Social Isolation, Loneliness & Older People: The Case of Iranians.

by

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Contents

Abstract

The purpose of this paper is to study a group of elderly people in relation to social isolation and loneliness in older people and the effects it has on a person's well being. Social isolation and loneliness occurs in people of all ages but may be a particular problem in the older generation. The emphasis of this paper is placed upon social isolation and loneliness of a group of elderly Iranians living in metropolitan Sydney. The results showed that all the elderly participants of this study felt isolated and lonely in Australia. The causes had to do with their level of proficiency in the English language, loss and grief due to leaving their homeland and losing friends, political conflict in the Iranian community and the need for meaningful social support networks.

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Background

The importance of socialisation and stimulation for the enjoyment of life for older people has been well recognised. Social isolation, loneliness and lack of mental stimulation have been linked to poorer health status, decreased well-being, depression and an increased risk of institutionalisation (Byles, Harris, Nair & Butler, 1996). Social isolation is even more intense for elderly people from non-English speaking backgrounds, because of the lack of English proficiency amongst other issues of concern (Ageing and Disability Department, 1996). This paper is a research study of the isolation and loneliness of older people looking at a specific target group in Australia. The group participating in this study were elderly Iranians who speak little or no English and had attended Technical and Further Educational (TAFE) English class to ease and limit their isolation and loneliness.

Introduction

Social isolation refers to the objective state of having minimal contact with other people; while loneliness refers to the subjective state of negative feelings associated with perceived social isolation, a lower level of contact than that desired or the absence of a specific desired companion (Wenger, Davies, Shahtahmasebi & Scott, 1996). Isolation may be self-imposed or causes by circumstances that can not be easily resolved, eg. lack of transport, lack of finances or physical locations.

Rook (1984) defines loneliness as "an enduring condition of emotional state that arises when a person feels estranged from, is misunderstood or rejected by others, and/or lacks appropriate social partners for desired activity, particularly activities that provide a sense of social integration and opportunities for emotional intimacy" (p. 240). Social isolation and loneliness are for most undesirable, to suffer from social isolation and loneliness can lead to problems with a person's well being. Certain people can be prone to social isolation and loneliness at different times in their lives. Although bereaved people, immigrants and those limited by physical disabilities have problems with social isolation and

loneliness these problems can be exacerbated by factors of individuals and the social structure of the community they live in.

Theories of Loneliness

People and the social structures of the human society they live in are complex. Theories of isolation and loneliness provide an understanding into these complexities. Donaldson and Watson (1996) believe "the development and acceptance of theories of loneliness has been hampered by the fact that they are often masked by other clinical syndromes, for example there is a link with loneliness and depression. Isolation and loneliness also has a large stigma attached to it and some would find it very hard to admit they were suffering from loneliness" (p. 954). However according to Peplau and Perlam (1982) although at least eight theories of loneliness have been presented, four distinct theories prevail within which some of the others are contained (cited in Donaldson et al., 1996). These four theories identify issues relating to isolation and loneliness. The prevailing theories are the psychodynamic, the existential, the cognitive and the interactionist are outlined below.

a) The psychodynamic theory

This theory rests on a Freudian psychotherapeutic approach to loneliness whereby interpersonal, infant and childhood attachments and dilemmas are considered to provide a personality base which predicts future coping strategies (Donaldson et al., 1996). If a person had a negative experiences with socialising in their early life, this would affect their ability to cope later in life and lead to social isolation and loneliness. This theory however does not take into account any of the factors of the social environment of an individual. Factors such as culture, education, language skills and health, may be acting on an individual and potentially causing loneliness at certain times in an individual's life.

b) The existential theory

This theory as described by Donaldson et al. (1996) states that "the theory is essentially, a 'Christian' perspective on loneliness which stems from work whereby man's 'alone-ness, the pain of being alone', could be considered as 'the glory of being alone' aloneness, pain of being alone, solitude involves confrontation or encounter with oneself" (p. 966). This could be described as a positive aspect of loneliness, a time to reflect and grow. The problem with this theory is that being alone does give individuals time to contemplate, have peace, and rest, it does not consider the negative aspects of social isolation and loneliness.

c) The cognitive theory

This theory recognises the contribution of social factors in the development of loneliness but depends on the way an individual responds to or feels about his/her loneliness (Peplau et al., 1982). According to this theory how people feel about their loneliness and how they respond to these feelings determine how they experience social isolation and loneliness. Donaldson et al. (1996) argues that with this theory, loneliness can be manipulated because people evaluate their social relations against some standards, and can find themselves to be deficient because of poor evaluation of their own social skills. The author states further that if this theory is accurate, it should be possible to increase the self-esteem of the individual relative to their own social skills, to show them that they have considerable resources at their disposal and hopefully, to help them overcome loneliness. This theory may help people to take control and responsibility for their isolation and loneliness but tends to ignore the value of social networks in alleviating loneliness.

d) Interactionist theory

According to Weiss (1973) there are two elements to loneliness, emotional loneliness due to "the absence of an attachment figure" and social loneliness or "absence of acceptable social network" (cited in Donaldson et al. 1995, p. 966). This theory has been

criticised by Wenger et al. (1993) who consider that the types of loneliness described by Weiss are not necessarily negative. Wenger et al. (1993) state further that absence of others is not a negative condition, solitude is not a condition of unmanageable loneliness and that social loneliness is a subjective state and not always a cause of loneliness. The problem with this theory is that this interpretation of loneliness is an individual's subjective evaluation of social isolation and loneliness could be measured not by quality but by the quantity using the interactionist perspective (Donaldson et al., 1996).

In summary the four theoretical perspective on loneliness explains that loneliness can be experienced differently for individuals. Psychodynamic theory is loneliness experienced because of the personal losses in an individual's early life stages. Existential theory explains loneliness as a time to use to positively grow and learn about yourself. Cognitive theory explains that loneliness depends on the reaction to isolation. Interactionist theory has two elements, the absence of emotional and social contacts causing loneliness. To assist individuals who are isolated or lonely a number of approaches would be useful; approaches to recognise the causes of isolation, measure if this isolation is leading to negative aspects of loneliness and what kind of social networks they are receiving.

Social Support Networks

Loneliness is subject to individual's personal feelings at specific times and their needs at any given time, but social support networks may alleviate loneliness and are essential in preventing isolation. A study by Spitzer, Bar-Tal and Golander (1995) examining social support showed that social support had a significant effect on stress and adaptation of individuals. Spitzer et al. (1995) state further that "social interactions are considered to be the major source for resource acquisition and protection" (p. 857). A person who perceives themselves as loved and supported is likely to conclude that they have the ability and skills that brought them this support (Spitzer, et al., 1995). Resources that promote the sense of control reduce stress and hence promotes adaptation, whereas

resources that reduce the sense of control contribute to an increase in stress (Hobfoll and Freedy, 1990). As well as reducing stress and giving individuals a sense of control, social support provided by contacts can be described as exchanges of resources between individuals. These resources can be tangible as in financial aid, or intangible as in emotional help (Langford, Bowsher, Maloney and Lillis, 1997). This social support may assist people and shield them from the adverse effects of life stresses and therefore help to prevent physical and psychological health problems.

Berkman (1995) argues that in the prevention and treatment of health problems, disease and disability it is important to keep in mind that individuals do not live in a vacuum. They are, and need to be, enmeshed in social environments and in a series of social relationships. The lack of social support leading to social isolation and loneliness in individuals has been associated with poorer health status, decreased well-being, depression and an increased risk of institutionalisation. Studies have demonstrated the relationship between supportive social contacts and relationships and improved or better physical health (Byles, et al., 1996).

Langford, et al., (1997) state there is a positive relationship between social support and health. Positive health states that social support can provide include: personal competence, health maintenance behaviours, effective coping behaviours, perceived control, sense of stability, recognition of self-worth, positive affect, psychological well-being and decreased anxiety and depression (Langford et al., 1997). At times people may find keeping social support networks difficult because problems such as disabilities or ill health can lead to isolation and loneliness.

Older People, Isolation and Loneliness

Donaldson et al. (1996) believes that "the problem of isolation and loneliness for the elderly is not a necessary accompaniment to ageing and ageing is not responsible for the

development of loneliness" (p. 957). But there are relationships between ageing isolation and loneliness. Older adults are more likely to have lost relationships due to retirement, relocation, and death and are at greater risk of becoming socially isolated and lonely with advancing age than younger adults. Literature indicates that factors contributing to social isolation include instability of residence; infrequent contact with friends, children and siblings; lack of participation in social groups; and declines in the senses and health (Dugan and Kivett, 1996). Collingridge (1997) argues that "the lack of contact with family and friends or even others in the neighbourhood and minimal or no contact with health and social services might result in exposure to risk of harm" (p.10). The author further states that "research shows a strong correlation between depression and isolation, the former being implicated in a number of suicides by older people" (p. 10).

A study of older people in America in 1994 by Roberts, Kaplan, Shema and Strawbridge (1997) found that depression in older people is not due to the aging process but risk factors that older people may be prone to; with poor physical health, disability and social isolation leading to higher rates of depression. The authors further suggest that if these factors are modified and social supports are improved through interventions, this will assist in reducing the prevalence and impact of depression. A study of older people by Prince, Harwood, Blizard, Thomas and Mann (1997) in the United Kingdom found that frequent loneliness was one of the strongest cross-sectional associations with pervasive depression, it was very common among those living alone and among those lacking supportive neighbours or friends and family. This study showed that older people with some network domains were more important than others to older people. This meant frequency of contact with, and availability of friends and neighbours were related to loneliness, whereas contact with relatives and childlessness had less of impact on one's quality of life. While older people gain support from spouses and relatives, they value friends for the companionship and emotional support that they can provide. It is interaction

with friends, rather than contact with relations, which best predicts well-being (Prince et al. 1997).

Older people, also through lack of social networks, can be vulnerable to many risks (Rogers et al., 1997). This means a person's level of social support is one of the most potent indicators of his/her degree of vulnerability. Vulnerable populations are believed to be more at risk of poor physical, psychological and/or social health (Roberts et al. 1997). A person who is not particularly vulnerable to illness and or harm in one environment, may become highly vulnerable if placed in a different environment such as migrating to another country.

Older People from Non-English Speaking Backgrounds (NESB)

A person who migrates to a foreign country and is suddenly surrounded by people whose language and customs are foreign and who has no support systems, becomes very vulnerable (Rogers et al. 1997). Older people from non-English speaking backgrounds in particular are vulnerable but are also confronted with additional problems. The Ageing and Disability Department (1996) states that, growing old in a culture different from one's own can place people in a position of 'multiple jeopardy' in coping with such circumstances as racist attitudes, restricted social contact and lack of proficiency in English. These factors make it difficult to participate in society and make use of available services.

People from diverse cultural backgrounds immigrated to Australia at different times. The aged people from non-English speaking backgrounds and in particular the more 'recently arrived' older people, have different and at times more immediate needs such as the inability accessing Aged Health Care services. Inability or difficulty in accessing services is due to lack of knowledge of the existence of services and inability to communicate fluently in English, absence of extended family networks such as same age

siblings and relatives, insufficient income support and financial instability. (Western Sydney Area Health Service, 1998).

A report by the Ageing and Disability Department (1998) shows that "at the 1996 Census in NSW, there were 124,098 people aged 65 years and over born in non-English speaking countries, making up 14% of the total number of people in that age group in the State. By 2001, this figure will increase to approximately 20% of the population aged 65 years and over. "Longer established communities, especially European communities, will have a much higher percentage of their population aged 55 and over" (p.11). The Ethnic Affairs Commission of NSW (1992) study conducted in 1985 made a number of comparisons between ageing people born in Australia and those born in countries that do not speak English. It showed that isolation is related to: limited opportunity to establish social contacts, limited opportunities to join the established networks, reduced ability to communicate and the consequent lack of knowledge of available resources; all of which are due to English language inefficiency.

The lack of spoken English, financial difficulties and lack of family and community support all contribute to poor health and well-being. The lack of family and friends or community contacts can be one of the most serious problems that effect a person from a NESB. As well as providing direct support, contact with other people is probably one of the main vehicles by which information is disseminated about available services and resources for the ageing (Ethnic Affairs Commission of NSW, 1992). Resources and services that can provide information to assist with financial difficulties, techniques to deal with the lack of the spoken English and link individuals to services and groups from the same language, culture and beliefs will have a great deal of effect on the degree or level of stress among this group. Therefore decreasing isolation and loneliness for older people from NESB by providing social support networks can prevent a decrease in an individual's well-being.

Measurement of Isolation and Loneliness

Teshuva, Stanislavsky and Kendig, (1994) state that "social networks and support are multi-dimensional concepts which involve frequency of contacts, perceived adequacy and type of support and other features that necessitate different approaches to measurement" (p. 78). Not only are different approaches needed, but measurement of isolation and loneliness is difficult, because isolation and loneliness are subjective to an older person and their perception of social contact and networks. Loneliness can be confused with social isolation, which can be measured by the number of social contacts, the person has. However, well being may not be positively correlated with social contact, but might depend on the nature of the contacts made (Forbes, 1996). Having a visit from a particular person may be more important than the number of people who call each day. For some, solitude is a way of life which temperamentally suits them, or a time to reflect and grow. Therefore some people may feel very lonely even when they have many visitors and others may not feel lonely even if they have no visitors. Donaldson et al. (1996) also argues that there can be significant problems researching the phenomenon of loneliness in elderly people due to the fact that loneliness carries a stigma, which may bias investigation.

According to Teshuva et al. (1994), studies examining loneliness do not distinguish between the degree of social isolation and feelings of loneliness. The authors state that these two should be studied further as the measures could be quite different. In a study of loneliness amongst Swedish people aged 15 to 80 years, Tornstam (1990) "identified three kinds of loneliness: intensity or quantity of loneliness (found to be higher among younger people), inner loneliness (slightly higher among older people) and positive loneliness" (Teshuva et al. p78).

The Research Project

This research study looked at the number of social contacts of individuals and the degree of isolation and loneliness among a group of Iranian elderly in Metropolitan Sydney. The aim was to assess whether an intervention has assisted the group with a high risk of being socially isolated and lonely. The intervention was a program of English classes at the local Technical and Further Education (TAFE) College. This group discussed their feelings, aspirations and means of coping with isolation and loneliness in a focus group meeting.

a) Why Iranian Community?

The Iranian Community is a small but substantial population in the Sydney area and it is quite diverse in its range of socio-demographic characteristics, including age, socio-demographic status and political leanings (Census Applications 1992). For a majority of the Iranians the level of English spoken is "poor" (66% for those 55 years and over) reflecting a high degree of original cultural retention; the population are generally clustered in four regions, which tends to enhance community cohesiveness; and the period of residency varies, with 48% being resident for less than 5 years at the 1991 Census and a quarter resident for more than 10 years (Australian Bureau of Statistics, 1995). People 50 to 64 years of age make up 10.8% of the Iranian population and people 65 years and over make up 5.4% of the Iranian population, according to the 1991 Census (Grame and Hugo 1995). The majority of elderly people have moved to, and resided in Australia after a successful migration of their children.

b) Process and Sample

Participants were selected through a contact with an Iranian community social worker who also arranged for their English proficiency classes at the TAFE College. The participants were known by this worker and were invited to a social get-together and asked if they were interested in a focus group discussion. A total of six participated in the discussion. To be eligible for the study the participates had to be 45 years or over, born in

Iran, lived in Australia for one year, speak Farsi (Iranian language) with little or no English and have one or more children and other relatives living in Australia. They also needed to be previous participants of English classes, which were run by TAFE College.

c) Methodology

The group met in one of the Public Libraries and were presented first with demographic questionnaire (see appendix A) which included: age, sex, marital status, occupation, period of residency in Australia, number of children and grandchildren here. Whether they lived alone or with others, transport used or drove their own vehicle. The questionnaire also asked if they were originally from a city, village or rural area in Iran, had they ever lived in other countries beside Iran, whether they received phone and personal calls from others in a week and if they felt isolated or lonely in Australia. Another set of open-ended questions were translated into Farsi (see appendix B) and were asked in the focus group.

d) The focus group

The session took about 1 1/5 hours with participants having a short break in the middle. The questionnaire was written in English and it was given out to the participants at the beginning. Community Health Post Graduate Co-ordinator, himself an Iranian, and a Community Worker, also an Iranian, translated and assisted each individual with the written questions. The focus group session started immediately after the completion of the questionnaire. The focus group discussion was recorded on audio tape, partially translated, and used in the following analysis and discussion.

Results of the Questionnaire

Table 1. Demographic Data

Participant	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Felt Isolated or Lonely	***no***	***yes***	***yes***	***yes***	***yes***	***yes***
Gender	male	male	male	female	female	female
Age	40-45	71-79	66-70	60-70	60-65	66-70
Marital status	married	married	married	widow	married	married
Live with	other	spouse	other	alone	children, grandchildren and other	spouse
Lived in Australia	17 months	2 year	15 months	1 year	2 years	12 years
No. of children in Australia	2	2	1	3	2	2
No. of grandchildren in Australia	0	3	0	6	3	5
Lived in other countries	yes	yes	no	yes	yes	yes
Suburb	Hornsby	Hornsby	North Ryde	Hornsby	Hornsby	Hornsby
Occupation	Office Worker	Office Worker	Air Navigation	Hair dresser	Teacher	Housewife
Transport used	public	public, family & friends	public	public	public, friends & family	public, friends & family
Phone calls per week	not stated	7-9	1-3	4-6	7-9	20
Visitors per week	1-3	1-3	1-3	1-3	1-3	7-9
Out visiting per week	4-6	1-3	1-3	4-6	1-3	0

Table 1 shows that the participants' age ranged from 60 to 79, with two males and three females stating they felt isolated and lonely in Australia. A younger male participant who was 40-45 years old stated he did not feel isolated or lonely. Only one female who was widowed lived alone, with the two others lived with their spouse, one lived with her children, grandchildren and others, one female lived with others but didn't specific who they were. The participants had lived in Australia from 1 to 12 years, with only one of the older participants had not lived in other countries beside Iran.

All the participants had children in Australia and the numbers ranged from 1 to 3, the younger participant and one of the older participants had no grandchildren. The other group members' grandchildren ranged between the numbers of 3 to 6 in Australia. Five of the participants live in the same suburb and they all relied on public transport. Three of the older participants also had family and friends who provided transport. The previous occupation of the two male participants was administration. There was a male participant who worked in Air Navigation. One of the female participants was a Hairdresser, one was a Teacher and the other was a Housewife.

All the participants had telephone contacts with some one ranging from 1 to 20 calls per week. The younger participant did not state the numbers of his calls. The visitors who visited the participants' homes ranged from 1-9 per week and only one of the female members did not visit people away from her home. The rest were visiting others 1-6 times per week.

Results of the Focus Group

a) Did the participants feel isolated and lonely?

The discussion started when the question was asked if the group participants identified with the statement "It is said that migrants, particularly the elderly, feel isolated and lonely in a place like Australia". The response was that migration leads to losing

contact and support from family and friends. Being uprooted from your own social system and feeling that they did not fit into Australia leads to problems of isolation and loneliness. Also integrating into Australia's community is difficult for people who have lost their home and can not return due to the political situation, they try to cope. One of the participants stated that

> *"The higher the education level means higher expectations of that person. In Iran we always strived for a better quality of life, but it did not occur. I have found that quality here in Australia. Although Australia is paradise I am not happy here because I miss my homeland".*

One of the older male participants stated his wife is very isolated and lonely and does not go to community events due to the loss and grief suffered from having to leave one of her relatives behind in Iran. She does not feel able to communicate due to this overwhelming sorrow. The same participant stated that

> *"Australia is not welcoming for integration, due to lack of communication and there is no community life, people are more individual and it is a closed society in Australia".*

A female participant stated isolation and loneliness is caused because of the language problem, which leads to relying on family and friends for communication. If one has no family or friends, then they are then isolated. The same participant also felt isolated and would like to return to Iran but health problems and children keep her in Australia. Being part of Australian society has its own drawbacks as well. Dealing with prejudices and ignorance created negative feelings for some. In one example, one of the female participants said

"Australians have no understanding of Iran and Iranians. In many cases we have been ridiculed in front of the others as some try to show their total ignorance".

A recurring comment was that the politics of Iran leads to isolation and loneliness, here in Australia and among the Iranian Community. Isolation happens because people who prefer not to get involved avoid meetings where this conflict occurs. For one of the male participants the issue was a long term one. He stated

"We have problems in Iran, we have problems in Australia. We carry our problems with us here (to Australia)...we fail to see the positive side of life and rely more and look into negative things'.

One male participant stated that the smaller group meetings were better at preventing conflict than larger groups because when large groups of the Australian Iranian Community meet it leads to conflict of opinion and disruption of normal life.

b) How did the participants eliminate/limit their isolation and loneliness?

To eliminate or limit the impact of social isolation and loneliness one female participant stated that she relied on social interaction in the Iranian community, which consists of males and females of all ages. Although this might lead to problems, older people as a result do not always feel comfortable with younger people and the communication can be difficult due to the generation differences. This resulted in isolation for older people. Another problem raised was that old friends have passed away and as a result loneliness is a problem among their elderly friends here and in Iran.

Another way to eliminate the isolation and loneliness was to be with friends and family. But this created a problem as participants lived long distances away from each

other, and this caused meetings to happen only once in a while. One of the female participants had regular get togethers with the women of different generations. These included daughters, mothers and grandmothers. They organised the meetings themselves and the aim was to have a break from the young babies and children, and to support one another.

A male participant stated that he listens to SBS and other Iranian Radio Stations to eliminate and limit his isolation. The RSL clubs were attended but it was stated there were only poker machines and drinking that attracted someone to the place. The clubs suggested one participant

> *"Could be a meeting place for small groups to get together to have lunch and play games like chess".* The same male participants stated it *"would be good to have an outing with Australian people to learn from one another, understand the differences of the cultures and practice English language".* He also said *"that it would have to be a small group as it would be easy to be dominated or overwhelmed by large numbers of Australians".*

c) Did the English classes do anything?

When asked if the English classes did anything to keep the participants involved and less isolated or lonely a male participant stated he enjoyed the group and classes, but lost contact with the other participants and there was no other classes organised to meet the people he had made contact with again. The participants stated that having an Iranian teacher helped, but the group had high expectations at these classes and were concerned that they didn't become proficient in English. They all agreed that more classes were needed. In fact many believed English created a good impetus to get them started but ended up too short to have a long-term effect. One of the male participants stated

"We were getting more and more acquainted in our English classes. We started learning about each other, knowing our mutual interests, hobbies and so on but classes were finished and we could not get further".

When asked if the English classes had changed anything or what they did before and what they did now to keep busy? One of the female participants stated her role had not changed now she lived in Australia or after the classes

"In Iran I minded grandchildren and here I do the same, it is no different".

One male participant explained that in Iran after retirement men use to go to a park and socialise in groups to eliminate isolation and loneliness. This groups now in Australia is made up of males mixing in their own class or cultural group, (eg professions such as artists, workers or business men) similar class or professional group got together to socialise and play games such as chess. He further stated this is not available here, it is hard to find commonalities here with people even when you speak the same language and even harder if you don't.

d) Why did they choose to live in a suburb?

When asked why the participants lived in their particular suburb they stated it was because it was close to family, children and grandchildren, was close to shops and public transport. One of the male participants lived with his son who lives in a suburb because it was close to his employment. One participant stated that the suburb was a good environment to live in.

Discussion

There are a number of issues relating to isolation and loneliness that the five older participants raised in this project. They felt isolated and lonely in Australia, although they had family, had regular contacts by phone and personal visits, they were mobile and able to use transport services. The causes of their isolation and loneliness had to do with their level of proficiency in the English language; loss and grief due to leaving their homeland and losing friends; political conflict in the Iranian Community; the need for meaningful social support networks; transport was a concern for females and travel distances between friends made travel difficult.

Although all the older participants had family here in Australia and had contacts they still felt that there was a need for more social contact. Riggs and Mott (1992) have argued that a personal community, that is family, friends and acquaintances, plays an important role in most peoples lives. For people from non-English speaking backgrounds not being able to speak English does place them at a greater risk of social isolation and can benefit greatly by the provision of support from the involvement of and participation in their cultural community networks (Encel et al., 1994).

A need to become part of the Australian social life was evident and the group asked for more English classes. Casey (1985) states that conversation in groups is not aimed at formally learning English, but creating an informal atmosphere where NESB migrants can practise and consolidate what they have learnt in class. The suggestion made by the participants in having a mixed groups of Iranian and Australian people to learn from one another shows that they want to be accepted as part of the Australian Community. For some other NESB migrants there is little chance to practise their English (Casey, 1985) and perhaps these meetings and the social groups could be around topics of general interest, information on different service areas, or excursions to help to break their isolation.

The group's expectations of the English classes were high they stated that they didn't learn much. Casey states that NESB migrants with a low level of English may not be able to learn quickly although their interest in learning often remains high. There are a number of obstacles to learn English for older people from NESB. Casey (1985) states "if you are not educated or are illiterate in your own language it's hard to learn a new one, if there are no classes convenient to you, it's difficult to go, if you are already an adult when you come to Australia, you'll find it difficult, if your native language is not similar to English, you'll find it even more difficult" (p.23). Learning English must be not the only aim for the group attending these classes, the participants must be able to meet people of the same age, in the same situation with simular stories and begin to establish social supportive networks.

The participants of the focus group raised the need for meaningful support groups and generated some good ideas. The two suggestions involving meetings were, one meeting with Australia people to learn to understand each other and practice the English and the other was a small group meeting of Iranian people at a local RSL Clubs to socialise. The smaller groups may help to eliminate the political conflict that happens in larger group meetings in the Iranian community due the numbers of different political factions. One of the male participants who felt isolated stated he needed to find people with simular interests and values, to socialise with. Meetings simular to the groups of people at meetings, in a park in Iran, with people of the same profession or class would be a helpful way for some. Social isolation and loneliness appears to arise from the difficulty people have of finding others with common values and interests. The loss of his supportive networks in Iran is hard to replace in an Australian suburb were he now lives. This fits with the findings of Dugan et al. (1994) that group participation in religious activities, clubs, or group meetings offers a view of the possible scope of an older persons social network beyond that of the family and it contributes to a source of "belonging" for an older adult.

The participants also mentioned that loss of their homeland, family and friends was a reason for being lonely. Prince et al. (1997) states that dislocation, the loss of intimate relationships, rather than isolation characterises loneliness. It was stated amongst the participants that there was a need to interact with friends with simular interests for companionship. One participant who had contacts, stated he felt lonely here and would feel lonely in Iran because all his friends are deceased. This fits with the findings of Dugan et al. (1994) who state in a study that rather than actual frequency of contact with friends or neighbours, the existence of friends surviving into very old age may be more important for positive social contacts. Dugan et al. (1994) further states that emotional isolation through loss and grief can be alleviated with programs or services that focus on the attachment loss, addressing the grief issue and exploring other replacement attachment figures.

The statement by one of the female participants, that nothing had changed after participating in the English classes, she looked after children and grandchildren in Iran and still does the same in Australia. This fits the findings of Borg (1991) who found in NESB communities "many aged particularly women from NESB have had little interest outside their immediate family and have seen their role as a simple one of raising the family and in time, assisting their children with the same process"(p. 55). The regular lunch parties, described by one female participant to support the females of different generations reveals the value of the continuing role of older females.

To attend outings or groups all participants relied on public transport. All participates were mobile and used buses or trains to get about. Encel et al. (1994) states a large problem for older people is transport, and being mobile and having access to transport services helps to prevent social isolation. Although two of the female participates relied on others, such as family or friends for transport and one of one male participants stated that public transport is difficult for woman because they need someone to accompany them. This fits with studies that have found women from non-English speaking backgrounds are

more transport disadvantaged as they are less likely to drive (Encel et al., 1994). Groups or activities organised near transport facilities make an older mobile person much more independent and less likely to rely on others.

Conclusion

Isolation and loneliness may be a state of mind, or arise from a very real situation brought about by a range of different circumstances (Encel, et al. 1996). Living with family and contact with groups does not always prevent a person from feeling isolated or lonely. Social isolation and loneliness is subjective to an individuals feelings or desire for a specific type of contact and companionship. To address the health and welfare needs of older people and older Iranians, it is necessary to address other issues that lead to this social isolation and loneliness. To decrease social isolation and loneliness, educational, leisure and social groups can assist to build supportive networks for such people.

Improving English language skills may increase elderly Iranian people's independence and widen choices for obtaining support when required. Other initiatives and programs to practice the English learnt, could serve dual purposes of providing education and English practice for the older Iranian person. Ongoing interventions need to be in place to assist elderly Iranian people, not only to learn and improve their English but to establish and maintain supportive social networks, to prevent a decrease in health of a person because of social isolation and loneliness. The healthy ageing plan for 1999 has recommended that access to information about lifelong learning opportunities should be made available in no written format such as video and radio. In addition, facilities provided by local government such as Seniors Citizens Centres should be made readily available to ethnic communities so that they can provide appropriate learning and social activities for older people (NSW committee on Ageing, 1996).

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Appendixes

A: Questionnaire

B: Focus group verbal questions

Appendix A: Questionnaire

Below is a list of questions please answer them by ticking the box that is most suitable or writing the answers on the line provided.

1. Are you? Male ☐ Female ☐

2. How old are you?

   40 to 45 ☐ 46 to 50 ☐ 51 to 59 ☐ 60 to 65 ☐

   66 to 70 ☐ 71 to 79 ☐ 80 to 85 ☐ 86 to 90 ☐

3. What is your marital status?

   Single ☐ Married ☐ Divorced ☐ Widowed ☐

4. Who do you live with? (You may tick more than one box).

   Alone ☐ Spouse ☐ Children ☐

   grandchildren ☐ other ☐ please specific_____

5. How long have you lived in Australia? _____

6. How many children do you have in Australia? _____

7. How many grandchildren do you have in Australia?_____

8. When in Iran, where did you live? City ☐ Village ☐ Rural areas ☐

9. What is the name of the suburb in Australia were you live now?

_____

10. Have you lived in other countries? Yes ☐ No ☐

11. What was your occupation before migrating to Australia? _____

12. For transport do you? (You may tick more than one box).

Drive ☐ Use public transport ☐ Use community transport ☐

Assistance with friends & family. ☐ Other ☐ please specific _____

13. How many phone calls do you have per week from family and friends?

0 ☐ 1 to 3 ☐ 4 to 6 ☐ 7 to 9 ☐

other ☐ please specific _____

14. How many home visitors do you have per week?

0 ☐ 1 to 3 ☐ 4 to 6 ☐ 7 to 9 ☐ Other ☐ please specific _____

15. How many times per week do you visit family or friends away from home?

0 ☐ 1 to 3 ☐ 4 to 6 ☐ 7 to 9 ☐ Other ☐ please specific _____

16. Do you feel isolated or lonely in Australia? Yes ☐ No ☐

Thank you for participating in this questionnaire and focus group.

Appendix B: Focus group verbal questions

1. It is said that migrants, particularly elders, feel isolated and lonely in place like Australia.

   Is this the case with you?

   Do you identify with this statements?

2. Whether you are isolated/lonely or not, what do you do:

   To cope with it?

   To eliminate/limit its impact?

3. You have attended the English classes

   Did they do anything to keep you involved and so less isolated or lonely?

   What do you do now that you did not before attending these classes?

   What did you do to keep busy before attending these classes? (Please explain).

4. Why did you choose to live where you do?