

Arab-American immigrant elders' views about social support

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ABSTRACT

Arab immigrants are a significant cultural presence in the United States of America and in this study's locale, the Detroit Metropolitan Area, yet their situations and experiences have rarely been examined. Six focus group interviews were conducted with both English-speaking and Arabic-speaking immigrants aged 60 years and older, to explore their descriptions of their ageing experiences with particular reference to expected and received social support. Tensions between cultural ideals and pragmatic realities were found about three topics: nursing home placements, expectations of children for care-giving, and state-sponsored support. Nursing homes were both feared and, in a form that met their cultural needs, seen as places that should be built. On children's support, there was a clear preference for independence and a simultaneous appreciation of children's help while wishing not to burden them. The informants saw state-sponsored support as providing material resources that could support independence, and as a source of discrimination because of their national origins. The Arab-American elders' narratives revealed diverse attitudes and experiences. By documenting the ways in which they made sense of their situations, initial assertions of cultural ideals were seen to be modified by more realistic expressions of support expectations, and an understanding was reached of the support strategies that they utilised to alleviate the demands and stresses on both the older immigrants and their families.

KEY WORDS – Arab-American, immigrant, social support.

Introduction

The study of ageing and social relations among immigrant elders makes a distinctive and valuable contribution to the theoretical understanding of the ageing experience and to the formulation of public policy recommendations and service-provider practice (Dilworth-Anderson and Burton 1999; Sengstock 1996). In particular, a well grounded knowledge of an immigrant's relations with their family members as they reach older adulthood draws attention to the influences of culture, adaptation and

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ethnicity. Ageing into the oldest attainable ages generally involves rising medical and social needs, and those who most feel a responsibility to provide support are the elders' closest relatives. In western developed countries, however, inter-generational relations among an immigrant or ethnic group commonly differ in important ways from those of the dominant society (Aranda and Miranda 1997; Jackson, Antonucci and Gibson 1990; Kagawa-Singer, Hikoyeda and Tanjasiri 1997). One significant but understudied group who are entering the United States in growing numbers are those from Arab-speaking countries (United States Bureau of the Census 1997). Several writers have referred to Arab-Americans as an invisible minority (Salari 2002; Samhan 1999; Sulieman 1999).

While research in gerontology increasingly addresses social relations among older people in ethnic minorities, it has yet to address the patterns or expectations of social support among older Arab-Americans (Salari 2002). The need to research the circumstances of Arab-Americans, Middle Eastern immigrants and Muslims is particularly urgent given that recent worldwide events have drawn attention to the Arab or Middle Eastern population in the United States. Little is known about the diversity of this group. Research that addresses the experiences of Arab-Americans will increase the scope of research on minority ageing, and extend the recent attention given to the experiences of Hispanics, Asians and African-Americans.

The need for empirical examination also stems from the widespread perception that respect toward elders is more customary among Arabs than in the dominant American culture (see Ajrouch 1997). This view prevails both *within* Arab-American communities and in the many publications that assert that their cultural ideals represent real life experiences. For instance, in an edited volume on ethnic families, a chapter on Arab-Americans unequivocally stated:

It is a Western cultural *norm* that this category of the elderly belongs in nursing homes, away from the loving, affectionate, vivacious, enthusiastic atmosphere of the younger generation ... it is inconceivable of a Middle Easterner to think of sending his parents to a nursing home or similar public institution (Elkholly 1988: 158).

This is a sentiment not an empirical observation, and it over-simplifies the problems faced by an older immigrant with care needs in finding and making decisions about social support and care-giving. These can only be understood through an understanding of the constraints and opportunities that they face. Groger and Mayberry (2001) articulated the tensions for African-Americans between their cultural ideals and the pragmatic realities of support between elders and adult children. Specifically, they

pointed to demographic changes, smaller families, longer life expectancy, and socio-economic changes, such as increased labour-market participation among women and increased geographical mobility, to suggest that while such changes alter the immigrant's material conditions, the ideal of familial elder-care persists. The disparity produces cognitive dissonance, particularly among younger adults who are the most likely to uphold the ideal notions of elder care. The tension produced by these pressures can produce what Groger and Mayberry call 'maladaptive behaviour', in which care-givers fail to address effectively either their own or their elder relative's needs, the result being a poor quality of life for all.

Aims and objectives

The purposes of this paper are to examine critically the attitudes and beliefs about social support among Arab immigrant elders in the United States and to describe the dynamics of actual social support arrangements. This has been accomplished through a community-based study of Arab-Americans elders that focused on three aspects of social support: nursing home placements; the expectations of children to give care; and state-sponsored support. The study was conducted in the Detroit Metropolitan Area, home to the largest concentration of Arab-Americans outside the Middle East (Abraham and Abraham 1986; Zogby 1990). The reported data were collected between June and September in 2001. The study objectives included a desire to explore Arab-American elder's attitudes toward and experiences of social relations, as well as how socio-cultural, demographic and social relations link to health.

The three principal themes encapsulate several issues that immigrant Arab-Americans face, and this study provides critical insights into the issues that will increasingly affect family members, service providers and policy makers as the Arab-American population ages. While Arab-Americans often invoke ideal norms to inform one another and outsiders about the situation of their elders, the realities of social support must be examined as well as the rhetoric of the cultural ideal. The exploration of social support dynamics may reveal more specifically how the pragmatics of daily living impinge on the support which older people perceive to be available.

The organisation and themes of the focus group discussions

Qualitative investigations, and particularly focus group discussions, are well suited to address the 'invisibility' of subjects about whom there is

little knowledge. The contributions of the focus group members reveal the participants' thoughts and the language that they use to structure their experiences; and the group setting encourages the participants to tell detailed stories (Agar and MacDonald 1995; Hughes and DuMont 1993; Morgan 1988). As such, they provide a powerful tool by which to discern the dynamics of social support. They provide clues about the social group dynamics, and allow us to come closer to uncovering how the participants make sense of their world (Martinez 2002). Moreover, the method mirrors other qualitative approaches that allow access to 'rich and informative insights' into a 'specific environment or culture' (Jarrett and Burton 1999: 177). Focus groups were therefore employed to access culturally-specific notions of the ageing experience and social support. By creating a situation in which the elders talked with one another, while minimising the influence of the researcher's assumptions, the group discussions drew from the participants' experiences and own words, and led to a broader understanding of their attitudes toward both informal and formal support.

Six focus groups were conducted with Arab immigrants aged 60 or more years. According to Morgan (1996), at least three focus groups for each organising principle should be conducted, to make certain that a reasonable number of participants contribute and to create sufficient opportunities for the adequate representation and a 'saturation' of ideas, feelings and attitudes. Language fluency was the core organising principle among the immigrants who participated in the study. The participants at three of the groups were able to speak English fluently; those at the other three were more comfortable speaking in their native Arabic language. For each language set, one group comprised women only, another men only, and the third both women and men. This secondary organising principle was implemented because gender dynamics are known to influence the nature of discussions, that is, men tend to dominate conversations in mixed-gender settings (Carli 2001). While this study did not seek to determine if this was indeed the case, the group discussions were organised to circumvent the possibility.

In many Americans' minds, 'Arab' is synonymous with the religion of Islam, yet the majority of Arab-Americans are Christians (Samhan 2001). Participants were recruited from a mosque and church in the locality to reflect the community's religious diversity.¹ Enlisting from religious institutions increases the likelihood that participants know and interact with each other; they also are important settings for socialisation among immigrants (Haddad and Smith 1996). The leader of each religious institution expressed enthusiasm about the study and linked the author to various community 'leaders'. To recruit the English-speaking immigrants, a community leader contacted people who fitted the inclusion criteria and

TABLE 1. *Characteristics of the focus group participants*

	English-speaking			Arabic-speaking		
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Number of participants	7f	5f, 5m	7m	5f	2f, 5m	6m
Average age (years)	64	72	69	64	69	69
Range of ages	61–72	62–80	60–76	53–75	56–81	65–77
Marital status	6m, 1w	10m	7m	3m, 2w	4m, 2w, 1d	6m
Average no. of children	4.3	2.8	3.6	4.8	4.8	5.2
Range of no. children	3–7	1–5	2–5	3–8	3–13	4–8
Nationality	Lebanese	Palestinian	Lebanese	Palestinian	Lebanese	Lebanese
Religion	Muslim	Christian	Muslim	Christian	Muslim	Muslim
Average years in USA	42	43	48	37	24	27
Range of years in USA	32–52	34–54	35–53	25–55	11–43	1–53
Education:						
Less than high school	5	0	3	2	2	3
High school	2	3	2	3	2	2
Some college	0	2	2	0	1	1
Bachelor's degree	0	3	0	0	0	0
Master's degree	0	2	0	0	0	0

Notes: Number of participants: f female; m male. Marital status: m married; w widowed; d divorced.

invited them to participate, and the same approach was used for one of the Arabic-speaking groups. The other two Arabic-speaking focus groups were organised by attending Friday prayers at the mosque, and asking the worshippers if they would be willing to participate in a discussion. Standard procedures were used for the facilitation of the group discussions and to code and record the contributions.²

The participants' characteristics

The principal socio-demographic and cultural characteristics of the participants in each of the six focus groups are shown in Table 1. The participants in each of the three English-speaking groups had entered the United States from the late 1940s to the early 1960s as young adults, aged in their late-teens to early-twenties. The 'average woman' in Group 1 was from Lebanon and Muslim, with less than a high school education, aged 64 years and married with four children. This group reported slightly lower levels of education than the average for all participants in this study. The average participant in Group 2 was from Palestine, Christian and 72 years old, married with three children, and had had some college

TABLE 2. *The ‘guiding questions’ for the focus group discussions*

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1. What do the words ‘old’ or ‘ageing’ bring to mind for you?
 2. What do you think are the difficult things a person faces as they grow older? What’s hard about growing older, and what’s easy about growing older?
 3. What is the responsibility of children toward parents, as they get older?
 4. What do you think is the role of the government in caring for the aged?
 5. What kinds of things do you think have most affected your health, including both good and bad?
 6. I will read two sentences or sayings, and I want you to think about which one you believe is most correct for the way you think. The first is ‘a person’s success in life is the product of his or her own work or efforts’, in other words ‘whoever seeks shall find’. The other is ‘a person’s success in life depends on luck or what is written for her/him’, in other words ‘things happen because of fate’.
 7. How would you compare your ageing experience to people who are not Arab-American or who are not from your background? What do you think are the differences and what do you think are the similarities?
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education. The Group 3 participants were all men from Lebanon and Muslim, and on average they were 69 years old, married with four children, and reported at least some high-school education.

The participants in Groups 4–6 preferred to discuss the issues in Arabic. Group 4 comprised five Palestinian Christian women whose ages ranged from 53 to 75 years (two 50-something-year-olds participated in the study, but had said that they were at least 60 years-old). Group 5 comprised five men and two women aged 56 to 81 years, and all were Muslims from Lebanon. Group 6 comprised six Muslim men from Lebanon aged from 65 to 77 years. All the Arabic-speaking participants had been in the United States for at least 20 years, and most had entered the country as middle-aged adults. This partially controlled for any relationship between duration of residence in the country and attitudes towards it, but note that the Palestinian Christian Arabic-speaking participants had been in the USA on average slightly longer than the Lebanese Muslim Arabic-speaking participants – the Muslim Arab immigration has been more recent than the Christian Arab flow (Zogby 1990).

The analysis

The guiding questions for all the groups included references to attitudes toward ageing, inter-generational relations, formal support, the determinants of health, and active coping skills (see Table 2). As stated earlier, this paper concentrates on the opinions expressed about nursing home placements; the expectations of children to give care; and state-sponsored support (*i.e.* Questions 1, 3 and 4 in Table 2). The coding of the discussions

followed the accepted procedures of grounded theory as elaborated by Strauss (1987). Analysis began by identifying regularly occurring, counter-intuitive or surprising phrases (Miles and Huberman 1994). As the coding was elaborated, relationships among the categories or themes became apparent, and both language-specific and common themes were identified. One prominent theme, nursing home placement, emerged as elders responded to the guiding questions, and represents an inductive result, *i.e.* it was not directly asked about, but nevertheless arose as a core concern. The other two guiding themes: expectations of children for care-giving, and state-sponsored support, exemplified a more deductive approach to analysis, as they reflected norms in response to questions formulated to elicit elders' perceptions about support expectations from their children and from the government.

Results

Nursing home placements

Having to be admitted to a nursing home for support informed both the fears and the hopes of the participants as they reached old age. Two positions on nursing homes were identified: they were seen as places to avoid and as facilities that were required. The theme of avoidance emerged in Group 1, and was expressed by Maya:³

Maya: In this country, I don't know. I know our people, in the *Qu'ran*, the kids are responsible for the parents when they're old they should be with them, they shouldn't let them go anywhere like an old house, an old-age house. They should be with the kids. Because, you never know, especially the woman when she go to the old-age house, how should she know [when to] uncover or not cover her body and this and that, and people go in and out.

Fay: Nursing home?

All: Nursing home. (Murmurs of agreement.)

Maya: It means a lot to the older people to be with the kids.

Dina: If the kids want 'em.

By contrast, the discussion in Group 4 recognised some desirable characteristics of a nursing home, as in Sana's comments:

Sana: I think facilities or places for old people, when people get old, they will have places where they can live and pay a small amount of money, and they will have people that they can talk with, and they will have people who can prepare food for them. The most important thing is being able to meet with people, and a place to live.

- Sarah: This is a nursing home. If she needs to go out, she will need someone to give her a ride.
- Sana: A place for them to completely live in.
- Amelia: For Arabs. Yes.
- Sana: Just for Arabs where they can live, meet with each other, and talk. To eat Arabic food because they are used to it.
- Farah: Someone [who speaks] Arabic who can understand them.
- Sana: True, we are talking about people who don't speak English.
- Farah: And who cannot drive.
- Sana: Yes, to have a facility where they can live, meet and enjoy their time without feeling lonely.
- Farah: Loneliness is a very difficult problem.
- Sarah: Especially in this country. Over there, you will have a neighbour.
- Farah: Over there, everyone finds someone from her generation to socialise with. Here, if it wasn't for coming to church for prayer, it is the same, on Sunday, if I don't come to pray, I don't have anything to do. We come to prayer, we drink coffee with each other.

Both points of view were present in the English-speaking and the Arabic-speaking groups. The reluctance of those with health problems to enter a nursing home was articulated, while positive expressions about nursing homes tended to assume residents in good health. Both points of view considered the possibility of a nursing home placement in the particular circumstance of being resident in a different country. The fear of nursing home placement stemmed from a perception that their adult children will not want them, while their positive constructions of the setting built from a desire to have social interactions outside their immediate family.

These examples indicate the role that nursing homes played in the thoughts and family relations of older Arab immigrants. They identified the fears and hopes that they associated with living in a nursing home, and expanded on the cultural norms that drive both the rejection of the idea and the possible grounds for acceptance. The expectation of children's support at times of physical ill-health or dependency drew from the religious and customary norms of Arab culture (Elkholy 1988). At the same time, seeking social interactions beyond one's children to ensure integration alluded to the cultural norms of Middle Eastern small towns and villages – the typical origin of the informants. They saw ties with same-age peers as a resource not only against loneliness but also as a key to acceptable support beyond the family.

Expectations of children to give care

The discussions about parent–child relations also revealed ambivalence and tensions about the older immigrant's anticipation of support from

their children. Two sentiments characterised the informants' expressions, the dread of being a burden upon their children, and the belief that children have an obligation to care for elderly parents. The evident tension between these ideals emerged in most of the group discussions, and was aptly illustrated by the following exchanges during Group 1:

Maya: *Really, she got a point, in the country here. We should have a nursing home, especially for Muslims.*⁴

Dina: *If your family working, if your son or your daughter they working ... and you're going sit home all day long, you're going start hating living there too. They don't have time, they can't help you.*

Aliya: *They can help you in a different way.*

Hannah: *I'm not talking about when you're still talking and walking, making decisions. I'm talking about when you're completely gone.*

Dina: *No, I seen people, they still walking, talking.*

Hannah: *You don't know where you are. Who's going take care of you then?*

Violet: *Where they put me is OK. They can choose where to put me, I don't care.*

Hannah: *I expect my kids to do that. I took care of them, and I raised them, and I put my life on the line for them, and a lot of things in my life I hated to do but I did it because of them.*

Dina: *That's true.*

Hannah: *So they have to pay me back.*

Violet: *That's what we did.*

Hannah: *That's how I feel.*

Maya: *I think everybody did that ye Hajji [title given to a woman who has made the pilgrimage to Mecca] (referring to Hannah).*

Hannah: *I know, but I feel, you know, why not?*

Group: *(Sighs)*

While a concern about nursing home placements had emerged earlier in Group 1, the participants also believed that there was a need for a nursing home that caters specifically for 'Muslims'. This suggestion arose during a discussion of whether or not elders would or should burden their children at times of need. The discussion addressed a sensitive issue, as suggested by the simultaneous speech of several participants and by the display of strongly-held and emotionally-charged views. The collective sigh at the end of the exchange also signified the tension generated by the discussion. It became clear from this exchange that opinions were opposed about the role that children should play in taking care of frail older parents.

One telling factor in these discussions may have been that, with the exception of Violet, none of the women had actually cared for an elder parent. All the participants in Group 1 had immigrated to the United States before having to undertake the role: by migrating they had become the 'oldest' generation in their local or *de facto* extended families. Later in the discussion, Violet disclosed that her mother-in-law had lived with her

since the day she married. She was the least ambivalent about the role of children, explaining that she did not wish her children to have to endure the predicament of caring for an elderly parent. Among Arabic-speaking immigrants, the child's obligation to care for an elder parent is framed as 'compassion'. In an exchange between Nader and Sam (in Group 6), the juxtaposition of compassion with obligation was expressed, again in the context of a discussion of nursing home placement:

- Nader: God does not demand from a person except what he can handle. Isn't this right? There are people who can carry 100 kilograms. If you add one-quarter of a kilogram on top of that, they cannot handle it any more. What is heavier? A quarter of a kilogram cannot possibly be heavier than 100. So everything that is in excess becomes a heavy burden. Now, why did these people put their parents in a nursing home? There is a sick person, people cannot sometimes take care of him as well as a nurse. I am not a nurse. If my father is sick or my mother is sick and I take them to the nursing home ... I don't know, people have their circumstances. We should not say, why did this person do this, is he right or wrong? It all depends on the sick person, and how much he can handle.
- Sam: With my respect to your opinion, in your view, if you have a mother or a father and they are older and they need help to go to the bathroom ...
- Nader: No, I have obligations towards them.
- Sam: So, you will not put them in a nursing home?
- Nader: No, I will not put them in nursing home.
- Sam: This is what the *Hajj* was saying, this is what we are asking for.
- Nader: Now, we should not talk about Americans because Americans think differently. We may be more compassionate compared to them.
- Sam: Yes, more than them.
- Nader: But they also have respect.
- Sam: Yes, we are not talking bad about them.

These contributions to the discussions in Groups 1 and 6 illustrate the tension that arose between hoping not to burden children, yet expecting help when needed. A reluctance to relieve children of the 'customary' obligations was evident. There was also, however, a critical difference between the fluent English-speakers and those who preferred to speak Arabic, in that the latter invariably, and seemingly automatically, differentiated themselves from 'Americans', often by characterising the child's obligation as an act of 'compassion'. This word was used to describe parent-child relations in all three Arabic-language groups.

The particular words used to characterise the child's role in caring for older parents demonstrated the way in which the expression of cultural norms may shift with language ability and fluency. By extension, the expression is perhaps related to the age at which a person immigrated and how long they have resided in the host country – the Arabic-language

participants had been resident in the United States on average ten years less than their English-speaking counterparts. While research on parent–child relations among immigrant elders suggests that expectations about children’s roles and their obligations toward elders sometimes diverge between two generations (Aranda and Miranda 1997; Martinez 2002; Yee 1997), the discussions presented here demonstrate that language fluency shaped the immigrant elders’ descriptions, and perhaps their understanding, of the support that they could expect from their children. One obvious result is that there is no clear agreement on the role of children in providing care and support at times of need. While some felt strongly that it is an obligation, others referred to the difficulties the responsibility created.

State-sponsored support

The third dimension of social relations that the focus group participants addressed was the role of the government in supporting immigrant elders. Two components of support were identified: ‘material’, including both personal financial support and investment in services; and ‘values’, by which was clearly meant the government’s regard for the immigrant community. The participants in Group 5 described the level of material support that they received and expected from the state:

Hassan: The government fulfils all its obligations. The government helps the unemployed financially and health-wise. People who worked in factories receive retirement, they don’t need anything. The American system is the best social system. There is no delay.

Hannan: Let me tell you something. My son has four children. He bought a house, he pays a lot of taxes. They take a lot of taxes here ...

Mustafa: With respect to the elderly, this country is much better than others.

Hannan: Now, they just started to give me money. They give me \$500 (per month). If I didn’t live with my son, \$500 would not be enough ... they should give me more. Let’s assume that I can no longer live with my son, his house has three bedrooms only, and in case I can no longer sleep in the same room with his children, the government should give me more, because \$500 is very little. If I want to rent a house, it will not be enough. But now, I live with my son and I don’t have to pay for food, I spend the money the way I want.

Mustafa: With respect to this issue, in this country, there is good treatment here and services. There is comfort for old people ...

During this group’s discussions, there also surfaced a concern that Arab-American elders have about the values of the American government. In particular, the informants addressed certain moral dimensions of American society, and specifically discrimination. The following extract

from the exchanges in Group 2 exemplified the elders' concerns about the United States government's support for older Arab-Americans:

Gary: Housing is a very serious problem, medication is another serious problem. ... Instead of spending \$150 million to build one jet and then have it crash the next day, you can put up ten buildings.

Samir: That's another discussion.

Alex: I think none of us who are present here asks, or thinks, the government should differentiate between the old-age Arab-Americans or Americans. ... We are not asking or appealing to the government to have a special treatment for us. No, we want them to treat all old age equally regardless of, as long as they are citizens living in this country, whether they immigrated 100 or 50 years, or 30 or 40 or 20, and regardless of their help coming from children or relatives, and so on. To be equal. There are many incidents ... they ask you where you were born. If your name is Mohammad ... if it is not Russell or Smith, he will be dealt with not the same. There are some people, I hope it is not true, but we hear things from many families that there is some discrimination. And that is what we are asking, no discrimination, we are immigrants and we are good citizens ... once it is equal, there is no complaint from anyone.

On the one hand, the informants praised the support that they received from Federal Government sources, and acknowledged the lower levels of aid offered by their homeland governments; on the other hand, whether real or perceived, the immigrants also sensed that people from Arab-speaking countries received unequal treatment. Their expressions suggested that perceptions of government support are tenuous, and that immigrants may refrain from seeking help when needed. Some may hesitate to seek help because of a perception that the government is already providing basic services, and to ask for more is shameful. Others expressed perceptions of unequal treatment because they are Arab immigrants and feel defeated or powerless. These examples offer insights into the obstacles that hinder immigrants' willingness to seek help beyond the family unit.

Discussion

This paper has described the dynamics of social support as revealed in the expressions of a small convenience sample of Arab-American elders. Three aspects of social support were addressed: the roles of children and the government, which elders were asked specifically to consider, and the appropriateness of nursing home placements, which emerged spontaneously in each of the six focus groups during the exchanges about the

meaning of growing older and becoming dependent on others and about their perceptions of the roles of both children and the government.

In the early stages of this study in the summer of 2000, a young man working in a managerial position at a social service agency that assists Arab-Americans in metropolitan Detroit related the arrangements he had made for the care of his elderly father. After the prospective study was described to him, he explained that elders in his community were well taken care of, and that his father had suffered a stroke and, should the need arise, he would willingly quit his job to care for him. Later in the conversation, he admitted that his father did indeed need more care, but contrary to the ideal that he had just advocated, the arrangement that had been made did not involve the young man leaving his job. The realities of his own financial obligations precluded this. Instead, he had sent his father out of the country, 'home' to Jordan where his sister provided the needed care. Obviously the ideal of sacrificing his livelihood to care for an ill parent did not materialise, illustrating quite vividly the tension that exists between how adult children would like to act and the material realities that constrain them. These tensions between cultural ideals and real life experiences were illustrated repeatedly in the narratives of several of the participants in the focus groups.

The group discussions also revealed disparate views about the three featured aspects of the support of dependent older people. The dynamics of family relations encompass a broader range of attitudes than those discussed here. More generally, the cited examples of differences of view provide a starting point for a richer understanding of the reality of social relations and ageing among Arab-Americans. In the west and in Arabic-speaking countries, the older person in traditional Arab culture is often portrayed as dominant, authoritarian and in control of family relations (Barakat 1993; Elkholy 1988), but these expressions and representations derive more from cultural ideals than from either a systematic analysis of actual situations or the reality. The findings of the few studies of older Arab-Americans suggest that their situation is much more complex (Sengstock 1996; Shenk 1991). For instance, one qualitative study that described how socio-cultural traditions affected ageing and retirement among middle-class Christian Arab-Americans living in the northeast United States found that cultural attitudes and beliefs guided the subjects' expectations for care. Specifically, older people expected that their children would care for them if they became frail but at the same time did not want to become a burden (Shenk 1991). The study also found group differences, for some of the older people said that their perceived needs were indeed met by close family members, while others indicated that their family did not meet their expectations. Reflecting the ambivalent

and discordant views reported in this study, the accumulating evidence is that inter-generational family relations among today's Arab-Americans are confounded by a tension between ideal expectations and pragmatic realities.

Discussions about the support expectations of Arab-American elders draw attention to the problems that they face in reconciling actual or presumed tradition with changing material conditions. The interface between cultural expectations and material constraints is currently producing divergent outcomes. As Groger and Mayberry (2001) illustrated for African-American elders and their family care-givers, gradual socialisation, as gained through a long sequence of life experiences, produced the most desirable adaptations to elder care. This finding is highly relevant for Arab-Americans, a relatively recent immigrant group, for they are just beginning to experience the care demands associated with their parents reaching the ages at which many acquire incapacities and dependency. As immigrants, many of the oldest generation left their homelands before having to experience this responsibility for their own parents, and so their norms of elder care have been forged more on the basis of ideals than learnt experience. Moreover, each person's views are challenged by their necessarily partial understanding of the diversity of actual arrangements in both their native and their adopted countries, not to mention the rapidity of change in normative views about acceptable and pragmatic arrangements in the contemporary United States. Corroborating the findings of other research (*e.g.* Groger and Mayberry 2001; Shenk 1991), this exploratory study has found that the preference for independence among Arab-American elders co-exists with a high valuation of children's help and the simultaneous wish not to burden them. Not surprisingly, the relative importance of these mutually inconsistent values differed among the focus group participants.

The findings of this study reflect several of those established by studies of social relations and ageing among other immigrant groups (Hao and Kawano 2001; Lan 2002; Martinez 2002; Skilton-Sylvestor and Garcia 1998–99). Of particular significance is the attention given to nursing home placements. Some studies have suggested that nursing home placement produces anxiety among immigrants, particularly Muslim immigrants. Ross-Sheriff (1994), for example, described the case of elder Muslim immigrants from South Asia, and demonstrated that they were concerned that their families would not be able to care for them in times of need, and would send them to a nursing home. They coped with this fear by reassuring themselves that *their* children would be different and that they would live with and take care of them. Meanings of care, however, may be quite varied, as became clear from the Arab-American elders' accounts.

Indeed, while nursing homes were feared by some, others believed that they would have benefits for their peers. They envisaged a facility that addressed their culturally-specific needs, including their religious, food and language preferences, and saw such nursing homes as a potential solution to isolation, loneliness and care needs.

It was not entirely clear from the discussions whether the expectations of care from a child were based on a perceived obligation, *i.e.* the child's duty, or on emotional reciprocity, *i.e.* love. A recent review of the ways in which the relationships between elders and their children have changed over the last 50 years suggested that many ties between family members have been based on instrumental roles and mutual dependence (see Hareven 2001). In modern societies, however, many instrumental tasks have become the responsibility of non-family (*e.g.* social welfare programmes), and so ties between family members are increasingly based on feelings of emotional intimacy and solidarity (Ajrouch, Akiyama and Antonucci *in press*). Whether or not this transition in family relations shapes Arab immigrant elders' experience in the USA is unclear.

One of the problems that many immigrants have to address is that their own relationships with their children attract disparagement or stigma from co-ethnics. Some find that their co-ethnic contacts are a critical source of exchanges through which they modify their ideals and norms, as well as their ability to understand and rationalise their unprecedented situation; the sharing of experience may also reduce the stigma of accepting help from beyond the family (Hao and Kawano 2001). A study of Chinese immigrants identified similar tensions between cultural ideals and pragmatic realities, and specifically that norms of filial piety diverged from traditional arrangements, in that many instrumental tasks were 'sub-contracted' to professionals (Lan 2002). This adjustment helped to empower the immigrant elders, because their various dependencies on their children as a first-generation immigrant, through poorer English-language abilities, general education and less knowledge of the country's norms and institutions, were not compounded by adding instrumental care to the children's responsibilities. It was often the case, however, that the family remained the centre of support for elder Chinese immigrants as they attempted to reconcile traditional kin norms with the material constraints facing themselves and their children. Developing ways to enhance elder independence while preserving their close relations with their children is the key challenge in ensuring a good quality of life for all involved.

This study has extended the examination of ageing and social relations among immigrant elders in important ways. First, the focus on Arab-Americans begins to address the scarcity of information on older people

and their support in this under-studied population, and identified the elders' own concerns about their future support. Secondly, the comparison of English-speaking and Arabic-speaking immigrants has revealed the diversity of ageing experiences and attitudes among the older members. In their accounts of their expectations of their children, the word 'compassion' was not used by the English-language group participants but emerged in all three Arabic-speaking groups. Language shapes perception, and attention to the words that elders use provides valuable clues for both family members and formal care providers about the frame of reference of the person. The messages conveyed by particular words may be especially important for people who are vulnerable through their poor English-language skills. Finally, the finding that among Arab-American elders there are diverse views and expectations concerning their future care may be the most valuable contribution of this study, for the monolithic caricature of people of Arab descent needs to be challenged and abandoned (Salari 2002). As Groger, Mayberry and Straker (1999) have emphasised, however, there would undoubtedly be other realities and views among those who chose not to participate in this study.

The observations from this study suggest directions for future research on social relations and ageing among Arab-American immigrants. The study was limited to one geographical area, and while Michigan has the largest concentration of Arab-Americans in the USA, California reports the highest number of Arab-Americans in one State (United States Bureau of the Census 1997). There is a need for collaborative multi-centre studies in different types of locale. Comparative studies in different areas will enable the fuller description and validation of the tensions between cultural ideals and pragmatic realities that this study has identified (Jarrett and Burton 1999). New inquiries are also required to address the nature of family support situations more fully, by including adult children's attitudes and experiences of caring for a dependent older parent.

Recent world events have focused attention on those who have ties to Arab-speaking countries and the Middle East, but in western countries relatively little is known about the realities of the Arab-American or immigrant-Muslim experience. The findings presented here have provided some preliminary insights into the range of attitudes and experiences among Arab immigrant elders. Exploring the ways in which they make sense of their situations has provided the evidence for a more genuine understanding of their support expectations. The understanding also provides a foundation for developing care and support that minimises the anxieties and stresses for both the elders and their families.

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NOTES

- 1 Before recruiting participants, the study was approved by the Institutional Review Board for Human Subject Ethics at Eastern Michigan University.
- 2 The author organised and moderated the three English-language focus groups, two of which were held at the mosque and the third at the church. The author and a native Arabic-speaking graduate student organised the three Arabic groups. The graduate student moderated these three groups, with the author present. Two of the Arabic-language discussions were held at the mosque and the third at the church. Each discussion lasted for approximately 1½ hours. The focus group discussions were audio-taped and transcribed verbatim by the graduate assistant, and the Arabic contributions were translated into English. The author then reviewed each English-language transcript and audio-tape, and the graduate student did the same with the Arabic-language discussions.
- 3 Pseudonyms are used throughout to ensure anonymity.
- 4 Italicised text indicates that more than one participant was speaking simultaneously.

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