An Ethnographic Study of a Day Care Center for Iranian Immigrant Seniors
Azita Emami, Sandra Torres, Juliene G. Lipson and Sirkka-Liisa Ekman
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Late-in-life immigrants are often at risk for psychological stress and social isolation because of language problems, small social networks, and cultural differences from the host society. Community intervention programs can reduce such stress and isolation. In this article, the authors describe a Swedish municipality’s culturally appropriate intervention program for elderly Iranian immigrants based on ethnographic data gathered during a 12 month period. The description includes the activities provided by the program and the experiences of the elderly Iranian immigrants who participate regularly in these activities. The findings document the positive impact of regular participation in the center’s activities on the elders’ well-being and health.

During the past three decades, social and nurse scientists have illuminated the precarious situation that characterizes the lives of those who migrate late in life from non-Western traditional societies to industrialized Western societies (Blakemore, 1983; Cochrane & Stopes-Roe, 1977; Gelfand, 1989; Moon & Pearl, 1991; Omidian & Lipson, 1992). In cross-cultural gerontology, the theoretical debate regarding the phenomenon of late-in-life migration in general and the situation of ethnic minority seniors in particular has been influenced by Dowd and Bengtson’s (1978) double jeopardy...
These ethnogerontologists suggest that ethnic minority seniors are the victims of devalued attitudes toward older people typical of industrialized societies (Cowgill & Holmes, 1972). They are also marginalized by the lower socioeconomic status that is often concomitant with their status as ethnic minorities.

On a similar note, in nursing science, Hall, Stevens, and Meleis (1994) identified the health of vulnerable groups, such as elderly immigrants, as a priority. There are a number of constraints to generating knowledge regarding the needs of vulnerable groups. These constraints include being hidden, stigmatized, mistrustful, and lacking access to services (Hall, et al., 1994). To further theoretical- and practice-based knowledge of cross-cultural care programs, we need multidisciplinary approaches to nursing research. This study bridges ethnogerontology and cross-cultural nursing.

ETHNOGERONTOLOGICAL RESEARCH ON ELDERLY IRANIAN IMMIGRANTS TO SWEDEN

The Swedish National Board of Health and Welfare (1996) has estimated that between 1995 and 2000, the number of elderly immigrants in Sweden will increase from 110,000 to 210,000. This means that elderly immigrants could constitute 18% of all senior citizens in this country. In the context of the total immigration flow to Sweden, in 1995 late-in-life immigrants constituted 11.5% of the total immigration flow (Swedish Central Bureau, 1995). Based on these figures, it is clear that these particular populations (elderly and late-in-life immigrants) must be included in research and in policy discussions because they will continue to change the constellations of both the senior citizen and the immigrant populations of Sweden.

The situation of elderly immigrants in Sweden has received scientific attention in the past decade (F. Ahmadi & Tornstam, 1996; Ekman, 1993; Emami & Ekman, 1998; Eyrumlü, 1998; Hajighasemi, 1994; Heikkilä, 1994; Torres, 1995; Ponzo, 1996; Ronström, 1996; Songur, 1992). Using a variety of angles to study these populations, these researchers found that elderly immigrants need specific intervention programs, as Sachs anticipated in her 1980 report to the Swedish Social Welfare Board. Because of their dependency on welfare aid, we know that the socioeconomic situation of elderly immigrants in Sweden is indeed worse than that of their Swedish counterparts (Songur, 1992). In addition to socioeconomic vulnerability, these elders
have been found to have worse health status than the native-born population of the same age in Sweden (Hajighasemi, 1994; Emami & Ekman, 1998; National Board of Health and Welfare, 1996; Songur, 1992).

Because the social networks of those who migrated late in life tend to be very limited (Weeks & Cuellar, 1983), it is no surprise that senior Iranian immigrants to Sweden suffer from social isolation and loneliness (Emami & Ekman, 1998; Hajighasemi, 1994). Because of significant differences between Iranian and Swedish cultures as well as immigrants’ lack of Swedish-language proficiency, age, and motives for or expectations of migration, it is unrealistic to expect that attempts to help immigrants adapt to Sweden will significantly decrease their social isolation (Torres, 1995). To reduce this isolation, Torres (1995) suggests concentrating on assisting seniors to integrate into their own ethnic community by providing a setting and opportunities for them to meet on a regular basis.

METHODOLOGY

The aims of this study were twofold: (a) to describe the activities provided by a day care center that caters specifically to elderly immigrants and (b) to elicit the experiences of the seniors who participate in these activities.

Data Collection and Sample

The first author, Emami, did participant observation in a day care center for Iranian seniors in a suburb of Stockholm for two 8-hour days per week for more than 12 months. The ethnographic data was based on conversations with those who attended the center regularly, visits to some of their homes, and participation in the various cultural events and social activities arranged by the center. Table 1 provides the demographics of the 323 participants who attended the center in the year of data collection.

For the second aim of the study (the emic perspective), Emami conducted semi-structured interviews with 15 elders who participate regularly in the center’s activities. With the interviewees’ permission, the interviews were tape-recorded and then transcribed verbatim. The interviews were conducted in Persian and analyzed in that language. Then Emami translated the Persian into Swedish and English for the purpose of writing up the study for publication. Table 2 shows the demographics of the interview sample.
### TABLE 1: Demographics of All Center Participants During the Study Year (N = 323)

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<tr>
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<th>Female (n = 179)</th>
<th>Male (n = 144)</th>
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<tr>
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<td>42</td>
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<td>65-74</td>
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<tr>
<td>75-85</td>
<td>34</td>
<td>39</td>
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<tr>
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<td>25</td>
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<td>17</td>
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<tr>
<td>Some college/bachelor's degree</td>
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<td>20</td>
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<tr>
<td><strong>Years in Sweden</strong></td>
<td></td>
<td></td>
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<tr>
<td>1-9</td>
<td>118</td>
<td>94</td>
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<tr>
<td>10-20</td>
<td>61</td>
<td>49</td>
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<td>21-30</td>
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### TABLE 2: Demographics of the Interview Sample (N = 15)

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<td>65-74</td>
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<tr>
<td>75-85</td>
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<td>Widowed</td>
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<tr>
<td>Divorced</td>
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<tr>
<td><strong>Education</strong></td>
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<tr>
<td>Illiterate</td>
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<td>—</td>
</tr>
<tr>
<td>High school or less</td>
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<td>Master's degree</td>
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<td><strong>Years in Sweden</strong></td>
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<tr>
<td>1-9</td>
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<td>10-20</td>
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<td>3</td>
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<td>21-30</td>
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<td>1</td>
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</table>
Analysis

Field notes, a diary based on participant observation, and the 15 transcribed interview texts were analyzed. The diary and field notes allowed for reflection on and making sense of the peculiarities of the context in which this study was conducted (Denzin, 1996; Geertz, 1973; Hammersley & Atkinson, 1995; Pilhammar Andersson, 1996). Preliminary and concurrent analyses of these notes guided further data collection. At the completion of data collection, the handwritten notes and verbatim interview texts were reviewed to identify similarities and differences and to be certain that our interpretations were in fact based on existing data. Second, we identified the dimensions of the data that were in line with the purposes of this study and its domain of inquiry. These dimensions were then categorized into descriptions that were, in turn, reanalyzed against the dimensions to which they belonged. Finally, we assessed our interpretations of the data to conceptualize the findings as a coherent account. The findings are organized by study aim into two sections: a description of the day care center (the context) and themes characterizing the experience of the participants.

FINDINGS

The Day Care Center’s Organization, Activities, and Services

The day care center for Iranian seniors was established in November 1995 through cooperation between a Stockholm municipal district (Kista) and the Senior Iranians’ Association. Although the center is situated in a suburban neighborhood where the highest concentration of elderly Iranians live, it is open to Iranian seniors from all over the city of Stockholm. All the staff members are Iranian and speak Farsi (the official language of Iran).

Elderly Iranian immigrants suffer from social isolation because they migrated late in life and are unable to re-establish working social networks of affiliations of their own (Emami & Ekman, 1998; Hajighasemi, 1994; Torres, 1995). Based on these studies, the primary original objective of the center was to reduce these elders’ social isolation. The center was planned as a temporary intervention program for a 1-year period. Because of its success, the municipal district officials decided to support it as a permanent program. At the time of the study, 323 Iranian seniors 55 years and older attended the activities organized by the center.
All activities are planned in cooperation with committee members of the Senior Iranians’ Association because the staff always deemed it necessary for the activities to address the members’ actual needs, desires, and interests. Each activity and/or service that is currently part of the center’s program is described below.

**Information Sessions About Sweden**

Lack of Swedish-language proficiency presents an obstacle to obtaining information about the Swedish government and programs. By arranging for Farsi-speaking professionals to give talks on the Swedish government and the Swedish medical and social welfare systems, the staff tries to further these elders’ understanding of their host society. These information meetings are highly appreciated by participants.

**Swedish as a Second Language Courses**

Three levels of Swedish as a second language courses are given (beginner, intermediate, and conversational). With the help of qualified teachers, the level of the participant’s language skill is assessed and a course is recommended. But the seniors themselves select their level and learning pace. In contrast to the Swedish for Immigrants (SFI) courses offered by Swedish municipalities, the teaching method used in the center is based on practical learning. The teachers (one Swedish and one Swedish Iranian) use everyday life situations to teach the students how to use the most common words and phrases associated with these particular situations. Referring to SFI courses, one elder said,

These courses are totally different from ordinary SFI. None of us could keep up with those. Do you understand that in SFI courses, we were placed in the same group with highly ambitious young people who were trying to learn Swedish fast so that they could start at the university? It didn’t matter how much we were trying; we couldn’t keep up. Never in my life have I felt so sluggish as I did during that time. I dropped the SFI course. It was nothing for me. I didn’t have any ambition to read Strindberg’s imaginative literature. It was enough to learn Swedish so that I could manage making a purchase in my local grocery. It is different here. It goes at a pace I can keep up with. I learn a language I can utilize in everyday life. If it goes slow, nobody complains. Everybody is on the same level.
This participant’s words and the field notes make it clear that these seniors prefer the center’s Swedish-language courses and believe that they are more successful than the municipal district’s SFI courses. The center staff members who interact daily with these seniors claim that their language skills have indeed improved. However, we do not have data to show whether participants learn more Swedish in center courses than do seniors who attend SFI courses.

**Persian Meals**

This weekly activity is one of the most popular. The center organizes lunch trips to the nearest Persian restaurant for those who want to eat chelo-kabab (the Persian national dish). Group cooking sessions and pot lucks are also sometimes organized. The participants say they greatly enjoy these activities. Many participants live in institutional apartments for the elderly and are unable to cook their own food. They are served institutional (Swedish) food. Eating Swedish food is a great change that many refuse to make. Many of the participants said that they eat very little of the Swedish food served in their institutional apartments. Because they do not enjoy the meals, they only eat enough to take the edge off their hunger. Some of them develop malnutrition for which they seek medical treatment. One man commented, for example, that

> these cooking sessions are a chance for me to eat Persian food. Otherwise, in my nursing home, they serve nothing but Swedish food. What a suffering. I have no feelings for Swedish food. The smell of it doesn’t remind me of anything; neither does the taste. Before I started attending this center, I starved. I was dying for Persian dishes. But it is so embarrassing to ask my children to bring me food. They don’t even cook Persian food every day. My grandchildren don’t like it. It is such a mess when you leave your country, such a mess.

Even though the space and equipment for cooking are very limited at the center, the staff makes a concerted effort to see to it that the participants have at least one Persian meal a week. According to the participants, the cooking and socializing around Persian dinners are not only a chance to enjoy the foods that they are accustomed to but also a great opportunity to fraternize with fellow countrymen with whom they share common manners, traditions, and customs.
Playing Bingo

Bingo-lotto sessions are very popular among some of the participants. Those who attend on a regular basis are very enthusiastic and seldom absent. Although the bingo sessions were originally scheduled to take place twice a week, those who attend regularly play bingo together on other days as well. The bingo group, as other nonbingo players call them, is composed of an equal number of men and women. As a group, their passion for the game has led to the development of strong friendship ties—friendships that cross Iranian cultural prescriptions of gender-appropriate behavior, which limit socializing between unrelated men and women.

Exercise Sessions

Some staff members are nurses who value the physical and mental benefits of daily exercise. Daily workout sessions are offered at the center every morning at 9:00 a.m., led by a staff member. Staff members recalled that it was quite difficult to get participants to exercise in the beginning. They explained that one reason for the seniors’ reluctance was cultural. Physical exercise is not a common activity in Iranian society, particularly among elders. Because most of these seniors were not originally aware of the importance of daily exercise for the maintenance of health, there was little motivation to participate in the beginning. Most of the women said that they felt ashamed when exercising in front of the men. Some of the men stated that they feared they would make fools of themselves by jumping around in a group. The common sentiment was that such activities were damaging to their dignity and image as old, respected men. For example, early in the study, one man who was asked why he didn’t attend the daily exercise session, replied,

Ah, there must be a limit in everything. It is not appropriate for my age to act like an ape in front of the ladies here. Exercise is for young people. I am not young anymore. Time has come for me to sit calm and be gentle.

To get around cultural gender restrictions, the staff decided to schedule separate exercise sessions for males and females. They also held information meetings with a Farsi-speaking physiotherapist who informed the participants about the benefits of daily physical exercise and how it can help or prevent the joint pains from which many of them suffered. With her help, exercise sessions that were less physically demanding were designed.
After the visit from the physiotherapist, the number of seniors who participated in these sessions began to increase. By increasing their awareness of the physical benefits that could be drawn from daily exercise, the staff also influenced some of these elders’ gender-related ideas. Little by little, men started to join the women’s session, and vice versa. The man quoted above, who claimed that exercise was for young people, later said,

So what? We are living in Sweden now. If you don’t want to get shame on you, you must join the masses (a Persian proverb). Actually it’s good to not be so choosy and to test new manners. I feel much better now. It is like . . . you get more energy when you exercise. It’s also good that the sessions are not so pushy nowadays.

Walking Hour

The walking activity was also unpopular in the beginning. In contrast to the attitude changes that occurred during the year with regard to exercise sessions, the walking hour never gained popularity. The reasons for the lack of interest were cold weather, joint pains, tiredness, and weak knees. At first, the staff members tried to persuade people to walk, but they gradually gave up because they realized that the participants did not view walking as beneficial. One participant explained,

My whole life, I have walked, actually run, to buy things, to follow my children to their activities, to work, and so on. It is time for me to sit down now. I’m coming here to sit around a table with others and chat. I don’t understand why people have to be pushed to do something the whole time, to rush. It’s time for us elders to do nothing, just be, without doing anything we don’t like.

Poetry Readings

The reading of poetry is very common in Iranian society (N. Ahmadi & Ahmadi, 1998). For this reason, it was obvious from the start that poetry readings should be included in the center’s activities. Poetry readings are a highly esteemed activity in the center. This is particularly true for the elderly men who attend. The women, who are mostly members of the audience, are also enthusiastic about these readings.

What was most striking about the poetry readings was the spirit of near holiness that infused the sessions. The seniors who attended these sessions seemed to relive the treasured memories they had of Iran when they listened
to Persian poems. One participant expressed this feeling after attending a poetry session for the first time.

You can’t imagine how overwhelming it is to feel what I feel as I listen to these poems. We Iranians have grown up with these poets, with Hafez, Khajam, Moulavi, and so on [Persian poets]. The poems are mixed with our blood and run in our veins. The reading of poetry isn’t a big thing in Sweden. Even since I got here, I somehow stopped reading poems. I have never heard anybody reading a poem in Sweden. It made my blood run cold. Today my blood is running warm again.

Needlework for the Red Cross

The local church in the municipal district of Kista has collaborated with the Red Cross for many years, and many Swedish women participate in the church’s needlework sessions. Because this church has supported the center from its beginning, church members asked why none of the community’s elderly immigrant women participated in its needlework sessions. Therefore, the staff suggested that the center could host its own needlework sessions.

For the women who participate, doing needlework for the Red Cross and the local church has been a very rewarding activity. While occupied with needlework, the women chatted and shared their past and present experiences and supported one another in their path toward adjustment to their new host society. Most of the women stated that they liked the idea of being involved with a renowned help organization such as the Red Cross. One of them said,

It is so fun to come here and be part of the needlework group. It is satisfying to do something to help others, because by doing this, it helps me to keep all anxiety and thoughts away for awhile. I don’t think of my troubles and my sorrows. I just keep working and talking to other women. We share a lot, you know, and this needlework gets us together.

Through migrating late in life, being socially isolated, and having difficulties adapting to their new surroundings, some of the women said that they had lost their sense of purpose. By participating in the needlework sessions and contributing to the Red Cross, these women expressed that they had regained a sense of purpose in life that they had lost in Sweden.
Music and Dance

Participants who play musical instruments or have good singing voices initiated the music group. The seniors who belong to this group perform twice a week. These performances attract most of the seniors who attend the center on a regular basis. A friendly and intimate atmosphere characterizes these gatherings, and we observed many seniors enjoying themselves through the singing and dancing. In contrast to poetry reading, in which the men mainly read the poetry and the women listen, women are active in these gatherings. One woman expressed how she feels about the center’s musical and dance events:

I thank God for the existence of this center, especially the music sessions. Since I started coming to this center, I have never missed a music concert. They give me such happiness. I am in a good mood the whole week. Those old songs . . . you know. Each verse reminds me about something in my past life . . . in Iran. . . . And I have started to dance, you know. I never used to dance in front of strange men. But so what, you know? Why do I have to be so proper? Propriety leads to a boring life. It’s different here. We are like a big family, and nobody babbles. It is such deliverance, and it gives you joy and happiness. All my pain disappears when I participate in these sessions, and you know, when I dance, there is no joint pain. Isn’t it amazing? Think, if you could get one dose of music and dance instead of a painkiller every 6 hours.

The music and dance sessions have an unintended rehabilitation effect on some of the seniors who were suffering from physical conditions (cf. Palo-Bengtsson, 1997). Some of the elders who normally use walkers seemed so reenergized by these sessions that they managed at times to take a few dancing steps without them. During the course of the study year, we observed similar events during both the music sessions and poetry readings. Once, a man who suffers from aphasia caused by brain damage and who has gross deficiency in his speech read his own poems in a totally understandable manner. A man with Parkinson’s disease said that his tremors are considerably reduced when participating in these sessions.

Cultural Events

The day care center plans events to celebrate all Iranian and most Swedish holidays. Swedish celebrations are included because staff members believe that they contribute to the seniors’ understanding of their host culture. It was
particularly interesting to see how much energy and effort these seniors invest in the planning of these events. Some adult children of the seniors also participate in these celebrations, which seems to contribute to a feeling of family togetherness. Regarding the planning process, one man said the following:

I don’t know if this makes sense, but my identity becomes strengthened when I participate in the arrangements of these celebrations. . . . Having the possibility to share and celebrate these traditional celebrations gives me self-confidence. . . . You know who you are when you recognize a situation. . . . You are able to identify yourself in this familiar surrounding. You don’t feel like a confused stranger. It gives you strength to deal better with the cultural shock you encounter in this country.

In old age, because of debilitating physical or psychological problems, the relationship between parent and child sometimes undergoes what gerontologists call role reversal. Some elders who experience such deterioration relinquish their independence and accept the fact that they might ultimately need to become dependent on their adult children. But Torres (1995) found that the role reversal experienced by those who migrate in old age is qualitatively different from the role reversal usually discussed in gerontological research. In contrast to old age–related problems that lead to role reversal, late-in-life immigrants find it harder to accept role reversal imposed by the inevitable and unforeseen challenges of culture shock. Torres (1995) calls this “culture-shock inspired role reversal.”

For some of the seniors in the center, planning cultural events is a way of countering this culture shock–inspired role reversal. This gives participants an opportunity to show their children that they can plan and manage complicated events on their own. In a sense, it provides evidence of their independence and capabilities, even though in other situations (as a result of a lack of Swedish literacy and difficulty understanding the Swedish social context), they had become highly dependent on their children’s help and support.

The Impact of Regular Participation

In the previous section describing the center as a context, we used excerpts from field notes and interviews to illuminate the “flavor” of the center. This section describes six themes that characterize the impact of center participation on the seniors who attend: facilitation of communication, spirit of community, a sense of social belonging, cultural understanding, a sense of purpose, and experiences of health.
Because most of the seniors lacked Swedish-language proficiency, which contributes to their social isolation, the most obvious effect of their participation is that the center is the only place besides their homes where these elders can communicate uninhibitedly with others. We call this first theme the facilitation of communication. Besides facilitating communication in Farsi, the center’s Swedish courses also seem to help them communicate in Swedish. In essence, the center contributes in a twofold way to enhance the elders’ communicative opportunities and skills.

The second theme is a spirit of community. During the course of the study, seniors made numerous allusions to the fact that participation in the center’s Persian cultural activities (e.g., Persian cooking sessions, poetry readings, and Iranian cultural events) helped them experience a sense of community. We interpret this to mean that talking about their mutual experiences helped them create the sense of community that they missed until they started attending the center regularly. As one of the seniors illustrates,

It was such a relief to meet all these people who shared my experience. Swedes don’t understand how it feels to experience war or the fear of losing your children. They have no idea of how it feels to live in a place and not be able to understand the language people talk—the humiliation, the isolation. They may sympathize, but they really don’t know how it feels. Here, people know. We don’t actually need to talk about it. We recognize the traces these experiences have left in our faces. It feels like you know them even though you have just met them because you share lots of things with them.

The third type of impact from participation is a sense of social belonging. On numerous occasions, different seniors remarked on how they felt about belonging to the center. The feeling of alienation they experience in other contexts in Sweden seemed to disappear in the center. One participant put it as follows:

I stopped going to the lounge in the apartment complex where I live. I felt so insecure there. I didn’t know how to act. I become so frustrated that I even forget my own way of acting too. I tried a couple of times, but you know, I felt like a stranger when all the other residents stared at me. They were surely curious, but nobody ever sat beside me. Nobody ever tried to initiate communication. I don’t belong to them. After some attempts, I said, “That’s it, I never go there again.” What is it good for? I just felt more sad and lonely. I would come home and cry. But here it is different. Here, I know exactly how to do things appropriately. We talk, and we have fun. I am one of them. I am a member of this group, and I know how to act. Actually, I am a charmer here. I don’t think they thought of me as a charmer there [at the apartment lounge]. But that’s actually who I am.
It is this sense of social belonging that motivates some of these seniors to actively take part and sometimes plan different activities. Some of the elders implied that feeling as though they really belong has led to their regaining the confidence they lost when they first came to Sweden. Most also alluded to the fact that the more they participated in the activities of the center, the less stress and fear they experienced when attending other social gatherings.

The following field note observation illustrates this increase in confidence. The center is located at the end of a long corridor in a block of institutional apartments for elders in which Swedish residents sit. The Iranian seniors have to walk through this long corridor. In the beginning, some begged for the entrance to be relocated because they found this very stressful, stating “Everybody looks at us.” In the beginning, their body language demonstrated the awkwardness and embarrassment they felt as they walked through that corridor. They seemed to shrink from people’s stares; they walked with bowed heads and avoided eye contact with Swedes they met on the way to the center. Some walked quickly as if they wished they could disappear. As the months went by, changes in their walk were observed. Little by little, they appeared more confident and stopped being so adamant in their demands for another entrance. Near the end of the study period, the Iranian seniors walked with straighter backs and dared to establish eye contact with passersby, some even mustering a hello in Swedish.

The fourth theme is cultural understanding. Several elders stated that they greatly appreciated that the staff members share their cultural backgrounds. Because the staff members are Iranians, the elders feel understood. One senior described this benefit and provided a label for this dimension.

Cultural understanding is a very important factor. For example, here the staff know how to treat old people. It is perhaps a minor detail, but it makes us feel warm and grateful. They see you. The phrases they use when they talk . . . their body language . . . they fulfill my expectations. I don’t say that the Swedish staff are bad. They are very kind and empathic, but not in a way that satisfies me . . . not really. Something is missing. I suppose it’s the cultural understanding.

An equally eloquent senior, when asked to reflect on what it meant to share a common culture with the staff, said,

What’s the meaning of life? To understand what you hear, to understand what you see, and to be understood when you say something or when you show something. You must be able to share meanings with others. That has been lacking since we came to Sweden. Nobody knows us; nobody understands us. Everything we do seems foolish because we do not have the cultural codes. That makes me feel sick; that makes me fall apart. Here, I don’t need to strain
every nerve while meeting people. Everybody recognizes the signs; everybody understands the language and the way I behave. It makes me feel like a whole person again.

In addition to the culture shared by participants and staff, this theme includes a different kind of cultural understanding. Through the celebrations of Swedish holidays and the information meetings, the seniors gain valuable insight into the culture that hosts them. It furthers the seniors’ understanding of Swedish traditions and customs.

The fifth theme is the sense of purpose that some participants regained through the center’s activities. Through engaging in such activities as needlework for the Red Cross, performing in various events, and taking responsibility for organizing activities, some of the seniors we interviewed stated that they had regained a sense of purpose in life that they had been missing.

In addition to the social and psychological benefits observed over the year of the study, it was striking that some seniors firmly believed that their physical health had improved since they started attending the center. The numerous health-related statements are grouped into the theme of experiences of health. Illustrations of this dimension include the following two comments:

Before attending the day care center, I was always ill. I visited a doctor at least once a week. Now, I don’t remember when was the last time I visited a doctor.

When I came to Sweden, I was very lonely. . . . It seemed as if I was almost choking from loneliness until I heard about this center. My life has totally changed since I started coming here. Earlier, I was very sick. My doctor was worried about me because they couldn’t get the counts in the blood tests down. Since I started attending this center, I am getting better. I am meeting people with whom I am able to communicate and with whom I share a past in Iran. My doctor was very astonished and asked what the positive changes depended on. I told him about this center. . . . I am getting better both physically and mentally. I am in very good shape mentally. This has improved my physical health. I sleep well, and the blood count is getting down. I am feeling healthy. My doctor thinks so too. You see, medical treatments are not the only way to overcome diseases; you have to have mental health. It is even more important.

In addition to the seniors’ own references to their experiences of health, we observed some improvement in some of the seniors’ level of functioning. Some who used walkers got along without them after awhile. Two persons who suffered from aphasia improved their speech remarkably. The most noticeable improvement was observed in seniors who exhibited signs of depression. Thus, healthwise, the center seem to be beneficial as well.

In summary, the center provides activities that are both socially (e.g., sense of social belonging, facilitation of communication, spirit of com-
munity, and cultural understanding) and personally (e.g., improved experiences of health, second-language skills, self-confidence, and sense of purpose) beneficial. If we depend exclusively on the voiced subjective experiences of the elders interviewed, regular participation in the center’s activities has positively affected their well-being and health. This conclusion is based on their subjective experiences rather than objective measurements to corroborate the improvement in their health. In addition, this conclusion is based on data from those who attend the center regularly; why some elders abstain from participating in the activities was not asked. Although the interviewees unanimously claimed that the center had improved their quality of life, the use of culturally appropriate tools to measure health and well-being would provide further documentation of the positive impact of the program.

DISCUSSION

The center’s impact on elderly Iranian immigrants is related to social support and integration of their cultural values and social patterns into the fabric of the program. The central aim is to provide a setting and activities that encourage socializing among formerly isolated elderly Iranians. In this case, social support does more than act as a buffer against physiological or psychological consequences of exposure to stressors (Cassell, 1976); it directly improved well-being by fulfilling basic social needs and social integration. Ruffing-Rahal’s (1993) wellness group for elderly African American women who lived alone demonstrated a similar impact. The participants themselves extended the original 10-week session of teaching wellness lifestyles and self-care to almost 2 years. The social support provided in the group led to outcomes such as increased social integration, self-care skills, and emotional/spiritual integration.

Although the center was not developed specifically for health promotion, it underlies many activities. To be effective with minority groups, health-promotion programs must be based on the group’s underlying worldview and patterns of social interaction. For example, whereas individualism characterizes Swedish and North American dominant societies, it is not shared by most ethnic and immigrant groups. Iranians are highly social, family oriented, and interdependent (N. Ahmadi & Ahmadi, 1998; Lipson, 1992), and health-promotion efforts must be based on these characteristics. The center’s health promotion activities, such as exercise and dance, succeeded because they were also opportunities for socializing. The program is successful
because participants’ concerns are addressed, staff participate in the activities, and the program is based on expressed needs of this population, its own style of interacting, cooperation rather than competition, and group activities and support among equals (Lasco et al., 1989).

In conclusion, the program exemplifies culturally competent care (Davis et al., 1992; Lipson, Dibble, & Minarik, 1996), which takes into consideration the cultural beliefs, values, and practices of the clients it serves. Principles of culturally competent immigrant programs include uniqueness, time flexibility, comprehensiveness, family/community involvement, blurred staff-client boundaries, and empowerment (Meleis, Lipson, Muecke, & Smith, 1998). Uniqueness is illustrated in the specific array of activities and services initiated in response to the actual needs and desires of the seniors, for example, Persian food and poetry. Comprehensiveness is evident in inclusion of activities that address social, psychological, physical health, cultural, language, and recreation needs. Community involvement is evident in the center’s collaboration with the Iranian local community, the seniors’ families, and local municipal government and social service agencies. From the beginning, the center’s aim has been to work with these elders instead of for them; the center demonstrates the blurring of staff-client boundaries. In terms of empowerment, we believe that the data speak for themselves.

NOTES

1. Dowd and Bengtson’s (1978) double jeopardy hypothesis has been critiqued in the past decade by Blakemore and Boneham (1994) and Torres (1995), among others, but it characterizes the population in this study.

2. Torres (1995) points out the qualitative difference between the elderly immigrant and the late-in-life immigrant. The former includes both migrants who age in their host societies as well as those who immigrate as elders. Late-in-life immigrant exclusively designates those who actually migrated late in life and who tend to be more vulnerable. Torres suggests that cultural prescriptions for old age should be more flexible than the 65-and-older standard used in Western industrialized societies for retirement. Instead, the criteria for late-in-life immigrants should be based on the specific culture’s age-related prescriptions. In Iranian culture, people are considered elders by the age of 50.

3. In addition to poorer health, elderly immigrants have also been found to use fewer care facilities, such as nursing homes, day care programs, and rehabilitation services.

4. The authors wish to thank Professor Bengt Winblad at the Department of Clinical Neuroscience, Occupational Therapy and Elderly Care Research, Karolinska Institute, Stockholm, for his valuable support and advice as well as comments and feedback from the Social Gerontology Group, Department of Sociology, Uppsala University. We are grateful for the financial support from the Committee of Caring Sciences at Karolinska Institute, Vårdal Stiftelsen and the Board of Public Health, Johaniter Orden, and kultur i vården visavi vården som kultur.
5. We recognize that these ethnographic observations may seem implausible to those who have not observed them.

6. Within cross-cultural nursing, the issue of role reversal has been explored by, for example, Meleis (1991).

7. Staff, nurses, and social workers associated with the center hypothesize that it has economically benefited the local health care system by improving the health of the seniors. In light of the health improvements we observed, it is tempting to claim that the center has in fact reduced participants’ medical expenditures, although an economic outcome study is needed. However, qualitative observations have been sufficiently convincing to result in the municipal district allotment of long-term funding for the center following the pilot year.

8. Two independent evaluations of the center were commissioned by the municipality (Eldáveis, 1998; Wänell, 1996), both of which support our findings of the positive impact of the center on participants.

9. Burton, Dilworth-Anderson, and Bengtsson (1992) emphasized that the key to generating culturally based theoretical knowledge lies in the creation of culturally relevant theoretical frameworks on which ethnogerontological research and intervention can build—for example, Torres (1999).

REFERENCES


