Across the three patterns, older adults who migrated in their 50+ experienced a higher level of loneliness compared to other groups, highlighting the need to focus intervention among them amidst competing resources. Evidence has reported that the lack of financial resources and community networks increases the

sense of alienation, isolation and loneliness among South Asian Immigrants living in Canada (Hossen, 2012).

My finding that loneliness among BOAs results from cumulated immigration issues across their life course (such as precarious employment) highlights the need for stakeholders (civic groups, community organizations, churches, etc.) to factor in age, education and immigration duration in sharing social resources for immigrant older adults. This will ensure that resources are reaching the most vulnerable who are most in need of those services. My study also uncovers the need for immigration policies and settlement initiatives that are more proactive and strives to promote an inclusive environment and protect the interest of older Black immigrants and other immigrants. For example, such initiatives could focus on helping older immigrants better navigate their new country and have a hassle-free transition. Currently, this service is targeted only at refugees and permanent residents (IRCC, 2022). Still, my study showed that this service would also benefit temporary residents who are legally in Canada either for work or study. This is particularly important because, as I shared in Paper 4 and above, older immigrants who arrive in Canada in their 50s with a temporary resident status find it difficult to settle in and get employment in their desired field. For this group, the failures and several rejections they face in their migration trajectory never stop until they transition from temporary to permanent resident status.

Lack of Social Participation is not by choice

The analysis of the intersection between age, loneliness and social participation among BOAs is an area of research that has not been previously explored in the literature, and this is a gap that Paper 4 fills in this study. Paper 4 uncovers unique ways to improve the social participation of BOAs and reduce their particular experience of loneliness. The findings of my research explicitly emphasize the need for the inclusion of BOAs in programs right from the development to the

implementation phase. The exclusion of ethnic minoritized older adults from existing programs and services in Canada has previously been reported (Stewart et al., 2011). However, the findings of my study, reported in Paper 4, highlighted that BOAs are never included in programs right from the development stage, eluding that social exclusion cannot happen if they were never included. This finding implies that BOA's lack of participation in social programs aimed at reducing loneliness could be traced back to the program development process, which tends not to include end-users in the decision-making around what program to develop and who gets involved. Previous evidence has reported on the need for co-designing of interventions with older users, which promotes the creation of a congruent tailored intervention that mitigates health risks such as loneliness (Valaitis et al., 2019), as lack of participation in social programs could be linked to program development that did not capture the specific needs of the target program participants (Stewart et al., 2011). Therefore, this finding warrants the rethinking of what we mean when we talk about inclusion and highlights the need to seek and inquire what features BOAs would like to see in social programs in order to improve their social participation. By integrating co-designing, program developers and service providers would counter the practice of lumping together all other ethnic groups and older immigrants and the colorblindness that exists within the social environment, service delivery, and program development and would increase the chances for BOAs to participate in these programs, thus, reduce their experience of loneliness.

Theoretical

I adopted three theoretical frameworks in this study: the social provision framework, which is also called the interactionist theory of loneliness (Weiss, 1973); the three-dimensional space narrative approach (Clandinin & Connelly, 2000); and the intersectionality framework (Crenshaw, 1991). My study contributes to expanding the social provision theory (Weiss, 1973) and the three-

dimensional space narrative approach (Clandinin & Connelly, 2000) in unique ways that previous studies have not explored. While the first and the last frameworks have been used in examining loneliness among the general population of older adults and ethnic minoritized older adults, this is the first study, to the best of my understanding, that has used the three-dimensional space narrative approach in studying loneliness among BOAs and within the general population of older adults. Thus, the findings reported in Paper 3 contribute to the wider loneliness literature by highlighting the potential that the use of the concepts of time, place (space) and socio-personal interaction presents in studying and understanding how loneliness among racialized and immigrant older adults is influenced by temporality, sociality, and spatiality. In addition, this approach could also be used with groups of older adults beyond the population used in this study. Specifically, the framework is generative for grasping the constellation of factors that influence the experience of loneliness among BOAs and its effect on their general health and social wellbeing.

My study is the first to explore the collective influence of time-place and socio-personal interaction on loneliness among a racialized group. The discourse on time-place relationship in aging and loneliness is prominent within the loneliness literature. Previous studies on loneliness among immigrant older adults and within the general population of older adults have reported on the influence of time-place or socio-temporal factors on the experience of loneliness (Bennett & Victor, 2012; Bergman & Segel-Karpas, 2018; Jansson et al., 2021; Koehn et al., 2020). Specifically in Canada, time-place as a significant factor in the experience of loneliness emerged in Koehn et al.'s study on loneliness and belonging among immigrants in Canada (Koehn et al., 2020). Among all these studies, and to the best of my knowledge, none explored or reported the influence of socio-personal interaction and time-place factors on loneliness among older adults. The concepts of time-place-socio-personal interaction are the key elements guiding the three-

dimensional space narrative inquiry framework. Drawing on this framework, I argue that in studying loneliness, interaction should be included as a third dimension, as it caters to understanding how social integration, the type of social relationship that older adults engage in, and how socio-personal factors inform their experience of loneliness.

Furthermore, as evident in Paper 3, my study contributes to the literature by depicting the many benefits of integrating time-place-socio-personal interaction in the loneliness discourse. First, the integration of the three constructs in my study led to a reimagination of a model that demonstrates how BOAs are able to transition from different levels of exclusion that lead to loneliness, to building resilience and adapting effectively to their experience of exclusion, gaining more access to social networks, and ultimately reducing loneliness. Although resilience building as an effective strategy for escaping from loneliness has been previously reported among immigrant Chinese older adults in Canada (Lai et al., 2020), my study adds to the literature by providing a detailed description of BOAs' ability and processes of transitioning through this continuum of resilience and how it leads to the mitigation of loneliness. Second, integrating the three-dimensional spaces of time-place-socio-personal interaction dimensions in the study of loneliness among immigrant older adults is generative for understanding all the implicit and explicit aspects that influence these experiences (see Paper 3). Third, as shown in Paper 3 of this dissertation, the lens facilitates the questioning of dominant discourses around the experiences of racialized and immigrant older adults in Canada and a possible better future for them, while ensuring that the specific narratives that participants needed to bring into the research were not missed. Finally, the integration of socio-personal interaction in the discourse of time-place dimensions in loneliness makes provision for intra-personal (inward) and inter-personal (outward) conditions that contribute to loneliness (Clandinin & Connelly, 2000). For example, it accounts

for the personal dispositions and at the same time, the external conditions that expose an individual to loneliness. This is more so because, with immigrant older adults, it is essential to understand how their experiences change across different times, how different places inform their experiences and how multiple interactions or social connections they engage in contribute to their experience of loneliness.

Moving away from how previous narrative studies (Clandinin & Connelly, 2000; Law & Chan, 2015; Nguyen & Dao, 2019) have explored the concept of *place* (from the viewpoint of spaces where the inquiry took place or as synonymous with the *situation*), my study as reported in Paper 3, uncovers new dynamic way that the concept of place within the three-dimensional space narrative inquiry framework can be used. *Place* in my study was used to query the various ways that *place* as a spatial location occupied by immigrant older adults can influence their experience of belongingness, identity and loneliness. Also, *place* as used in my study, recognizes that loneliness occurs in spaces beyond just the place where the interview occurs, as previous studies have tended to use the concept (Clandinin & Connelly, 2000; Law & Chan, 2015). Therefore, using this approach was warranted by how previous studies on loneliness had explored the concept of place - spaces where older adults feel at home and visible without feeling trapped (Bennett & Victor, 2012; Jansson et al., 2021)

Finally, my study filled a significant gap in the literature by clearly defining the six social provisions outlined by Weiss' social provision framework (Weiss, 1973). Weiss' social provision framework consists of social and emotional loneliness; and the six social provisions *(social integration, guidance, opportunity for nurturance, reliable alliance, attachment and reassurance of worth)* (Weiss, 1973). Most studies that explored loneliness used only the social and emotional loneliness of Weiss' social provision framework (Ojembe & Kalu, 2018; Tzouvara et al., 2015;

Victor et al., 2000). I did not find any studies that used the six social provisions as a framework guiding their loneliness study, perhaps because of the lack of clarity on definitions of each of the six social provisions. To fill this gap, I clearly provided the definitions of the six social provisions outlined by Weiss (1973) and the sources that provide each social provision (see Table 1 in Papers 1 and 2). The definitions were guided by Weiss' book *"Loneliness: The experience of emotional and social isolation"* (Weiss, 1973). I believe that providing the definition of the six social provisions will help advance the framework's use and guide researchers who might want to adopt the social provision framework in the future.

Notwithstanding, Weiss' social provision framework introduces the relevance of social-relational gain and its influence on loneliness (Weiss, 1973). The central tenet of the framework focuses on the role of social provision and relational gains in influencing loneliness. However, Papers 1 and 2 noted additional factors contributing to loneliness among BOAs, including socio-economic, health-related and technology-related factors. Specifically, among BOAs, findings from these papers showed that health and socio-economic-related factors contribute more to loneliness than interpersonal relationship-related factors, such as social network and social connectivity. This finding highlights the significance of extending the conceptualization and measurement of loneliness when studying an ethnically diverse population such as BOAs. Current loneliness scales, such as the UCLA loneliness scale, and de Jong Gierveld loneliness scale, did not capture any components of health and socio-economic related factors, highlighting the need to develop or remodify the existing loneliness measurement scales to capture the health and associated socio-economic factors.

Methodological

This study makes significant methodological contributions to the broader literature, precisely concerning the qualitative approach, recruitment, sampling and data collection strategies used. Researchers within the global loneliness literature have tended to favour quantitative over qualitative methods (Cacioppo et al., 2017; de Jong Gierveld et al., 2015; Victor et al., 2021). Similarly, studies focusing on loneliness among minoritized older adults and BOAs have predominantly utilized quantitative methods, as noted in Paper 1. For example, out of 27 studies included in this thesis Paper one's scoping review, only 6 were qualitative studies and none utilized a narrative inquiry approach. To the best of my knowledge, this present study is the first study on loneliness among Black older adults to use the narrative inquiry approach. Adopting narrative inquiry approach coupled with the constructivist paradigm (Lincoln & Guba, 2016) enabled me to recognize the social, cultural, and historical circumstances that shape the experiences of individuals and exposes the hidden and taken-for-granted practices, processes, structural and cultural features of our everyday social worlds (Chase, 2005). Furthermore, it enriched my research in numerous ways that enabled me to contribute to the broader loneliness literature and narrative methodology by representing participants' narratives in ways that truly capture their lived experiences and the meaning they make of them.

Another aspect that sets my study apart is the recruitment, sampling and data collection strategies. This thesis filled a gap in the literature by recruiting demographically diverse Black older adults with specific attention paid to variations in age, gender, place of birth, health status, education, and immigration status in our selection of participants. Previous studies attempting to recruit BOAs often lumped them with other group members (de Jong Gierveld et al., 2015; Salma & Salami, 2020). Lumping participants together is a taken-for-granted assumption that counters

the principle of equity, diversity and inclusion and deprives participants of adequate representation in research.

It was particularly relevant to include demographically diverse participants in my study because of the ethnic diversity within the Black community (Africans, Caribbeans, and some other groups who identify as Blacks, including indigenous – one participant in this study identified as indigenous Black). In addition, this method yielded rich data for understanding how loneliness affects BOAs who represent different segments of the Black population. This method could help other researchers invested in this issue learn how to design a study that would move away from excluding specific racialized groups in research but closely capture their unique experiences and, simultaneously, ensure that crucial demographic characteristics of the population are not excluded. Through that, it could also be assured that all the subsets of the aging population are given equal representation in research, and all the voices that should be included in the study are accentuated. Also, it could eliminate the hindrances posed by various taken-for-granted assumptions researchers make when designing research.

In addition, BOAs are reported to be a hard-to-reach population (Bamidele et al., 2019). My study demonstrates ways through which researchers can approach recruitment of BOAs and increase their participation in research by effectively using snowballing and gate-keepers recruitment techniques. Snowballing has been used with a diverse population, but no study had previously delineated the process of using the method to gain access and recruit BOAs living in Ontario or Canada. I decided to report this methodological contribution because access and barriers to recruitment have been reported as one of the primary reasons for the underrepresentation of Blacks in research (Bamidele et al., 2019). Using snowballing technique allowed participants and gatekeepers to refer people with relevant characteristics to participate in the study. Specifically, I

worked closely with an organization working with BOAs in one of the cities where participants were recruited. The organization played a significant role in sensitizing its members to the significance of the study and encouraging eligible members interested in the study to participate. Maintaining good rapport before, during and after the interview sessions, was very essential in ensuring the success of the study.

Before commencing recruitment and interviews, I volunteered to hold a virtual seminar with a group of Black older adults in Windsor. During the seminar, we had a one-hour discussion on aging, loneliness and social connection. This was repeated with the Federation of Black Canadians – The Ontario Hub. Members were not informed about the study until after the seminar and group discussion. Through the meeting, I was able to build a trusting relationship with the stakeholders and the members of the groups, some of whom later volunteered to participate in the study. For a hard-to-reach population as BOAs, the meeting set the ground for the beginning of my relationship with them. Also, I referred other BOAs living in the same city to the group, which further strengthened my relationship with the organizations. Therefore, understanding how to build and sustain a relationship with gatekeepers could be helpful for researchers interested in working with hard-to-reach populations in Canada, especially for studies using a qualitative method, which substantially expects the researcher to build rapport with the participants for the success of the research.

Summary of Recommendations

Upon review of the findings garnered from this study, several crucial recommendations were made by the participants. I have outlined these recommendations below, focusing on research, programming, and policy work.

First, for future research, it is recommended that researchers invested in investigating loneliness among ethnic minoritized older adults consider moving away from the current approach that seems to exclude and make the experience of BOAs invisible within the loneliness literature. Therefore, there is a need for more diverse samples and studies that focus not only on the experiences of older adults as members of a particular group but also look at the similarities and differences of experience within and across groups. During the article selection stage for Paper One, I discovered that many studies reporting on loneliness among ethnic minoritized older adults tend to focus on a particular group. In addition, the rest of the groups are lumped together and categorized as *'others'* (de Jong Gierveld et al., 2015). Even though it is likely that there would be similarities as well as differences in experience and need across members of diverse groups, certainly, not all older adults within a single ethnic group will always share the same experiences and have the exact needs: variability within groups is also to be expected. Failing to consider this hinders the understanding of how members of respective ethnic groups experience loneliness, and it is my position that this encumbers the effective structuring of programs by cultural or racial needs, hence, the lingering use of a one-size-fits-approach in programs.

Additionally, researchers invested in studying loneliness among immigrant, racialized and ethnic minoritized older adults should pay attention to adopting an integrative theoretical lens that looks just beyond time and place when investigating the experience of loneliness among immigrant older adults. The time, place, and socio-personal interactions discussed in Paper Three were presented as crucial determinant factors for loneliness among BOAs. While this study cannot claim that similar findings will be uncovered among a different group, it is recommended that researchers invested in this issue further investigate the interaction of these factors across the life course of diverse older immigrants. The integration of time, place and socio-personal interactions in the

study of loneliness might provide a more comprehensive view of how to address the issue of loneliness among racialized immigrant older adults.

Also, future intervention studies on loneliness should pay attention to investigating the cultural sensitivity and relativism of the interventions. This approach could be achieved by disaggregating the data sample by race and showing how effective each intervention is among each racial group. This is recommended because the literature review uncovered that no study had investigated how culturally sensitive and relevant existing loneliness interventions are. Therefore, I believe that by disaggregating the data sample by race (as well as gender, class, etc.) and testing the effectiveness of the interventions with different groups of older adults (including race, gender, class, etc.), information can be gathered as to the effectiveness of each intervention within and across different groups, as well as identify areas of concern, necessary modifications, and development of alternative interventions.

I suggest that this study be replicated on a larger scale and the scope be increased to include stakeholders such as program developers and service providers. For example, future studies should consider a more extensive study that consists of a broader range of participants and is conducted on a national scale. This current research is a smaller study that included only 13 BOA participants. Therefore, what is needed now is a larger study that would extend this current study and one that would benefit from what has been presented in this study both substantively, methodologically, and theoretically.

Finally on research, I suggest that future research consider revisiting the social provision framework and investigating ways to expand it to capture and reflect loneliness among racialized groups and ethnic groups that favour collectivist culture. In Papers 1 and 2, I found the framework of social provision to be limited in some respects, however expanding the framework was not

within the scope of this present study. It is the position taken in this study that although the social provision framework is not a holistic framework for understanding all the contributory factors to loneliness among BOAs, it is potentially relevant in conceptualizing loneliness and exploring the experience among diverse groups including racialized older adults.

In terms of recommendations for programming and resonating with existing evidence, I suggest that program developers in Ontario and Canada at large should focus on establishing culturally specific programs that address all the taken-for-granted assumptions that obscure the needs of ethnic minorities and racialized older adults. Existing evidence has repeatedly reported the barriers that hinder ethnic minoritized older adults from accessing services in Canada, including lack of belongingness, lack of representation, colour-blindness on the part of stakeholders, language barriers, and lack of culturally relevant programs, to mention but a few. These barriers lead to loneliness, and it is my opinion in this study that the call for culturally specific programs cannot be overemphasized, and it cannot stop until programs are visibly structured in a way that enables racialized and ethnic minoritized older adults to feel like part of the community whose voice and needs also matter.

In addition, I recommend that existing programs focused on the Black community diversify and restructure their programs to include Black older adults instead of primarily focusing on the younger population. This could create an avenue for BOAs to share with their peers and feel less lonely and isolated. It is imperative that while the clamour for equity and fairness for the Black community persists, stakeholders within the community are not themselves perpetrating or encouraging marginalization that impedes the right of some sub-sets within the group. Therefore, program managers and developers of existing initiatives that focus on the Black community should recognize and promote the inclusion of older adults by creating specific programs that focus on

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the older population or adopt an intergenerational approach. Intergenerational-focused programs may be relevant to reducing the experience of loneliness and social isolation among the old and the young. More so, it is possible that through integrating an intergenerational approach, the younger generation within the Black community could be equipped with relevant skills that would enable them to develop sustainable aging-friendly values and have a better aging experience than the current Black older adults.

Furthermore, I suggest that the Black community should develop a mentorship program for BOAs who are new immigrants to Canada. Public-sponsored programs for new immigrants could also champion a mentorship program model. This could help new immigrant older adults build skills and learn how to navigate their new community until they can cope independently (especially those who migrated to Canada alone and have no family in Canada). Through such a program, new immigrant older adults might also have to opportunity to adapt and develop a sense of belonging.

Also, the current funding structure supporting Black-owned organizations or Black-focused projects at the municipal, provincial and federal levels should ensure that programs targeting Black older adults are included in the scope of what is being funded. Participants confirmed that funding sources are provided for Black-focused organizations, especially within the last two years. However, they mentioned that such funding is typically not benefitting BOAs, as there are currently very few organizations that integrate BOAs into their services and programs. Therefore, the government's enforcement of the integration of BOAs in funded projects would ensure that the needs of older adults are being accounted for, in line with findings shared in Papers 1-3, which demonstrate that BOAs would like to see a community-based program that targets older adults and has a potential for intergenerational integration. According to the participants,

intergenerational-focused programs may be relevant to reducing the experience of loneliness and social isolation among the old and the young. More so, it is possible that through integrating an intergenerational approach, the younger generation within the Black community could be equipped with relevant skills that would enable them to develop sustainable aging-friendly values and have a better aging experience than the current Black older adults.

Finally, policymakers should support policies and initiatives addressing the undesirable treatments that older immigrants receive from their communities, which negatively impact them as members of the community. Recently, there has been a political reawakening to addressing systems and practices perpetuating racism and discrimination. Examples include the emergence of policies advancing equity, diversity, and inclusion, and more recently, the Environmental Racism Act – C-230. While this is a step in the right direction, more is still needed, especially as it relates to new racialized older immigrants grappling with many challenges that impede their health and social wellbeing. For instance, the findings in Papers Three and Four highlight some of these barriers, including employment barriers and barriers that exacerbate identity crises among BOAs. Hence, there is a need for policies that proffer proactive solutions to tackling racism, discrimination and ageism against racialized older adults in employment, service delivery, immigration and integration challenges. One of such policy, for example, is the Employment Equity Act which is supposed to promote equality and mitigate racism and diverse discriminations in the workplace, especially during recruitment and selection. However, while different organizations have shown compliance by including a supporting statement in their recruitment ads, it is unclear how much of that response is actually being implemented by organizations all around Canada. Therefore, pursuant to the Act, organizations need to set up an equity compliance

committee that is diverse, can represent the interest of racialized, minoritized and marginalized groups such as older adults and ensure fairness in recruitment and selection.

Limitations

The findings reported in this study should be interpreted with caution due to some of the limitations discussed below. First, one notable limitation of the study is that participants were recruited from only two cities in the province of Ontario: Hamilton and Windsor. And although narrative inquiry focuses on the particularity of the experience more than generalizability (Chase, 2005), the limited focus on two cities may in some ways be limiting and therefore, I cannot claim that the findings in this study reflect the experience of all Black older adults in Ontario. However, Windsor and Hamilton are unique for my study, because the two cities are among the first five cities with a significant population of Blacks in Canada. Again, many of the earliest Blacks that came to Canada settled in Windsor. Perhaps because Windsor shares a border with Detroit, which is the city with the third largest Black population in the US. And as I observed during the interview, many of the participants living in Windsor migrated from the US and thus, bring a unique experience and perspective to the study, especially those participants who have lived in the city for about 30-50 years. Therefore, their experiences strengthened the research and provided perspectives that new immigrants to Canada (a group to which I belong) would not have brought to the study. Specifically, it provided insight into the influence of time and place on the experience of loneliness.

Second, only 13 participants were included in this study to capture the particularity of BOAs' experiences of loneliness. As a result, it is possible that what is presented in this dissertation does not mirror the experience of other BOAs across Ontario or Canada. Also, I could not include program developers and service providers in the interview due to the time and logistics challenges

of completing a doctoral dissertation during COVID-19. Ideally, including these groups might have brought in an additional perspective and insights to the findings, especially regarding the social participation of BOAs in existing programs and understanding of the structure of social programs in the cities where participants were recruited. This would have maximally improved the variation and diversity of the study participants.

Third, although it is commonly regarded as beneficial to have more than one coder in a qualitative study, in narrative inquiry, this is not always the practice (Reissman, 2008). While I was the only coder of data gathered in this study, the codebook and my interpretations were shared with my supervisory committee before arriving at conclusions and writing the research report, further strengthening the findings of the study. Finally, I could not include older adults who speak French because I cannot understand French and could not use interpreters because of ethical issues around privacy (Egilsson et al., 2021). I would have preferred to include this group since a language barrier is a risk factor for loneliness among ethnic minoritized older adults in Canada (de Jong Gierveld et al., 2015). I used only English, Broken and Pidgin English and the study would have been strengthened by including BOAs from a broad range of language groups.

Reflecting Thoughts

Writing this concluding chapter reminds me of the hurdles I encountered throughout all the stages of this doctoral research. As I set out for my doctoral journey, I wanted to engage in research unrelated to loneliness in any way, having completed my master's dissertation on loneliness. This decision was particularly motivated by my lack of understanding of the conceptualization of loneliness and distinguishing it from social isolation. This is a struggle shared by most researchers invested in this field. However, as time went by at the early stage of my doctoral study, I found myself drawn back to the field of loneliness.

As I began the journey of reviewing the literature on this subject within the context of Canada, I discovered a gap in the literature. I found that the knowledge of how loneliness is experienced among Black older adults in Canada was missing in the literature. Hence, I set out to fill this gap. I optimistically prepared the proposal, passed my comprehensive examination, and received ethics approval to conduct the research. But then, the most significant reality hit me. Black older adults were a hard-to-reach population for research. I was bewildered about how to overcome this hurdle, considering I was conducting the research during the COVID-19 lockdown era.

After recruiting only three participants, which took about two months, social media saved me. Within two months, I recruited 13 participants and completed 25 interviews with them. Then, I became worried about how to conduct the analysis using narrative thinking, which is a new method for me. What do I include? Where do I start? What approach should I take? These questions arose because narrative inquiry is so broad, and there seems to be no consensus on the best practice in the field. During this period, I second-guessed my ability to produce a good report, do justice to the participants' stories, and tease out the complexities of their experiences. Being aware of these fears led to the multiple interpretations I made of the data presented in this dissertation. However, I hope that what is contained in this thesis reflects the meaning intended by the Black older adults who participated in this study. Regardless, as Faye Horton says, *additional knowledge about a situation increases the strength of an opinion*. Hence, I believe the knowledge produced in this research will increase existing knowledge on aging and loneliness.

So, as I reflect further, I have become more perceptive of how the stories shared in this dissertation reflect on my experience as an immigrant with firsthand knowledge of what loneliness feels like for newcomers to Canada and how it would guide my future as I age. Besides, I recognize

the growth I have achieved through this journey. Specifically, my confidence and competence as a researcher and a writer interested in representing the experience of a group whose experiences are significantly excluded from the existing literature have increased. Also, as I continue this path, I hope to keep advocating for Black older adults and sharing what their experiences might mean for other racialized older adults and the field of social gerontology.

Conclusion

Loneliness is a devastating experience in old age. Collectively, the four papers included in this dissertation support the thesis that the experience of loneliness is prevalent among Black older adults in Canada and affects them in multidimensional ways (social, emotional and familial loneliness). In this dissertation, I demonstrate that loneliness affects Black older adults' social, mental, and physical well-being and is exacerbated by unfulfilling social and familial relationships, social marginality, and lack of belonging. The findings from this dissertation further demonstrate how BOAs' experience of loneliness is shaped across different times, places, the type of interactions they engage in, and the level of exclusions produced by these factors. The findings also outline how these exclusions hinder BOAs from social participation, as they feel that existing programs and services do not represent or address their unique and culturally specific needs. Hence, to address these exclusions and disadvantages, which lead to loneliness, a recommendation is made for increased inclusion of BOAs in research, programs, and services and a heightened commitment to designing culturally diverse, inclusive, and specific programs.

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Appendices

Appendix 1: Interview Guide

Appendix I

Interview Questions

A Study on Loneliness and Exclusion among Black Older Adults in Canada

Blessing Ojembe, PhD Candidate

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Information about these interview questions: The following questions give you an idea of the type of questions that I will ask during the interview. Interviews will be one-to-one and will be open-ended (not just "yes or no" answers). You should also know that the method I am using prevents me from interrupting you while you are telling your story. However, after you have finished telling your story and I want to ask you some questions, note that the exact wording may change at some point. Sometimes I will use other short questions to make sure I understand what you told me or if I need more clarification. For example: ("*So, you mentioned that ...?*"), to get more information ("*Please tell me more about?"),* or to learn what you think or feel about something ("*Why do you think that is…?") ("You sound like…?).*

Some information about you will guide the first part of the interview: Tell me about yourself? This section will focus on the following aspects: Your age? Your marital status? Your children and family? Your level of education? Your ethnicity? Do you live alone or with someone? Do you have any physical limitations? How would you rate your health? Religion? City of residence? Gender? How long you have lived in Canada?

Afterwards, you will be instructed to share a detailed account of your perception of loneliness, your experience of loneliness, your thoughts about the contributory factors for loneliness among Black older adults and your knowledge and access to services and programs that exist in Hamilton and Ontario at large.

Narrative interviewing does not adapt to a fixed interview guide, rather it comprises the narration phase where the researcher listens as the participant responds to the initial questions asked and tells his or her story, without interrupting the storytelling. After that, the researcher will ask the participant some probing questions that came up during the narration. This phase is called the conversation phase. See some of the questions that would be asked during the conversation phase below:

Perception of loneliness

- Can you tell me a little bit about yourself? Including your family background, your level of education, age, ethnicity, and some other information about yourself that you would like me to know about.
- Tell me what you think about loneliness.

- Tell me about your understanding of the concept of loneliness? What does it mean to you?
- What do you think about loneliness and how it manifests?

Experience with loneliness

- Tell me your story of loneliness.
- What different times have you felt lonely and what has it been like for you or what was it like?
- What has been the best and worst part of your experience of loneliness?
- Can you describe some scenarios when you are more lonely or less lonely?
- Can you remember a particular time when you experienced deep loneliness? What makes that particular moment stand out for you? Why is it so significant to you?
- Looking at those times when you were lonely, can you describe what you did to make the experience better or worse? Like what you did to help yourself feel less or more lonely?
- How do you think having someone to share your concerns with or not affects your loneliness?
- How do you think your relationships with others influence your experience of loneliness?

Factors that contribute to loneliness

- When you think of loneliness, what would you say could make a Black older adult feel loneliness?
- In your own words, tell me what causes or contributes to your experience of loneliness as a Black person? What you believe is the reason why you are lonely?

Knowledge and Access to services and programs on loneliness (to understand to what extent black older adults participate in programs and services and some of the challenges they face in participating or not participating in such activities)

- Have you ever sought help with regards to addressing your loneliness? What kind? If not, why?
- Do you know any programs or services that exist in your city for older adults experiencing loneliness? Have you participated in any before? What was your experience with it like? or If not, why?
- Are there some of these programs and services that are specifically for Black older adults or racialized older adults?
- What would you say about the inclusion and participation of Black older adults in such programs and services?
- Are there some reasons why Black older adults might not like to participate in such programs and services?
- In general, can you describe what you think could help reduce loneliness among Black older adults in Ontario?

Conclusion

- Is there something important we forgot to address? Is there anything else you think I need to know about Black older adults and their experience of loneliness?

Thank you for your time and participation.

Appendix 2: A Sample of the Codebook

Name	Description	Files	References
A holistic impact	Loneliness affects social functioning in a more holistic manner.	1	1
Negative health impacts	This theme shows depression and other health challenges impacted by loneliness can affect the social functioning of BOAs.	7	8
Suicidal ideation	This theme shows how loneliness can make BOAs to have some suicidal thoughts.	3	3
Participant History	This theme details the individual histories of people that participated in the study.	13	14
Perception & Experience of Loneliness	This code highlights how BOAs perceive and experience loneliness.	13	203
Emotional loneliness	This theme shows how BOAs experience and perceive emotional loneliness in line with Weiss framework.	13	85
Attachment	This theme shows how loneliness is perceived as the absence of a close, intimate relationship that enhances the sense of importance or the lack of it among BOAs.	12	56
Children play a significant role for BOAs	This theme shows important role that children play in helping their older parents or grandparent to feel less lonely. It also shows how the absence of children or children leaving the home can lead to loneliness in some, but not in others.	5	7
Credible or Meaningful Relationship	This theme shows how important it is to have a credible or meaningful relationship when trying to address loneliness.	7	14
Being in a meaningful relationship is a decision to participate.	This theme shows that having a meaningful relation is a decision that people make to participate, not forced on them.	2	2
Loneliness shuts you out	Loneliness is described here as an experience or condition that shots you out and keeps you away from others.	1	1
Social loneliness	This theme highlights how BOAs experience and perceive social loneliness in line with Weiss' framework	12	108
Elder abuse can lead to loneliness	This theme shows how commitment that BOAs feel towards their family can lead to elder abuse and loneliness.	1	1
Getting out of your four walls	This theme highlights how knowledge or being aware of current events helps to ameliorate loneliness among BOAs.	2	6
No learning opportunity	This theme shows how new immigrants can feel lonely because they did not have the opportunity to be guided, shown and directed on how to assimilate	2	2

Name	Description	Files	References
	into their new culture fir one reason or another.		
Lack of support by the black community	This theme shows how loneliness can be because the black community is not supportive of each other, or that new immigrants do not have enough support leading to loneliness.	6	18
Social and Family support for BOAs and new immigrants	This theme highlights how loneliness among new immigrants can be a result of lack or provision of social support for them.	6	12
Someone who meets your needs when there are needs to be met	This theme highlights the important of having someone who meets your needs and how it can lead to loneliness when such is not available.	10	37
Reliable Alliance	This theme highlights how loneliness is perceived as the absence of a meaningful, relevant, dependable relationship and mentoring among BOAs.	3	7
Someone, Something or relationship you can count on.	This theme talks about the importance of having something or someone you can count on which helps reduce loneliness among BOAs.	3	5
Social Integration	This theme show how loneliness is perceived as the absence of social integration among BOAs or the inability to build social connections.	12	56
Children help BOAs to socially integrate	This theme shows the role that children play in helping their older parents to be more involved with current happenings around them.	1	1
Engagement and participation	This theme shows how engagement or participation or lack of it can contribute to loneliness among BOAs. This might be the reason why people could still feel lonely when they are in a group.	6	11
Living or Being with people does not mean having people	This theme shows that being with people does not mean that the individual have people that he can depend on.	5	7
Self-alienation	This theme highlight show self-alienation can lead to loneliness among BOAs.	3	7
Social connection and Interaction	This theme shows how social connection, interaction and participation or lack of it can helps BOAs to feel less lonely or contribute to their loneliness.	11	30
Place and Loneliness	This code highlights how place (spatial and cultural place) that BOAs occupy or find themselves can serve as a predisposing factor or a buffer to loneliness. This theme highlights how place, as a socio-spatial phenomenon, can shape BOAs lives and their experiences of loneliness, especially as it relates to the physical environment.	12	84
Cultural Conflict caused by place dynamism	This theme shows how living in a particular place can contribute to cultural conflict among BOAs and their families.	5	11

Name	Description	Files	References
Identity denial	This theme shows how some BOAs are denied access to identifying with their culture leading to identity denial.	3	11
Making New Home	This theme shows how BOAs try to make a new home in their new geographical place. A new home could depict forming new relationships, expanding networks, building new connections, learning a new language and or even abandoning one's family and moving to a new locality.	9	22
Moving to a new country can cause a lot of stress	This theme shows how moving to a new country can cause a lot of stress for immigrant BOAs.	1	1
Relocation or separation from family	This theme shows how moving, migrating, relocating to another country and/or separating from one's family can lead to loneliness among BOAs.	5	9
Worrying about the people they left behind	This theme highlights how loneliness among BOAs can be as a result of worrying about the people they left behind in their countries of birth.	2	3
Place identity and Sense of belonging	This theme reveals how sense of place and belonging plays a role in the experience of loneliness among BOAs.	7	15
Group Identity	This theme shows how groups that BOAs belong to in any particular place that they find themselves help them to feel less lonely.	3	3
Sense of safety and security	This shows how particular places help BOAs to feel more safe and secure than other places.	5	7
Shifting color code deprives BOAs of self-identity	This theme shows that shifting color codes deprived BOAs of their true self-identity.	2	4
Programs and Services		12	138
Existing programs in Ontario	This theme shows some of the programs in Ontario that focuses on addressing loneliness among seniors.	9	19
Lack of Commitment	This theme shows there are not enough programs for BOAs because there are a few people who are committed to the course.	1	2
Lack of sustainability	This theme shows how programs targeting BOAs are not sustainable.	1	1
Marginalization	This theme shows how marginalization stands as one of the reasons for lack of or insufficient programs for BOAs in Ontario.	2	2
Inclusion and Exclusion of BOAs	This theme reveals the extent to which BOAs are included in programs and services in Ontario.	8	37
Ageism	This theme highlights how BOAs do not just face racism, but also ageism as a form of exclusion that leads to loneliness.	2	7

Name	Description	Files	References
Exclusion from Employment	This theme shows the challenges that BOAs go through to get a job, which contributes to their experience of loneliness. E.g. lack of opportunity for a learning curve.	1	6
Black seniors need to be made relevant	This theme shows how important is it to make BOAs more relevant in their communities.	3	6
Implicit and Explicit Restrictions	This theme shows how some restrictions can lead to exclusion of BOAs.	3	3
Lack of accommodation for racial differences	This theme shows how lack of accommodation for racial disparities could be a reason for exclusion of BOAs in programs and services.	2	4
Lack of knowledge of cultural diversity	This theme shows how lack of knowledge of cultural diversity and no effort to learn constitutes exclusion.	1	1
Rethinking the concept of inclusion & Exclusion	This theme questions the meaning of inclusion of exclusion of older adults.	2	4
Unattainable high standard	This theme shows how some unattainable high standards that is set up by the society leads to exclusion of BOAs.	2	3
Reasons for participation and lack of it in programs and services	This code highlights the extent to which BOAs are in(ex)cluded in existing programs and services in Ontario, and participate in those programs.	10	65
Cost of accessing services and products	This theme shows how cost could be a challenge to why BOAs do not participate in programs.	2	3
Cultural difference	This theme highlights how cultural differences contribute to lack of participation in programs by BOAs.	5	15
Feeling out-of-place and alienation	This theme shows the BOAs do not participate in programs and services because they feel unwanted and irrelevant.	5	12
Lack of information or Awareness	This highlights how lack of information is the reason why BOAs do not participate in programs and services.	4	6
Lack of Trust	This theme shows lack of trust as one of the reasons BOAs do not participate in programs.	4	6
Language barrier from accessing programs and services	This theme shows how a language barrier can prevent BOAs from accessing programs and services.	5	17
Development of Specific program for Black seniors	This theme highlights the need for programs that specifically target Black seniors and will improve collective memory sharing.	11	16
Funding of Black Initiatives	This theme highlights the need to fund or financially support Black initiatives in Ontario and Canada.	3	5

Appendix 3: Scoping Review Protocol

This work has been published in the *Journal of Social Science Protocols*. This is an open access journal. And the content here reflects exactly what was published.

Exploration of Loneliness among Black Older adults: A Scoping Review Protocol

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ABSTRACT

Background: Loneliness is a public and social issue affecting older adults, but in varying degrees across ethnic groups. Black older adults (BOAs) are more prone to loneliness because they have

unique and accumulated factors (e.g., low socioeconomic status, high number of chronic conditions) that predispose them to loneliness. This review aims to describe the extent and the nature of research activities on loneliness and identify the contributory factors to loneliness among BOAs as presented in the global literature.

Methods/Design: We will follow the five steps of Arksey and O'Malley's (2005) framework to search multiple databases from inception till June 2021. MeSH terms and keywords, e.g., "older adults," "blacks," and "loneliness," will be adopted for several databases, including CINHAL, Ageline, PsychINFO, Cochrane Central Registers of Control Trials, PubMed, Web of Science, Social Science Abstract. Multiple reviewers will independently screen citations (title/abstract and full text) and extract data using predefined inclusion and exclusion criteria. "Best fit" framework synthesis using the six social provisions of Weiss' framework as a priori themes will guide the data analysis.

Discussion: This review will inform policy development around contributory factors for loneliness among BOAs and the most relevant issues on loneliness related to BOAs.

Keywords: aging, older adults, blacks, loneliness, scoping review

1. Background

Loneliness is a prevalent social and public health issue affecting older adults across the globe today, thus making it an integral aspect of the human condition (Victor et al., 2021). Loneliness is defined differently across the literature. One of the most popular proponents describes loneliness as negative and undesirable subjective feelings caused by unmet social and intimate needs (Peplau & Perlman, 1982). Loneliness has been approached as a multi-dimensional concept comprising of social (a lack of involvement or engagement with others) and emotional (lack of attachment or an intimate relationship) aspects (Weiss, 1973). Growing evidence showed that loneliness is associated with many health outcomes, including increased suicide and mortality (Holt-Lunstad et al., 2015), increased cortisol and systolic blood pressure (Hawkley et al., 2010), decline in cognition, and worsening immune system (Ong et al., 2016). Furthermore, loneliness is associated with mental health conditions, such as depression (Taylor & Nguyen, 2020) and dementia (Holwerda et al., 2014).

The incidence of loneliness among older adults (60+) in the UK, US, and Canada ranges from 12% to 43.1% (Finlay & Kobayashi, 2018; Savage et al., 2020; Victor & Bowling, 2012). Other

research has also found a relatively high prevalence of loneliness among some ethnic groups, as compared to others. For instance, in an exploratory study on loneliness among ethnic minority elders aged 65+ in Great Britain, the prevalence of loneliness was shown to be highest among participants from Africa (50%), China (40%), and the Caribbean (24%) (Victor et al., 2012). Recently, Victor et al. (2021) reported that the prevalence of loneliness among the ethnic minority in the UK has dropped: Black Africa reported (11%), China (25%), and Black Caribbean (16%). The discrepancy may reflect the pilot method used in the initial study and the larger sample size used for the most recent article (1206 versus the previous 469 participants). In the US, among Blacks, Whites, and other racial groups, loneliness ranges between 16%, 35%, and 45%, respectively (Finlay & Kobayashi, 2018). This inconsistency in the prevalence of loneliness among ethnic minorities, especially black older adults, highlights the need to conduct a review on loneliness and its related factors among black older adults.

Research and reviews (e.g., scoping, integrated and systematic reviews) on loneliness among older adults have proliferated to the extent that researchers have advanced to conducting "rapid reviews" of reviews on loneliness (Boulton et al., 2020). Recent reviews primarily focus on interventions to reduce loneliness among older adults in the community (Fakoya et al., 2020; Gardiner et al., 2018; O'Rourke et al., 2018) and in long term care facilities (Quan et al., 2020), defining the concepts of loneliness, social isolation and health (Courtin & Knapp, 2017; Malcolm et al., 2019), risk factors for loneliness in older adults (Dahlberg et al., 2021) and public health consequences of loneliness (Leigh-Hunt et al., 2017).

Few reviews have focused on loneliness among ethnic minorities (Johnson et al., 2019; Shorey & Chan, 2021). While Johnson et al. (2019) included 17 articles in a scoping review that explored loneliness and social loneliness among immigrants and refugee seniors (e.g., South Asian) in Canada, Shorey and Chan (2021) included 14 articles in a qualitative systematic that explored the experiences and needs of Asian older adults who are socially isolated and lonely. Both reviews described similar themes: association with older adults' well-being, loss of social support, dealing with social isolation and loneliness, unique experiences of Asian older adults in western countries, and wish list of older adults (Shorey & Chan, 2021), and loss, living arrangement, dependency, barriers and challenges and family conflict (Johnson et al., 2019). These reviews have highlighted the cultural and contextual factors/experiences that shape or influence loneliness among ethnic groups. However, they used social isolation and loneliness, which have different meanings despite

often being used interchangeably; researchers have advocated that the terms should be examined individually (Wigfield et al., 2020) While loneliness is a subjective negative feeling resulting from a lack of a meaningful or intimate social or emotional relationship, social isolation is an objective measure of the quantity of social contact available to an individual (Wigfield et al., 2020). The flaw of using loneliness and social isolation as synonymous may limit the application of related findings to understanding loneliness among BOAs. More so, many factors, including country of birth; ethnic background (cultural context); a sense of belonging (community context); and social networks (social contexts), increase loneliness among ethnic minorities. In addition to these factors, BOAs are more predisposed to the risk of loneliness because they are disproportionately disadvantaged across many dimensions. Compared to other ethnic groups, BOAs tend to have low socioeconomic status, have more comorbidities (chronic conditions), live in poor conditions with more poor neighborhood characteristics (e.g., perceived neighborhood social cohesion, perceived neighborhood safety, neighborhood poverty, and perceived neighborhood resources and services) (Kowitt et al., 2020; Taylor, 2019; Warner & Brown, 2011). These unique and accumulated factors that predispose BOAs to loneliness warrant the need to conduct a review that focuses explicitly on this population.

To the best of the authors' knowledge, no reviews have focused on loneliness among black older adults globally. This review aims to describe the extent and the nature of research activities on loneliness and identify the contributory factors to loneliness among Black older adults as presented in the global literature.

2. Methods/Design

2.1 Scoping review design

The five-stage Arksey & O'Malley (2005) York framework will guide this review: (1) identifying the research question(s); (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarizing and reporting the results. A scoping review enables researchers to understand the knowledge and research gap in a research field (Arksey & O'Malley, 2005). The need for a scoping review was identified with the absence of any existing scoping review papers or synthesis on the experience of social and emotional loneliness among older Black adults. We will report this scoping review using the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist,

see Appendix 1 (Tricco et al., 2018). This review is registered at Open Science Framework (OSF) https://doi.org/10.17605/OSF.IO/KFUV6.

2.2 Identifying the research question(s)

The following research question guided this review: *a) what are the extent and the nature of research activities on loneliness among Black older adults? b) what are the contributory factors for loneliness among Black older adults?*

2.3 Identifying relevant studies

The search strategy will be developed in consultation with a social science librarian. See Table 1 for key terms. These keywords will be adapted in multiple databases, including Ageline, Psych INFO, Cochrane Library, PubMed, CINAHL, SocIndex, and Social Services Abstracts and Web of Science (See Appendix 2 for search terms and output for Ageline). Grey literature will be obtained by searching policy documents from organizational websites such as National Institute on Aging, National Caucus and Center on Black Aging (NCBA), HelpAge, AARP, and StatCan. Further, the research team will hand search the references of included studies, relevant reviews, and grey literature. The principal investigator will also contact experts in the field later to ensure we have not missed any published studies fitting the inclusion criteria.

Table 1. Key terms and MeSH terms.

Concepts	Key or MeSH terms
Loneliness	MH "Social Contact (Omaha)") OR "social contact" OR "social connection" OR "social connectedness" OR (MH "Interpersonal Relations") OR (MH "Social Participation") OR (MH "Social Inclusion") OR "Being alone" OR "lonely" OR (MH "Loneliness") OR (MH "Social Isolation")
Older adults	"Older adults" OR "Older people" OR "Older persons" OR "Seniors" OR "ag*ing" OR (MH "Aging") OR (MH "Aged") OR "elder*" OR "elderly"

Black	"African American" OR "Afro Caribbean" OR "African*" OR (MH "West Indies") OR (MH "Cuba") OR "Caribbean*" OR (MH "Black Persons") OR "Black*"

For all the database searches, the symbol * will be used to allow the inclusion of varied word endings.

2.4 Selecting studies

All article citations from each database will be exported into Rayyan QCRI© for removing duplicates and study screening. Study selection will be conducted in two stages: title/abstract and full-text screening. Two or more independent author reviewers will perform pilot testing at each stage using at least 100 articles using the predefined inclusion and exclusion criteria. Inter-rater agreement will be calculated using Kappa. If the Kappa score is ≥ 80, interpreted as an almost perfect strength of agreement for abstract/title and full-text screening (Landis & Koch, 1977), articles will be equally divided among reviewers. However, if the Kappa score is ≤ 0.81, reviewers will independently conduct title/abstract and full-text screening. We will meet at any stage of the screening to discuss any discrepancies that may arise.

We will include an article if:

a. It explored and investigated the experiences/risk factors of social and/or emotional loneliness among Black older adults (Africa and the Caribbean) or some aspect of loneliness (e. g., feeling alone, reduced, or no social support or contact. We define *loneliness as a subjective negative feeling resulting from a lack of a meaningful or intimate social and/or emotional relationship*. This definition differs from social isolation, *an objective measure of social contact available to an individual.*

b. It employed quantitative, qualitative or mixed-method methodologies. Qualitative studies may include but are not limited to studies that explored the experience of loneliness among BOA. We will include only qualitative articles with at least one BOA, provided we can extract the specific experiences of Blacks in the study. Quantitative studies may include but are not limited to articles that describe risk factors for loneliness among BOAs, specific interventions to reducing loneliness among BOAs. We will quantitative studies that conducted (a) sub-analysis for BOAs or use race (black) as a risk factor or predictor in their loneliness studies, and (b) BOAs constitute 70% of the study population. We will contact

authors three times, requesting specific data (qualitative or quantitative) for BOAs, and articles whose author(s) do not respond on the third attempt will be excluded.

c.   The mean age of the study population should be 55 years and above.

d.   Published in the English language.

e.   Peer-reviewed and grey literature articles (e.g., organizational reports, theses, etc.)

Articles will be excluded if: (a) they clearly explored objective social isolation, as defined above, or factors related to social isolation- e.g., depression or social isolation as synonymous with loneliness, and (b) they are opinion papers with no empirical data. There will be no year restriction on both the article to be included and during database searches [i.e., each database will be searched from inception till 2021].

2.5 Charting the data

A standardized Microsoft Excel data-charting form will be used to chart the data. We will extract the following information: authors name(s), year of publication, country the study was conducted, study aims/research questions/hypothesis, study settings, type of study (qualitative, quantitative, or mixed-method), study design, sampling method, participants characteristics (e.g., the number of participants, mean age of the participants, sex/gender), study themes (if qualitative), study findings (if quantitative or mixed-method), policy statements, clinical implication statements future research statement. Two reviewers will independently perform a pilot data extraction, meet and discuss any discrepancies. A third reviewer will be consulted if there is any persistent disagreement.

2.6 Collocating, summarizing, and reporting the results

The result of this review will be collated and summarized in several different ways. The PRISMA flowchart will be used to describe the process of data inclusion and exclusion. Article metadata listed above will be summarised using frequency counts, means, medians and standard deviation. The "best fit" framework synthesis allows researchers to code evidence from included studies against the themes of a priori framework and create new themes that are not captured within the a priori framework (Carroll et al., 2011). The six social provisions [attachment, reassurance of worth, social integration, guidance, reliable alliance, and opportunity for nurturance] of Weiss' framework will be used as the a priori themes (Weiss, 1973). Data that cannot be accommodated within Weiss' framework will undergo iterative interpretation using inductive, thematic analysis

techniques. Two authors will independently map the evidence that emerges from the included studies across the six provisions of Weiss's framework and create any new theme that did not fit into any of Weiss' framework's six social provisions. Any disagreement will be discussed and resolved during the research team meeting.

4. Discussion

Although there is a proliferation of research and reviews (e.g., scoping, integrated and systematic reviews) on loneliness among older adults, a limited number have focused on specific ethnic groups include black older adults. Previous reviews have highlighted the cultural and contextual factors/experiences that shape or influence loneliness among Asian older adults (Johnson et al., 2019; Shorey & Chan, 2021). In addition, black older adults have unique risk factors, including a high prevalence of chronic conditions (e.g., hypertension, diabetics) that predisposed them to be lonely (Taylor, 2019). Therefore, conducting a comprehensive review to explore the nature and extent of research on loneliness among black older adults is warranted. The "best-fit framework" analysis used in this review will provide insight into how the research on loneliness among older adults fits into the six provisions of Weiss' framework by highlighting gaps in the literature. Furthermore, this scoping review will provide comprehensive information on the existing nature and extent of research on the prevalence of loneliness among BOAs and some of the contributory factors (barriers and facilitators) for loneliness among this population. Finally, this review will inform policy development around contributory factors for loneliness among BOAs and aspects of the most relevant issue to the Black community across the globe.

Declarations

Ethics approval and consent to participate: This is a scoping review; therefore, ethical approval is not applicable.

Consent for publication: All authors have reviewed and consent to this publication.

Availability of data and material: There is currently no data available for this review. Information not presented in the body of the main manuscript will be attached as supplementary materials.

Competing interests: The authors have no competing interest.

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