

Research to Practice Paper

**The Integration and Empowerment of
Older Immigrants:**

A Blueprint to Nurturing a Doubly Isolated Demographic

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Lessons of Community and Compassion: Overcoming Social Isolation and Building Social
Connectedness Through Policy and Program Development

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Introduction

Older persons are rendered especially prone to isolation by the interactions between their overlapping vulnerabilities. Medical ailments and deteriorating physical health are tangible, recognized afflictions, but it is harder to measure the damage caused by eroding social networks and diminishing autonomy. Accounting for the projection that the global population of persons aged 60 and over is expected to grow by 3% with each passing year, it is more vital than ever today to address the unique needs of this burgeoning demographic.¹

This paper seeks to examine a subsection of this group that is doubly susceptible to isolation: older immigrants. In addition to the anticipated increase in dependence that commonly accompanies the later stages of life, older persons in immigrant families — particularly in the context of immigration from eastern cultures into the western world — are doubly reliant on their families for multiple reasons. For one, language and mobility barriers restrict access to the world outside the home. In addition, cultural expectations can subordinate the needs of older persons to those of their children and grandchildren. In order to integrate and embrace older persons from immigrant families in a manner that is procedurally dignified and sensitive to their needs, it is essential to adopt a two-pronged approach that: (1) engages immigrant families in reframing activities that emphasize the multidimensional characters, thriving interests, and non-negligible needs of their grandparents; and (2) empowers older persons to share their insights and communicate their unmet needs.

Cultural Roots of Old Age Isolation

Older persons in immigrant households are subject to treatment that is simultaneously

¹ Global AgeWatch. "Insight Report, Summary and Methodology." <http://www.Helpage.org/global-agewatch/reports/global-agewatch-index-2013-insight-report-summary-and-methodology> (2013).

respectful and dismissive. Despite having a strong family bond and living in the same household as their children and grandchildren, many older immigrants report feeling lonely, underappreciated, or misunderstood.² The circumstances of immigration require adult children to integrate rapidly and work tirelessly to support their families. This often leaves the grandparents of the household to take responsibility for tasks such as cooking, cleaning, and childcare, as a means of showing their appreciation for being cared for in their children's homes.³ Although those tasks keep older persons from feeling idle and unstimulated in the home, they do not provide a bridge to fulfilling relationships of emotional reciprocity.

In a study conducted at the University of California, aging parents reasoned that, being entirely dependent on their kin, it was only right to defer to the schedules and authority of their offspring.⁴ One of the ways in which older immigrants were dependent on their children is transportation, since walking might be difficult due to distance or physical ability, leaving older persons waiting to be driven around by their children. Another area of dependence was that of communication, because many immigrants struggle to efficiently learn or recall new languages in their old age, limiting not only their interaction with the outside community, but even with their own grandchildren.

The youngest generation, having spent most of their lives in the Western world, often adopt cultural views of individualism that differ from the collectivist, multi-generational family structure that many older persons were taught to respect and later expect for themselves.⁵ This shift away from honouring the counsel of elders, in conjunction with their limited access to

² Sandra Tam and Sheila Neysmith, "Disrespect and Isolation: Elder Abuse in Chinese Communities," Canadian Journal on Aging 25.2 (2006), 142.

³ Judith Treas and Shampa Mazumdar, "Older People in America's Immigrant Families: Dilemmas of Dependence, Integration, and Isolation," Journal of Aging Studies 16, no. 3 (2002), 249.

⁴ Judith Treas and Shampa Mazumdar, "Older People in America's Immigrant Families: Dilemmas of Dependence, Integration, and Isolation," Journal of Aging Studies 16, no. 3 (2002), 251.

⁵ Sandra Tam and Sheila Neysmith, "Disrespect and Isolation: Elder Abuse in Chinese Communities," Canadian Journal on Aging 25.2 (2006), 147.

companions and resources in the community, lead older persons in immigrant families to not only be isolated from the world outside the home, but alienated from the clan within it as well.

This isolation lays a fertile ground for the proliferation of mental health issues such as depression and dementia among older persons. Despite the high potential for intergenerational exchange within the home, elders report feeling powerless and overlooked in their families. Assumed to be unfamiliar with Western norms and incapable of handling interactions outside the home alone, older immigrants are robbed of their agency and decision-making power by their well-meaning offspring.⁶ As a result of this mentality, adult children become “gatekeepers” that hold the power to control the lives of their parents.⁷ This generates a distinct problem in the form of access to mental healthcare. As older immigrants have limited access to outside resources, they are confronted by the equally uncomfortable options of either confiding in their children about their mental health in order to get help or ignoring the issue altogether.⁸ Due to cultural pressures that promote privacy with respect to stigmatized issues, such as depression, older persons express a preference towards self-discipline rather than disclosure.⁹

These mental health issues can be caused by any combination of a multitude of factors, including illness, the death of a partner, longing for one’s motherland, lack of family support — and acculturation stress.¹⁰ Acculturation stress is of particular relevance in the context of immigration, as acculturation refers to the process through which a person familiar with one culture acquires the values and beliefs of a new host culture.¹¹ Research has shown that older

⁶ Judith Treas and Shampa Mazumdar, "Older People in America's Immigrant Families: Dilemmas of Dependence, Integration, and Isolation," *Journal of Aging Studies* 16, no. 3 (2002), 251.

⁷ Ibid.

⁸ Ada Mui, "Depression Among Elderly Chinese Immigrants: An Exploratory Study," *Social Work* 41.6 (1996), 641.

⁹ Banghwa Casado and Patrick Leung, "Migratory Grief and Depression Among Elderly Chinese American Immigrants," *Journal of Gerontological Social Work* 36.1-2 (2002), 8.

¹⁰ Banghwa Casado and Patrick Leung, "Migratory Grief and Depression Among Elderly Chinese American Immigrants," *Journal of Gerontological Social Work* 36.1-2 (2002), 8.

¹¹ Ada Mui and Suk-Young Kang, "Acculturation Stress and Depression Among Asian Immigrant Elders," *Social Work* 51.3 (2006), 244.

immigrants considered to be more acculturated were less likely to be depressed than those who were identified to be less acculturated.¹² The problem with first-generation immigrant families, however, is that many adults take it upon themselves to run errands for their parents and schedule their appointments in an effort to save them the burden of commuting and communicating in an unfamiliar environment. In reality, this effort to insulate their parents from unnecessary trouble can also isolate them, denying them the opportunity to engage with their community and practice the local language.¹³ This phenomenon is common in families where children attempting to fulfill their duty of filial piety find themselves “simultaneously ignoring, indulging, and isolating” their parents.¹⁴

Immigrant grandparents exist as figures in the household that are venerated for their past lived experiences, but are excluded from the day-to-day.¹⁵ Having left behind the country they knew intimately in order to be with their children, elderly immigrants are left feeling less heard, less valued, less powerful, and less at ease in their own homes than the rest of their family.¹⁶ The next part of this paper will explore policy alternatives that strive to nurture a sense of connection and belonging among older immigrants.

Fostering Inclusion Within the Immigrant Household

In *Creating Capabilities*, Martha Nussbaum delineates a nuanced, empathetic approach to developing policy, stating that “a focus on dignity will dictate policies that protect and support agency, rather than choices that infantilize people and treat them as passive recipients of

¹² Ibid.

¹³ Sarah Lamb, "Cultural and Moral Values Surrounding Care and (In)dependence in Late Life: Reflections from India in an Era of Global Modernity," *Care Management Journals* 6.2 (2005), 84.

¹⁴ Keith E. Whitfield, *Handbook of Minority Aging*. New York: Springer Publishing Company, 2013.

¹⁵ Sarah Lamb, "Cultural and Moral Values Surrounding Care and (In)dependence in Late Life: Reflections from India in an Era of Global Modernity," *Care Management Journals* 6.2 (2005), 84.

¹⁶ Martha C. Nussbaum, *Creating Capabilities*, Harvard University Press, (2011), 30.

benefit.”¹⁷ In accordance with this mindset, older immigrants must be incorporated into the household and the policy-making process in ways that empower them to be honest and at ease in discussing their unmet needs. At home, immigrant families as a whole should be encouraged to participate in regular storytelling sessions where young children and adolescents, their hard-working parents, and loving but lonely grandparents can pause for a moment in their busy schedules to sit together and tell one another about their current challenges, future hopes, and past adventures. Moments like these allow family members to evolve their impressions of one another from detailed pencil sketches to lush, vibrant paintings. Although grandchildren are certainly bound to be familiar with the basic characters of their grandparents, it would enhance their understanding to learn more nuanced details such as how grandma used to love taking classical dance lessons until her parents asked her to focus on school, or that grandpa is in fact still quite afraid of the dark from when he was young and his family made a habit of extinguishing all their lanterns and staying silent when the army would patrol the streets with rifles. Despite being low cost and low commitment, these humanizing anecdotes have been found to be immensely effective in supplanting one-dimensional roles with richer identities.¹⁸ By fostering reciprocal exchange, this activity brings family members together as equals, allowing isolated older immigrants to feel connected to their children and grandchildren in a secure, routinely affirming way.¹⁹

Nurturing Community Among Older Immigrants

In terms of policy-making, it remains vital that older immigrants be empowered and directly consulted in devising the policies and services that are intended to serve them. In order

¹⁷ Ibid.

¹⁸ Kamala Nayar and Jaswinder S. Sandhu, "Intergenerational Communication in Immigrant Punjabi Families: Implications for Helping Professionals," *International Journal for the Advancement of Counselling* 28.2 (2006), 148.

¹⁹ Ibid.

to begin this practice in a way that feels natural to the elders, meetings among older immigrants with similar backgrounds could be held in community centers, churches, or temples. These locations are likely to make older persons feel at ease (as opposed to a boardroom or rented office space), as they tend to be physically accessible and geographically proximal. They also provide a space for further socialization among older persons that can continue after the official meeting comes to a close.²⁰ Holding these meetings among members of the same background permits elders to share concerns and grievances that they might have in common. In instances where the immigrants share histories of hardship, such as political strife, violent conflict, or even simply a feeling of grief or longing for the land they left behind, stressful memories can become painful and corrosive if left undiscussed.²¹ By unpacking their unresolved problems, unspoken regrets, and unrequited wishes and passing them around the circle, they can help one another move forward from certain stressors, not because anything about the past has changed, but because they know now that they are not alone in their sentiments.²² The value of these meetings is twofold: not only do they allow for consultation in policy development (which will be discussed in the next part of this paper), but they also serve as interpersonal group therapy sessions, which have been found to be a constructive process for persons suffering from depression.²³ This provides an avenue to mental health care without stigmatization that also builds community and ameliorates the services available to older immigrants.

These bridging moments also have the benefit of highlighting serious shortcomings and absences in the resources available to this demographic. Studies have already determined that

²⁰ Sandra Tam and Sheila Neysmith, "Disrespect and Isolation: Elder Abuse in Chinese Communities," *Canadian Journal on Aging* 25.2 (2006), 150.

²¹ Ibid.

²² Kate E. Murray and Robert D. Schweitzer, "Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations," *American Journal of Orthopsychiatry* 80.4 (2010), 580.

²³ Kate E. Murray and Robert D. Schweitzer, "Review of Refugee Mental Health Interventions Following Resettlement: Best Practices and Recommendations," *American Journal of Orthopsychiatry* 80.4 (2010), 584.

immigrants use health care less frequently than native-born individuals.²⁴ If older immigrants could elucidate whether it is difficult for them to access mental health care, that it is prohibitively expensive, or that they do not feel comfortable with the nature of the services that are offered, it would be immensely valuable to hear about such concerns from the immigrants themselves, noting right away whether it is a point of agreement, at least among the members of the meeting. One avenue through which to improve services for older immigrants would be by mitigating experiences of cultural dissonance in mental health care. Treatment should be developed such that it is culturally sensitive and delivered by bilingual and bicultural therapists.²⁵ Therapists should be conscious of cultural variations in emotional expression as well, in order to appropriately care for their patients. For example, elderly Chinese immigrants report far fewer negative and positive emotions compared to native Caucasians. This is, however, likely a result of the cultural norms that encourage “high tolerance of adversity and moderation in the expression of emotions.”²⁶ Ethnicity-specific programs and organizations have been shown to create higher return rates as well as longer periods of treatment.²⁷ Though these developments would require major institutional change, they would effectively build safer spaces for elders in immigrant communities to overcome cultural and linguistic barriers in order to seek care.

Home support services can also provide opportunities for older immigrants who are frequently left at home alone while the grandchildren are away at school and the adults are at work. Alternatively, for cultures wherein it is uncommon to receive strangers in the home, fully accessible transportation services targeted specifically towards the needs of older persons could

²⁴ Joshua S. Yang and Marjorie Kagawa-Singer, "Increasing Access to Care for Cultural and Linguistic Minorities: Ethnicity-Specific Health Care Organizations and Infrastructure," Journal of Health Care for the Poor and Underserved 18.3 (2007), 533.

²⁵ Sandra Tam and Sheila Neysmith, "Disrespect and Isolation: Elder Abuse in Chinese Communities," Canadian Journal on Aging 25.2 (2006), 151.

²⁶ Ada Mui, "Depression Among Elderly Chinese Immigrants: An Exploratory Study," Social Work 41.6 (1996), 643.

²⁷ Joshua S. Yang and Marjorie Kagawa-Singer, "Increasing Access to Care for Cultural and Linguistic Minorities: Ethnicity-Specific Health Care Organizations and Infrastructure," Journal of Health Care for the Poor and Underserved 18.3 (2007), 533.

be developed. It is important that these services to cater to older immigrants not only in spirit, but also in practice. For example, if they are offered primarily through apps on cellular devices, it might not be usable at all by immigrant grandparents who are not comfortable using mobile phones. Programs can also be developed to take the elderly on group field trips to local landmarks, plays, or farmer's markets. This would create opportunities for older persons to practice the local language, interact with a broader community, and reduce their risk of acculturation stress.

Conclusion

Older immigrants pose a unique challenge in the domain of social isolation. They are immensely resilient people, having left behind a land they had considered to be home for a major part of their lives to start over somewhere brand new. They moved to a distant nation in order to be close to their children and grandchildren and found themselves feeling lonely and neglected even within a bustling home full of their own kin. There are two factors at play here. The first is the notion that their old age makes these individuals too vulnerable to navigate Western neighbourhoods alone, a misconception that leads adult children to isolate their parents through their efforts at insulating them from unnecessary troubles. Older immigrants are also misunderstood as having fewer pressing burdens than adult children struggling to pay the bills, or grandchildren working through the night to excel in their academics, leading them to be abstractly respected but ultimately discounted in processes of family decision-making. This is compounded by the second element, which is that immigrant families can have complex relationships with mental health that might discourage family members from disclosing struggles to one another. This silencing effect is especially prevalent among older immigrants, who are

made to feel like they should show gratitude by taking up menial tasks around the house, rather than creating new problems that burden their children.

The remedy to the isolation of the immigrant grandparent is not simple, but the necessary steps are clear. We must encourage immigrant families to spend time with their elders and get to know them — the mischievous hijinks from their past, the curiosities they have today, and the aspirations they have for the future. Older persons may have wide-ranging experiences filed away in the archives, but that does not mean that the fire of their personalities is extinguished upon the emergence of younger, busier persons in the household. Immigrant families must make their elders feel valued, heard, and understood. The fostering of reciprocal relationships is vital in creating inclusion and engagement. Finally, services such as accessible transportation, socialization services, and culturally sensitive mental health care must be implemented in order to address the needs of this doubly isolated demographic, and older persons must be consulted directly in the development thereof. In the words of Bethany Brown from Human Rights Watch, “Human rights are the standard below which dignity cannot survive.” Thus, isolated older immigrants undeniably have a basic right to the dignity of feeling embraced as active participants in household decision-making and empowered to engage with the outside world.²⁸

²⁸ Bethany Brown, "Learning to See, Value and Respect our Elders as Individuals in Community," INTD 497: Overcoming Social Isolation and Building Social Connectedness Through Policy and Program Development (class lecture, McGill University, Montreal, QC, November 13, 2017).

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