

Invisible in Aging Research: Arab Americans, Middle Eastern Immigrants, and Muslims in the United States

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Recent worldwide events have focused greater attention on the Middle East. Little is known about the diverse populations of older persons living in the United States who have Middle Eastern origins and/or practice Islam. Stereotypes and backlash can negatively influence the quality of life for mid- and later-life individuals and their families. Gerontologists can improve conditions by incorporating new knowledge of these groups into research, policy, and practice to dispel stereotypes and provide appropriate services. This article focuses on the demographic characteristics and diversity among mid- and later-life Arab Americans, Muslims, and Middle Eastern immigrants and their descendants. Further research is needed to shed light on the family support, social patterns, housing environments, health care needs, service utilization, and quality of life among immigrants and their descendants across the life course.

Arabs, Muslims, and those of Middle Eastern ethnicity have been thrust into the forefront of the American psyche since the terrorist attacks a year ago. To some extent, negative attention and stereotypes in society have assigned collective guilt to entire Arab

American, Muslim, and Middle Eastern immigrant communities living in the United States. This perception has not been counterbalanced with research that could give a more realistic perspective. The lack of research reflects what many believe to be a marginalized status among immigrant populations (Suleiman, 1999). This article describes the sparse information available regarding demographic patterns, diversity, health, social, and family characteristics of these groups. Gerontologists are encouraged to add high quality research to the existing knowledge base to assist policy makers, caregivers, and service providers.

The 54th Annual Scientific Meeting of The Gerontological Society of America in Chicago, Illinois, in November 2001, had 265 titles of presentations listed in the supplemental program *GSA Schedule of Sessions on Minority Aging Topics*. An examination of this program found specific race and/or ethnic groups residing in the United States were mentioned in 117 titles (some with two together). Those populations included: African Americans (55), Hispanic/Latinos (26), Asian Americans (4), Japanese Americans (9), Chinese Americans (4), Korean Americans (5), Taiwanese Americans (2), South Asian Indians (3), Native Americans (10), Bosnians (1), and Hawaiians (1). Groups in foreign locations were examined in 45 citations, such as Japan (22), India (6), China (4), Pakistan (1), Brazil (1), Taiwan (2), France (2), and Korea (7). Notably absent was anything about Arab Americans or other Middle Eastern immigrants living in the United States.

A recent comprehensive review examined 59 caregiving research articles published in peer reviewed journals from 1980-2000 that focused on race,

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ethnicity, and/or culture, but none of those listed studied the groups described in this article (Dilworth-Anderson, Williams, & Gibson, 2002). A search of journal indexes and databases finds a similar paucity of research on Middle Eastern immigrant groups, and much of what does exist describes life in other host countries, such as Canada and Sweden (Dossa, 1999; Emami & Ekman, 1998; Torres, 1999). Studies of elderly Arabs have typically focused on those living in Israel (Azaiza, Lowenstein, & Brodsky, 1999; Litwin & Haj-Yahia, 1996; Lowenstein & Katz, 2000) and to some degree in Middle Eastern and Asian countries (Aytac, 1998; Lopata, 1987). However, very little research focuses on the experiences of Middle Eastern immigrants and descendants residing in the United States. Yet there is reason to believe that the experiences of refugees, exiles, immigrants, and their descendants are inextricably tied to the characteristics, tolerance, available resources, immigrant enclaves, and treatment in the host country. In addition, the political, social, and psychological experiences in a group's country of origin can have an effect on their quality of life, even as they settle in the United States (Towsley, Caserta, Salari, & Wright, 2001). But for those Middle Eastern immigrants who settled in North America, and their descendants who were born here, negative perceptions held by Americans about their ethnic group, religion, and country of origin influence their quality of life. These prejudices exist in an underlying fashion, but often change drastically with the acts of terrorists and the volatility of the politics in the Middle East. Immigrants and descendants, who feel anonymous and accepted in American life one day, may feel targeted and threatened the next.

Harsh treatment may include racial profiling, destructive, and sometimes violent backlash toward Middle Eastern immigrants and their descendants who live in the United States. Common and often harmful stereotypes can be divided into those that apply to men, such as the terrorist or oil sheikh, and those that apply to women, which involve weak, maltreated individuals with extremely low status. Descriptions of human rights violations of women in Middle Eastern countries are among the most popular areas of Mideast scholarship. Research is lacking that describes how these inequalities in countries of origin translate into quality of life for immigrants and their female descendants in the United States. Some claim that women in these groups are unfairly stereotyped as oppressed, weak, timid women with little power in their families or marriages (Aswad & Bilge, 1996). Mainstream Muslims are often equated with Islamic Fundamentalists who hold extreme views and believe in using violence to further their cause. Diversity is ignored as Middle Eastern persons are often clumped together into a singular dangerous image, which involves one religious affiliation, gender inequality, and no cultural variation (Kamali-pour, 1997).

Age plays a role in the experiences of Arab Americans and immigrants from the Middle East in the United States. On one hand, mid- and later-life indi-

viduals may not be perceived by the general population as threatening, because the terrorist image typically expects a younger perpetrator. However, older persons of Arab or Muslim identification may be particularly anxious regarding the safety of their adult children and grandchildren. On the other hand, the older first-generation immigrants (especially Muslims) may be targeted if they are more outwardly identifiable than the second generation. They may wear more traditional dress, practice ethnic customs, and have foreign accents or broken English.

A majority of Americans in a recent poll reported that they are in favor of racial profiling (Nieves, 2001). Most also report that they are nervous about the prospect of sitting on an airplane with a person of Middle Eastern ethnicity. Zogby (2001) has argued that there is a dangerous form of vigilantism at work, which impacts the entire Arab American community. Numerous instances of individual racism have emerged where members of these groups have been targeted for harassment, threats, injury, job discrimination, and even murder (Zogby, 2001).

A 38-page testimony to the U.S. Commission on Civil Rights described hundreds of incidents against those of Middle Eastern origin or descent in the month between September 11 and October 11, 2001 (Zogby, 2001). Although most incidents were perpetrated against students and other young people, there were a large number of middle-aged business owners and even older persons represented among those personally attacked in that time frame. For example, in Huntington Beach, California, a man was arrested for making death threats against an Iranian couple in their 70s. In another California case, a 60-year-old Arab American businessman was chased by a police helicopter, his car rammed by a squad car, and his nose broken after a restaurant employee alerted security to his ethnicity (Zogby, 2001). Public acts of intolerance send a message to the entire Middle Eastern ethnic community, such as the numerous Mosques burned and signs posted in public places (e.g., a Scottsdale Arizona bar sign read "Arabs not welcome"). Severe underreporting of incidents (especially threats) occurs because many in the affected community fear law enforcement (Zogby, 2001).

Racial profiling, if experienced repeatedly, may curtail freedom of movement, the ability to make a living, and conduct family relationships among minority groups targeted. As a result, physical or emotional health may suffer among those affected specifically, as well as the quality of life in the minority community at large (Zogby, 2001).

Racial scapegoating at the government or institutional level can be harmful to those who experience that treatment. Elderly Japanese Americans remember when public sentiment and tolerance suddenly changed to hatred and mistrust with the bombing of Pearl Harbor. Sixty years ago the U.S. government interned 120,000 of its own citizens and immigrants of Japanese origin in concentration camps across the western states. The government has since formally apologized for that action, recognizing that ethnic

scapegoating was not good policy, and that many innocent civilians suffered from inhumane treatment. Elderly Japanese Americans who remember this treatment have been outspoken in the recent crisis, urging that all measures should be taken to prevent that type of treatment toward Arab Americans and Muslims living in the United States (Kahn, 2002; Nieves, 2001).

The current policy involves asking thousands of recent immigrants from the Middle East to submit to questioning (Wilgoren, 2001a). The questionnaire asks respondents to identify their friends and family in the United States, and whether they sympathize with terrorists. Michigan, with one of the largest populations of Arab Americans, is sending “invitations” to selected immigrant males, hoping to provide more dignity in the interview process (Wilgoren, 2001a). In this atmosphere of high suspicion, some detainees are not being bailed out of jail by friends and relatives because of a fear that they may attract attention to themselves as possible terrorist suspects or sympathizers (Wilgoren, 2001b). In addition, the process of arrest and detention (often for minor visa violations) has been humiliating for many (Kahn, 2002).

Perceptions of discrimination were provided by a nationwide poll of 508 Arab Americans selected at random and conducted October 6–8, 2001. Respondents were asked if they knew anyone of Arabic ethnicity or Arabic speaking background who had experienced discrimination after September 11, and 45% responded affirmatively. Approximately one fifth reported that they personally had experienced discrimination, and the percentage reporting was higher among foreign born (27%). The incidence was greater among young people with 45% of students reporting discrimination. Arab American Muslims reported personal victimization at a rate of 61%. Seventeen percent of those surveyed reported that their children or a member of their household had experienced discrimination and the percentage rose to 33% among those with low incomes (Zogby International, 2001b). Although the overwhelming majority of young people (81%) and a quarter of elderly persons agreed that racial profiling had increased recently, a majority of those questioned (54%) perceived officials were justified in engaging in extra questioning and inspections of those with Middle Eastern accents or features (Zogby International, 2001b).

Another question determined the respondent’s concern over long-term effects of discrimination against Arab Americans and 36% of seniors polled reported being very worried or somewhat worried. However, for those aged 18–29 years, 85% were concerned (Zogby International, 2001b). Perhaps older persons have witnessed an ebb and flow of discriminatory backlash over the years resulting in fewer concerns about long-term effects of specific triggering events. On the other hand, younger cohorts have a greater stake in the long-term outcome of this crisis as they attempt to become educated, begin professional careers, and raise families in this political atmosphere. Also, the youngest Arab Americans are more likely Muslims, who may experience a double jeopardy status.

Focus on Diversity

Age and cohort membership influence conditions for (a) Arab Americans, (b) Muslims, and (c) Middle Eastern immigrants and their descendants. These groups are often indiscriminately lumped together, but an individual could belong to all three groups, two, or even just one and not the others. This section focuses on what is known about immigration histories, demographic patterns, quality of life, health issues, social support, and family interactions among these three populations.

Arab Americans in Mid and Later Life

Arab Americans have been identified as those who immigrated or descended from one of 22 Arabic speaking countries stretching from Morocco to the Persian Gulf, and including such countries as Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen (Suleiman, 1999). Arab immigration to North America is identified in two major waves, 1870—World War II and from World War II until the present. The immigrants from the two waves differ in the challenges they faced in the social and political arena (Suleiman, 1999). A sizeable majority of Arab Americans are native born, and nearly 82% of Arabs in America are U.S. citizens. The majority of Arab Americans trace their ethnic roots to five groups, including Lebanese (47%), Syrians (15%), Palestinians (6%), Egyptians (9%), and Iraqis (3%; Samhan, 2001).

The population of Arab Americans is most frequently estimated at 3 million persons (Samhan, 1999; Zogby International, 2001a), but preliminary tables from the 2000 U.S. Census (U.S. Bureau of the Census, 2002) reported between 1 and 1.1 million for those with an Arabic country of origin listed as their first reported ancestry. Respondents are provided the option to report a second ancestry, so if those numbers are included then 200,000 are added to total about 1.3 million. A severe census undercount is blamed on the location of the ancestry question on the long form, which is sent to only 17% of U.S. households. In addition, some Arab Americans may purposely leave that information off their census forms due to fear of government discrimination. They may also view themselves as White, without concern for ethnicity or ancestry (Samhan, 1999). Special efforts were employed by the Arab American Institute and the Working Group on Ancestry in the U.S. Census to maintain the ancestry question on the 2000 Census, and to provide outreach efforts, including census forms in Arabic to correct the undercount (Samhan, 1999).

Arab Americans reside in all 50 states, but 66% are concentrated in 10 states (Zogby International, 2001a). The vast majority are urban residents concentrated in Los Angeles (300,000), Detroit (219,765), and New York City (162,692). Arab Americans make up 20% of Dearborn, Michigan, which is the most densely populated community. New York and New Jersey are

common immigrant destinations, but new arrivals seem to prefer Southern California (Samhan, 2001).

Arab American religious identification is quite diverse, including Protestants (12%), Catholics (42%), Orthodox groups (Syrian, Greek, and Coptic rites, 23%), and Muslims (23%). Ninety percent of first wave immigrants were Christians who fled persecution in the Mideast (Zogby International, 2001a). These earlier immigrants entered the mainstream, often intermarried, and did well for themselves economically. Many reportedly placed assimilation over ethnic identification (Zogby, 1990). Recent immigrants are Arab Muslims, who represent the fastest growing subgroup in the Arab American community. This group has been described as more ethnically conscious than earlier Arab immigrants, and not as affluent (Zogby, 1990). Religious identification is a salient aspect of the experience of Arab immigrants and descendants, because bigotry against Arab Muslims has been more common than that experienced by Arab Christians in the United States (Samhan, 1999).

Self-employment is more common among Arab Americans, than the non-Arab population. Seventy-two percent work in managerial, professional, technical, sales, or administrative jobs (Samhan, 2001; U.S. Bureau of the Census, 1990). About 66% of adults are in the labor force and 5.9% are officially considered unemployed. There is great diversity in the economic status of Arab Americans. On one hand, the older cohort tends to be more affluent. The income level of Arab Americans as a group is about \$5,000 above the median U.S. income. For all Arab Americans, the poverty rate is about 11%, but for recent immigrants, 20%. Research has documented various groups that are particularly hard hit economically, including newly immigrated inner city residents in Chicago (Cainkar, 1999) and unemployed, unskilled auto-workers in Detroit (Hassoun, 1999). These populations have suffered a worsening standard of living because of factors such as neighborhood decline, unemployment, segregated housing, environmental pollutants, and a poor manufacturing outlook. Cainkar (1999) points to a deteriorating safety net in Chicago, as the Arab ethnic enclave has lost much of the cohesion, security, and prosperity it once had. Conditions are worsened by the departure of the Arab middle class to the suburbs. With these protective features gone, Arab immigrants and their families face a service and support vacuum not easily replaced by looking outside of their community—because of hostility, language, and cultural barriers.

Arab Americans place great value on educational attainment. This is reflected in the higher than average educational achievement, with more than one third holding Bachelor's and 15% graduate degrees. Nearly half of Arab Americans over 18 speak a non-English language at home, yet only 10% reported speaking English not well at all. Maintenance of Arabic language is important for reading the Qur'an and practicing Islam. Arabic classes and schools have been created to teach the language to immigrant descendants (Samhan, 2001; U.S. Bureau of the Census, 1990; Zogby, 1990).

Suleiman (1999) describes Arab Americans as invisible in the eyes of many Americans. Despite the economic and educational contributions of Arab Americans, they tend to lack recognition. Famous Arab Americans in mid-and-later life include White House Press Corp's Helen Thomas; former Secretary of Health and Human Services Donna Shalala; Consumer Advocate Ralph Nadar; Actors Danny Thomas, Marlo Thomas, and Jamie Farr; Musicians Frank Zappa (late) and Paul Anka; broadcaster Casey Kasem; and former White House Chief of Staff John Sununu (Samhan, 2001).

Arab Americans suffer disproportionately from hypertension, high cholesterol levels, diabetes, and other conditions (Hassoun, 1999). Many of these health issues are associated with diet, which is observed to worsen as immigrants spend time in the United States. The traditional Arab diet is nutritionally balanced, including fresh fruits, vegetables, and unprocessed grains. Because of the high cost of meat in Arab countries, its consumption is reserved for special feasts and when guests are present. After immigrating to America, the diet typically becomes more heavily laden with protein (especially red meat), fats, salt, and sweets. This dietary acculturation is expected to lead to higher disease occurrence in subsequent generations of Arab Americans. However, research has shown diversity among immigrants by country of origin. For example, Yemenis tend to retain more of their traditional diet than other Arab groups in the United States (Hassoun, 1999).

Another health factor influencing the physical well-being of Arab Americans is the more sedentary lifestyle in the United States, where the Arab world involves more exercise in the form of walking (Hassoun, 1999). In addition, cultural factors may play a role in the perceptions of stress. Arab Americans are noted to have difficulty admitting that they are experiencing stress or personal problems (Hassoun, 1999) and they may be resistant to psychological help. Another tendency is to ignore or cover up physical health problems. Hassoun (1999) found the Lebanese respondents in her survey were reluctant to admit conditions such as diabetes or a genetic blood disorder (Beta-thalassemia) because of perceived stigma and a fear that it would alter their children's chances of marriage. Physicians interviewed in that study complained that Arab American patients were often not compliant with diet and medication prescriptions. Hassoun called for more health research focusing on Arab Americans, with special attention to elderly people, who are in need of special programs and healthy activities that could promote a better lifestyle (Hassoun, 1999).

Not a lot is known about the care of elderly persons in Arab American communities. A cultural aversion hypothesis has been advanced, regarding potential placement of Arab American elders in nursing homes or other care facilities (Azaiza et al., 1999). For example, Durrani (2000) writes

Children learn from an early age to respect and care for their parents far into their elder years. For many

Arabs, the concept of placing “burdensome” parents into nursing homes for strangers to care for violates family values. We Arab mothers raise our children to care for one another and most importantly, care for us when we are older. This is something very important to us in our culture.

Family structure is typically patrilineal, and the cultural ideal emphasizes that men should earn enough money so that their wives should not be expected to work in the labor force. However, the realities of women in Arab American families are not consistent with the common stereotype of the weak and mistreated individual. Durrani (2000) describes Arab mothers as the backbone of their families, who stress professional education and preservation of cultural and religious identification among their descendants. Additional evidence of the importance of the mother is reflected in Lebanese-American poet Khalil Gibran’s writings “The mother is everything in life. She is the consolation in our sadness, the hopes in our distress, the strength in our weakness. She is the source of our compassion, she is love and grace” (Durrani, 2000). Further research is needed to examine the role of women across generations in Arab immigrant communities in the United States.

Mid- and Later-Life Muslims in the United States

One sixth of the world’s population, approximately 1 billion persons are Muslim (“Islam,” 2001). There are approximately 6 million Muslims in the United States, The majority are immigrants (76%); of those, 26% are of Arab ancestry and 24% are African Americans (U.S. Department of State, 2001). Just like other religious groups, Muslims differ in their level of religiosity. Mainstream Muslims do not agree with the radical fundamentalist interpretations of the Islamic Jihad identified by terrorist groups as a rationale for violence. Two branches among Muslims include Sunni and Shi’ite followers, who differ in their belief about the successor to the Prophet Muhammad.

Sengstock (1996) studied 98 elderly Muslim immigrants (mostly Lebanese followers of children) residing in the Dearborn, Michigan, enclave. Shi’ite Muslims were most often specifically identified (38%), followed by Sunni Muslims (11%), and the others did not specify a sect. The educational levels were extremely low. The majority had no education (53%), and an additional 37% reported only some elementary school. Many respondents reported serious economic problems, stemming from automotive industry layoffs (themselves or their children).

Respondents were relatively uncritical of their housing conditions, social support networks, and physical health. Interviewers rated each respondent in these areas and found they were more positive about their circumstances than the objective raters were. In contrast, respondents were likely to report their mental health and life satisfaction to be poorer than the interviewers perceived. Specifically, 45% of the respondents rated their mental health or life satisfaction as lacking in some manner. A full 60% of respondents

reported difficulty with transportation, and the raters agreed that transportation was a great problem among Dearborn Muslim elders (Sengstock, 1996).

Conditions in the country of origin were likely to account for the differences in the subjective perceptions of respondents and raters (Sengstock, 1996). If their homes by U.S. standards were considered in poor condition (sometimes worthy of condemnation), they may be substantially better than the homes they grew up in—leading to higher satisfaction than would be expected. Typical frustrations regarding physician and dental care in the United States may not be as relevant to immigrants who had little accessibility to these services in their country of origin. The majority of Muslim immigrants surveyed were very satisfied with their health care in the United States, but less impressed with the cost.

Sengstock (1996) urges professionals serving these populations to be more assertive advocates of services available, since the targeted recipients may be less likely to recognize their need for help or the availability of such help in the community. Providing services in a confidential and discrete manner would also prevent the Muslim families from becoming embarrassed in their community. This can be challenging, especially since social visiting by friends, neighbors, and family is quite common, and it is rare to find an individual alone. Culturally, it is critical that the family is viewed as taking care of its own problems and needs (Sengstock, 1996).

Kulwicki (1996) describes a need for culturally sensitive health care providers who can respond to the needs of the Muslim community in the United States. Understanding nutritional standards is critical. For example, older Muslims who are institutionalized may have difficulty with the food provided by the hospital or long-term care facility. Pork consumption is forbidden in the Islamic faith. Provision of Kosher meals by the hospital or allowing the family to bring home-prepared meals may cut down on the incidence of institutionalized Muslims rejecting meals.

The Muslim faith emphasizes modesty, which relates to the use of the *hijab* by some women, and the covering of arms and legs of both gender groups. Male health professionals might be considered inappropriate for female Muslim patients (especially if examined alone), so the use of female medical examiners is often warranted (Kulwicki, 1996; Sengstock, 1996). It is normative for family members to accompany an older person into the doctor’s office, and health professionals should view the family as an aid, rather than a hindrance (Sengstock, 1996). Rules that limit family visitation in hospitals may be considered a violation of basic needs, and the Muslim family may be viewed as noncompliant. Visiting a hospitalized relative is considered a family requirement, not a luxury. Members of Muslim families are expected to spend as much time with each other as possible, both inside the home and doing outside activities. Much of this family togetherness is an attempt to preserve Islamic identity, especially for those who are immersed in American culture. Islamic values of honoring, respecting,

and caring for senior members of the family discourage institutionalization as an option for family elders. However, some Muslim communities with a substantial number of second- and third-generation members have already included plans for construction of special homes for elderly Muslims, that would typically be located near the local mosque (Haddad & Smith, 1996).

Middle Eastern Immigrants and Descendants

Middle Eastern immigrants could be either Arab or non-Arab. Since Arab Americans were described earlier, I will focus here on some non-Arab immigrant groups from the Middle East who have settled in the United States. These groups include those from south central and southwestern Asian countries, such as Iran, Afghanistan, Turkey, and Pakistan. Arabic is not the official language of these countries, so these individuals are distinctly different from Arab Americans. However, direct immigrants and descendants from these areas have experienced similar cultural barriers, public backlash, and stereotypes as the other groups described here. Their religious identification includes Islam as well as other faiths. Afghans will be briefly described, but the main focus here will be on one of the largest groups, Iranian Americans.

Afghans.—The Afghan origin population is estimated between 40,000 and 50,000 according to preliminary estimates from the 2000 Census. Because of the undercount problems described earlier, it is likely that these ancestry data are on the low side of the actual population of Afghans living in the United States (U.S. Bureau of the Census, 2002).

Prior to the world's attention on Afghanistan, Omidian (1996) researched intergenerational relationships and adaptations of Afghani refugees in California. This study observed four families, conducted semi-structured interviews of 49 refugees in three generations, and conducted informal interviews of 100 other community members. Among refugees, elderly women reported the greatest number of problems, but made the fewest adjustments because of their relative dependency. Older men had difficulty adopting the provider role and many perceived American life to be too fast paced (Omidian, 1996).

Those of Afghan origin in the United States today may experience additional stresses associated with the near destruction of their homeland by the harsh effects of the years of Taliban rule. The problems experienced by these mid- and later-life immigrants may be similar to those of Bosnian origin, including grief reactions, posttraumatic stress disorder, survivor guilt, fear, and insecurity (Towsley et al., 2001). However, Afghani refugees may welcome the world's attention to solving Afghanistan's problems.

Iranian Americans.—The language spoken in Iran is Farsi, which is of Persian origin. Many Iranian immigrants came to the United States as refugees in 1978–1979 as the Shah of Iran was deposed with the

Islamic Revolution, led by Ayatollah Khomeini. Immigrants who fled were typically wealthy, because of their financial ability to flee and the relative strength of the Iranian currency at that time. This wave of adult immigration has been described as a “flight of Iran's best and brightest professionals” (Hill, 1997) and many on arrival were fluent English speakers. The official 2000 Census figures show approximately 370,000 reported their ancestry as Iranian, however, more realistic estimates report between 800,000 and 1.1 million of Iranian origin now in the United States, with the largest concentration (between 300,000–600,000) in Southern California (Borden, 2000; Hill, 1997).

The majority of Iranian Americans are identified as Shi'ite Muslims, but individuals vary significantly in their level of religiosity. Those in the United States who originate from Iran also include Jews, Christians, and Bah'ai (Borden, 2000). The Baha'ist religion is influenced by Shi'ite theology, but members have experienced severe religious persecution in Iran. The eulogy at a recent funeral told the story of the deceased, an elderly Bah'ai woman in her late 80s who, because of her religious beliefs, was separated from her family, denied a passport, and forced to flee Iran by foot, camel, and jeep over a month-long period when she was 75 years old. She eventually made it to the border of Pakistan where she was met by relatives who arranged for her to fly to the United States.

Immigrants who were adults when they left Iran during the late 1970s, would currently be in mid- and later-life age categories, having spent the majority of their adult lives in the United States. Many who came as refugees did not necessarily intend to stay, but could not identify with Iran as it changed and became governed by religious fundamentalists. If they had opted to return, their male children would have been required to serve in Iran's military and many would have been sacrificed in the bloody 15-year war between Iran and Iraq. Although the inability to return may have been painful, many have adapted to life in the United States and have come to enjoy citizenship in this country (Hill, 1997).

There may be a particular culture of expatriates and exiles that forms and is shaped by the specific area of settlement. For example, Iranian immigrants settled in Stockholm have been described as isolated, ambivalent, and feeling a loss of respect and continuity. They use medications and treatments excessively, and report psychosomatic symptoms (Emami & Ekman, 1998). It is not known whether these issues are relevant to U.S.-based elderly Iranian immigrants.

Iranian Americans often suffer from the widespread perception that they are somehow linked to terrorists or their supporters. Some have described their experiences here as tied to the political unrest in Iran, especially when it has directly involved the United States. Examples include two events in 1979—the Islamic Revolution, where the deposed Shah took refuge in the United States, and the Iranian Hostage Crisis, where students in Iran took over the American Embassy and held 52 U.S. hostages for 444 days (“Iran Hostage Crisis,” 2001). One recollection, by a

now middle-aged Iranian American, described his experience as a second-year college student in the United States:

The Iranian Revolution came like a hurricane—it circled around, sucked everything in, smashed everything together, rolled everything over, and when the winds died down and the dust settled, it left everything in disarray. The old order was gone and the new one was totally unexpected. I nervously followed the daily events and hoped that finally my homeland would experience democracy and justice . . . Now, overnight, Iran was the enemy. As mistrust, suspicion, and paranoia grew, I became more self-conscious about my black hair and dark appearance and I could feel that people were staring at me (Hosseini, 1999).

Issues of identity are reflected as a common theme in the writings of Americans of Iranian descent. Changing societal tolerance levels for those of Middle Eastern ethnicity can influence the sense of identity and quality of life of immigrants as they age across the life course. Second-generation Iranian Americans must also make adaptations regarding self-identity in the United States.

Midlife Iranian American Case Study.—

Ms. P (age 62) immigrated to the United States from Iran in 1978 with her husband and three young sons, just prior to the Islamic Revolution. They experienced relative freedom and wealth when they lived in Iran under the Shah's rule. However, her family grieved when her politically active, 34-year-old brother was murdered by that government. She has returned to Iran once every couple of years since she fled, to visit remaining friends and family—but her three sons have never returned. While visiting Iran today she is required to wear a hijab, but she does not wear it in the United States. She feels a great deal of concern for her mother who is in her late 80s and still living in Iran. Recently, her mother suffered a hip dislocation and fracture that required a great deal of care. Ms. P. felt that it would currently be a bad time to travel to Iran to help with caregiving. She feels extreme guilt and cries when she thinks of the possibility that her mother may suffer and die without her being present to care for her. Her mother has requested that upon her death, Ms. P be present for a traditional custom, where close family members of the deceased wash the body. Most likely, this will not be a realistic possibility, because of extensive distance and travel problems.

Ms. P was raised a Shi'ite Muslim, but is not strongly religious. She reads the Qur'an occasionally and in her younger days she fasted during Ramadan. Now, she no longer feels the stamina needed to abstain from eating during daylight hours. None of her sons practice Islam or identify themselves as Muslim.

Ms. P defies the stereotypes of Middle Eastern women as meek, shy, and of low status in the family. She is an extremely strong and independent woman who was an equal partner in her relationship with her (late) spouse. She is highly regarded by her three sons who feel a great deal of affection for her. Out of respect they all speak Farsi when they converse with her. While she may have preferred that her sons marry Iranian American women, none of them

showed an interest in becoming integrated into the Iranian American community. She places strong emphasis on education and is pleased that her sons and American-born daughters-in-law have advanced degrees and professional careers.

Her relationship with her only granddaughter is very strong, as she looks after her twice a week and speaks only Farsi to her. As a result the child has become completely bilingual by age two. When this grandchild was born, Ms. P arrived at the hospital at 4:00 a.m. (induction was scheduled for 6:00 a.m.). She waited during the entire 18-hour delivery, and did not eat that day. She became upset when the water broke, but the baby was not born for several hours (against medical custom in Iran). By the end, she physically collapsed outside the delivery room out of concern, frustration, malnourishment, and lack of adherence to cultural norms.

Ms. P is very healthy and has a successful attitude about aging. She exercises regularly, eats mostly fresh fruits and vegetables, and adheres to a traditional Iranian diet. She avoids pain relievers and medications, unless absolutely necessary. Her social network of Iranian American women friends is extremely interactive and close. Her schedule is very full, with client appointments, her own business, regular weekly gatherings of friends, weddings, parties, short trips to Phoenix or Oregon to visit her sons, and occasional trips to Las Vegas. She is extremely attractive, but because of cultural considerations she does not date men and would not consider remarriage. The strong hospitality norms of her homeland dictate that visitors' needs are paramount. She was socialized that the host's family would gladly give up necessities, so that visitors would be comfortable and well fed. Cooking huge quantities of food is the norm, with the host acting as a feeder to those who are present at the meal. One helping is considered inadequate, and conversations about malnourishment will follow if more food is not consumed. It may be considered an insult if one eats sparsely at the dinner table.

The family's experiences with discrimination have included one of her son's experiencing racial profiling as he attempted to travel internationally in Europe. She feels restricted in her travel currently and would not consider a trip to Iran now. She personally has experienced some individual racism. For example, two young men who are regulars at her health club appear to be angry and not friendly toward her. She adapts to this negativity by going out of her way to avoid the men. She lives alone, so she takes great measures to make sure the doors are locked and secured while she is inside. After September 11, she cautioned her youngest son (attending medical school) about befriending other Iranian American students. She suggested that Middle Eastern young men would appear more threatening if they congregated in groups and would be better protected from backlash if they were alone or with others who were not of Middle Eastern descent. Despite these instances and perceptions, she feels that she is treated well in this country.

A Call for Research

The previously presented case study illustrates several areas where researchers could study the health,

social behaviors, friendship networks, relationships with adult children and/or grandchildren, hospitality norms, and emotional well-being of middle-aged and older Middle Eastern immigrants living in America. Developing an understanding of cultural differences, social norms, and reactions to backlash would advance aging research while assisting medical and gerontological service providers.

Minority aging research has increased in scope during the 1990s and the early part of the 21st century. Researchers have examined the plight of African Americans, Hispanics, and more recently, Asian American elderly persons. Studies of immigrants have begun to emerge in the literature, but with little attention to those from the Middle East. Recent books focusing on minority aging, immigrants, and inequality have excluded those described in this article.

The struggles and successes of these groups in the United States could be better differentiated from the general aged population if they were adequately identified on surveys. Large national data sets such as the National Survey of Black Americans, National Survey of Families and Households, National Health Interview Survey, National Health and Nutrition Examination Survey, and others (often with minority oversamples) have provided an empirical basis for the field of minority aging. The U.S. Bureau of the Census has measured ancestry on the long form for a couple of decades now. However, the emerging immigration research is hampered by the lack of ancestry questions on other large-scale surveys. Future surveys could include an ancestry measure, with the option to list more than one.

Smaller scale qualitative interview research could provide insight into social interaction in ethnic community subcultures and insights into the struggles of individuals through the documentation of oral histories and narratives. This research method may be particularly successful to describe the experiences of mid- and later-life persons, gender issues, and their family relationships, in relation to the host society. Use of formal care, evaluation of cultural sensitivity, and effectiveness of aging services would also be topics better studied with qualitative methods. Narrative accounts could be examined using a social constructionist perspective, where individuals are seen as active agents in creating their own lives. Individuals are viewed holistically, as linked socially to ever-changing historical contexts. Extensions of life course perspective examine how ethnicity, race, class and gender affect life experiences, including those of immigrants and refugees (Towsley et al., 2001).

More than a dozen federally funded Middle East Studies Centers associated with universities across the United States are available as a resource to researchers interested in studying Arab American or other Middle Eastern immigrant elderly populations. Collaborative efforts with these centers could provide opportunities for graduate research assistants, cultural perspectives, and translators to help gerontological researchers examine the later-life populations identified in this article. Funding agencies with a com-

mitment to studying the experiences of immigrants (e.g., Russell Sage Foundation) might represent an important resource for study in this area.

Popular culture and the media are filled with inaccurate stereotypes and images of those with ancestry in the Middle East (Kamalipour, 1997). Unfortunately, the lack of informed scholarship in the area of aging and the life course may lead even educated professionals to hold negative stereotyped images of those of Middle Eastern origin. Mid- and later-life immigrants and Arab Americans constitute a relatively small minority group in the United States, but the plight of these groups is worthy of study. Gerontologists, researchers, service practitioners, and policy makers are encouraged to pay greater attention to the diversity and needs of this community of immigrants and their children as they age through the life course.

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