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Researching an Iraqi Community in the Midst of the U. S.-Iraq War: The Researcher as Clinician *

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ABSTRACT

Nationality groups are always placed in a sensitive position when strained relations develop between their country of adoption and their homeland, as occurred in Iraqi and other Arab-American communities during the Gulf War. The author was directing a research project on aged members of these communities when hostilities broke out. The war had profound effects, both on the conduct of the research project and on the community itself, causing the research to be restructured and project staff to assume clinical as well as research roles. Staff members assisted community members in dealing with their concerns relative to the war and their future in the U.S. While the project focused primarily on the needs of elderly Arabs, a secondary topic became the possible long range effects of the war on the communities.

Conducting research in an ethnic community can sometimes require that a researcher possess more than normal methodological skills. Many ethnic groups are distrustful of outsiders, particularly those who come asking what they

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consider sensitive questions. At no time can these issues be more sensitive than in the midst of hostilities between the homeland of the ethnic group members and their adopted country.

In such situations, researchers are required to assume a role closer to that of the clinician, allaying their respondents' fears and assisting them in dealing with the difficulties of the international situation, as well as collecting the data which the project requires. Success in data collection depends on their effectiveness in dealing with the respondents' concerns. A serendipitous consequence is the project's ability to collect data on the reaction of the community to the stress of the international crisis in addition to the original subject of the research. This paper reports on a project which involved such a dual role.

Description of the Community

The main focus of the research was an Elderly Needs Assessment Survey of persons of Middle Eastern origin, living in the Detroit Metropolitan area, the site of a Middle Eastern population of about 250,000 persons (Abraham & Abraham 1983). The Survey was funded under a contract from the Michigan Office of Services to the Aging, and was designed to collect data on 200 persons aged 60 and over, from the two major concentrations of Arabic-speaking groups in the Detroit area: the Muslim population, most of Lebanese origin and residing in the western Detroit suburb of Dearborn, and the Chaldean population whose national origin is Iraq and who reside in northern Detroit and adjacent suburbs (Sengstock 1992). The research began in June, 1990, and was scheduled to run through May, 1991.

In many ways, the two communities exemplify the differences among Arabic communities in the U. S. The Dearborn Lebanese community is more typical of the characteristics of Middle Eastern Arabic nations. Members practice the Muslim religion, speak the Arabic language, and identify as Arabs (Aswad 1974). The Iraqi community, on the other hand, differs from other Middle Easterners in a number of respects. The most dramatic difference is in the area of religion, since this community is Christian, following the "Chaldean Rite" of the Roman Catholic Church (Sengstock 1970; 1974; 1982). In earlier decades, they also differed in their language, since most spoke the village language, a dialect of Aramaic, rather than Arabic. Today there is less of a language difference, since recent immigrants have been reared in the national schools of Iraq and speak Arabic, the national language.

Probably as a result of their status as a religious and language minority in their nation of origin, the Detroit Iraqi community has not identified very closely with

Iraqi or Arab movements. They prefer to be called Chaldeans; few call themselves Iraqis; even fewer call themselves Arabs (Sengstock 1982). They have little interest in the Iraqi government. In short, Iraqi Chaldeans largely think of themselves as Americans whose mother country happens to be Iraq, but they have little identification with it, and even less identification with the Arab world as a whole.

In early summer, 1990, the staff of the Elderly Needs Assessment Survey had just begun selecting and training interviewers and locating possible respondents. In early August, when Iraq invaded Kuwait, the project had to change its approach to accommodate the growing anxieties of the Arabic speaking population. The Middle East situation continued to exacerbate, culminating in the outbreak of hostilities between the U. S. and Iraq in January, 1991. These changes had profound effects, not only on the communities involved, but also on the conduct of the research.

The present paper constitutes a summary of some of the effects experienced by the Arabic-speaking population during the Gulf War, as they were encountered by the project staff, as well as the manner in which project staff dealt with them. While the problems generated by the Gulf War were felt throughout the Arabic-speaking communities as a whole, the discussion in this paper will be confined primarily to its effects on persons of Iraqi descent, as the group most personally involved.

Impact of the Gulf War on the Iraqi-American Community

The initial reaction of Iraqi Chaldeans to the Gulf War was disbelief. From the Iraqi invasion of Kuwait in August, 1990, until the deadline passed in January, 1991, most Chaldeans simply refused to believe that an armed conflict would really occur. Initially, they were stunned to learn of Saddam Hussein's invasion of Kuwait; as they came to recognize the reality of the invasion, they were still convinced (perhaps wishful thinking) that the U. S. would never actually go to war with Iraq. They were certain that negotiations would work out, that Hussein would back down, that President Bush would extend the time, and so on. (For a discussion of the experiences of these communities during the Gulf War, cf. Cook & Schaefer 1991; Edmonds 1991; Gibbs 1991; Goodin 1991.)

In spite of the extended period of warning, when the armed conflict began on January 15th, it came as a shock. For this community, the bombing of Iraq at the beginning of the Gulf War will rank with the attack on Pearl Harbor and the assassination of President Kennedy as events which will remain forever stamped

in the memory: no one associated with the community will ever forget what they were doing when the news came.

Once the reality of the war set in, the second reaction was fear. Chaldeans were fearful in a number of respects. Nearly all Chaldeans are American citizens, either native born or naturalized. Like many Americans, they have husbands, sons, brothers, or nephews of appropriate age for military service, some of whom are actually in the military, and they fear for their safety, should there be an extended war.

Chaldeans' fears extended far beyond this, however. Most have close relatives in Iraq, including parents, siblings, nieces and nephews, in-laws, as well as close friends. Chaldean extended families have close, intimate ties, sharing frequent correspondence, telephone conversations, and mutual international visits, often lasting for several weeks or months. In any armed conflict they would fear for their family members' safety. To further complicate matters, Iraq has an extended conscription program. Chaldeans faced the prospect of their young relatives fighting in a war with the United States. As one Chaldean priest put it, the Gulf War, for the Chaldean community, would indeed pit cousin against cousin. Hence Chaldeans were concerned about the safety of soldiers on both sides in the Gulf War.

Finally, and most critically, Chaldeans were concerned for their own safety. As the nearest representatives of a "hostile foreign government," how would their fellow citizens in the U. S. react to them? Most have been devoted Americans: they have become citizens as quickly as allowed under American law; they have worked hard, bought homes, operated businesses. Now they wondered whether all they had earned would be lost. Many are independent business owners; they were concerned that their stores would be the targets of looting and vandalism. Was it safe for their children to go to school? There were reports that some Chaldean children had been the target of taunts and invectives at school, and some Chaldean parents did indeed keep their children home during the height of the Gulf crisis.

A major fear stemmed from the experience of Japanese-Americans during World War II (Bosworth 1967). They constantly worried that they too would be relocated, their homes and businesses confiscated. This fear was intensified by actions of various government officials. It was known that persons who had studied the Arab and Chaldean communities, including some of our project staff, were being contacted by local military authorities for inside information on possible security risks within the community. In addition, the community was

overrun with rumors from a variety of sources, some of questionable validity. One such rumor suggested that the federal government had already selected a site in Louisiana for the relocation of Arab-Americans.

As has already been suggested, the Chaldeans have represented perhaps the epitome of the loyal immigrant (Sengstock 1982). They looked forward to coming to the U. S., worked hard to bring their families here, and saw America as the "Land of Opportunity." The Gulf War was a disillusioning experience for them. They were struck by the concern for members of the U. S. military, but they saw no correlative concern over their own relatives and friends who might have been killed or injured in the conflict. Telephone lines were quickly destroyed, making information on Iraqi casualties difficult, if not impossible to obtain. Consequently, they were forced to conclude that the nation which held their allegiance cared little for their own relatives in Iraq.

This contrast was intensified by the "game-like" atmosphere which the war assumed on television and in daily conversation among Americans. Their neighbors tuned in to the war as to a football game. Expressions used with regard to the war were analogous to a game atmosphere. A pilot was quoted as stating that he was glad to have the opportunity to "... try out the equipment we've been practicing on." Major areas of Iraq were bombed, including a Chaldean church in the area from which Detroit's community originates, and military representatives were quoted as saying: "We just went in there and did our job." The comment: "Boy, we really 'kicked butt' on that one!" was repeated over and over.

Even the statistics reported by the military appeared like the "score" in a game. They constantly stressed the relatively low U. S. losses; Iraqi losses, if they were presented at all, were stated only to emphasize the ability of the U. S. military to inflict greater losses on the enemy than they themselves had suffered. A joking atmosphere developed as it became clear that the U. S. action in the Gulf War was successful. This was even more distressing to Iraqis, particularly since many of the "jokes" were aimed at innocent noncombatants—women and children—rather than at the Iraqi government or the military.

Another pattern which they found particularly galling was the tendency of many Americans to over-generalize. All Iraqis were equated with Saddam Hussein, and Arabs were equated with Iraqis. If Hussein was a bully, then all Iraqis must be bullies. The Christian Iraqis from Detroit's northern suburbs and Muslim Lebanese from the Dearborn area were consistently mistaken for one another, a matter which was annoying to both. As some non-Iraqi Arabs pointed out, their homelands were among the U. S. allies in the Gulf War; yet they were

equated with Hussein. To the Chaldeans, the lack of differentiation was particularly aggravating, since many of them never had identified very strongly with either Iraq or with Arabs.

Iraqis/Arabs were identified as the "other," even by relatively benign Americans. A project staff member was asked for some pictures of Chaldeans, "so people can see what 'they' look like!" Others, who knew (or thought they knew) what Arabs or Iraqis looked like, singled out Arabic-looking individuals on the street and harassed them (Edmonds 1991). To those who came from one of the Arabic nations which was allied with the United States in the conflict, this was confusing and difficult to understand. American citizens, even the American-born, were equally suspect if their ancestry could be traced to an Arabic nation.

Chaldeans and Arabs were particularly uncomfortable with the "Yellow Ribbon Cult," the super-patriotism which became characteristic of American society during and following the Gulf War. The super-abundance of American flags, yellow ribbons, and red, white, and blue displays seemed like a mockery of their own pain. While most think of themselves of Americans and were concerned about American troops, they resented the cavalier manner in which Iraqi losses were described.

President Bush's persistent tendency to mispronounce Hussein's name became a sort of symbol of American calloused indifference to Iraqi feelings. "Suh-dahm" is the proper pronunciation; Bush consistently referred to him as "Sad-im," which means "shoemaker" in Arabic, and thus relegates him to the lower class. Many Arab-Americans are convinced that the President's consistent mispronunciation must have been intentional, particularly in view of his background in international affairs.

The response of many Chaldeans to these slights was itself very painful. Uncertain of their own position, many reacted by becoming super patriots themselves, lest they be thought disloyal if they did not display the flags and yellow ribbons of their neighbors. Their inmost reaction, however, was one of disillusionment at the nation they had chosen as their home.

In summary, the Gulf War brought about a number of problems in the Chaldean community. Among these were: fear for their relatives in Iraq; fear for their own future in the United States; a sense of humiliation at the manner in which they were treated by other Americans; bewilderment at being identified with Iraq and other Arabs; disillusionment with the American dream; and difficulty in dealing with the American public in relation to the War. Since all of these were novel experiences for most Chaldeans, they were largely unprepared to deal with them.

War Related Problems and the Clinical Sociologist's Role

Like many other ethnic communities, members of the Chaldean community tend to prefer the informal resources within their own community for assistance (McGoldrick, *et al.* 1982). In the past they have had little knowledge or interest in social science, the helping professions, or the resources they might provide. The Gulf War presented an exception. For the first time, the community as a whole faced an unfamiliar problem, and many members of the community felt uncertain about the effectiveness of traditional informal community resources in handling the situation. The project staff provided an opportunity for them to consult with outsiders, to assess American reactions to the situation, and to ascertain the reality of the threat to their personal safety and that of their community.

In terms of the research methodology of the Elderly Needs Assessment project, it is not surprising to note that a considerable lack of trust ensued on the part of respondents. Members of the Chaldean and Arab communities were faced with frequent requests to provide interviews to the press and television regarding their homeland. There were numerous rumors, many of them well founded, that the FBI and CIA were investigating members of the community.

If the project was to be successful in obtaining the needed data, it was necessary for interviewers to reassure prospective respondents that the survey did indeed want to interview them about the needs of elderly Arabs and Chaldeans, that the project was not a "front" for the FBI, the CIA, or the press, and that the interview was not a surreptitious attempt to obtain information about the war and their contacts back home.

From a methodological point of view, it might have been wise to postpone the study to a less tense and more opportune time. For a variety of reasons this was not feasible. The study was being funded by a state agency which expected to have a report within a one year period, and contract demands had to be met. The major focus of the study involved the needs of elderly Arabs and Chaldeans in the U. S.; these needs would continue to exist whether the Gulf War could be resolved or not. Also, at the time the War began, there was no way of predicting how long it would continue; hence the length of any delay was unknown. Finally, from a clinical point of view, postponing the study would have been viewed by the community as an additional indication that American society was rejecting American Iraqis because of actions occurring in their homeland. Consequently, postponing the study was not a viable option.

The ultimate success of the interviewing process can be attributed primarily to the sensitivity of the interviewers. Nearly all interviewers were members

internal to each community, and most were also trained in the social sciences. Consequently, the interviewers were not only sensitive to the needs of the people, but also were recognized by the respondents as insiders. Hence Chaldeans were being interviewed by other Chaldeans, Muslims by other Muslims, et cetera. It is interesting to note that the project failed to obtain an adequate sample in those communities in which we did not have internal interviewers. Primarily these were Roman Catholic and Orthodox Christians from Palestine and Lebanon.

Reassuring respondents about the study's objectives represented only the beginning, however. Members of the project staff were called upon to act in ways which are not commonly a part of normal social research projects. This is not an unusual situation in communities of this type, which are often small in size, and which attract social scientists who carry on a long term relationship with the community. Consequently, the researchers often become known to community members and to assume advisory or clinical roles in addition to the role of researcher. Anthropologists and other social scientists who study ethnic communities encounter this dual role on a regular basis (Aswad 1974). In such settings, the boundary between objective researcher and subjective supporter is frequently obscured. This is particularly true in critical times, of which the Gulf War was obviously one. Researcher/clinicians in such settings are constantly concerned about the possibility of bias in research results as a result of this blurring of roles. In this elderly needs assessment, which sought a factual description of elders' illnesses and service needs, it appears probable that the staff's dual roles had little effect on the results of the survey.

With regard to the clinical intervention patterns undertaken, two distinct levels were possible: short-term individual counseling with individuals concerned with the War, and community level assistance with management of public relations with reference to the War. Both types of involvement will be described, together with an evaluation of the manner in which the project staff handled the task.

Individual Counseling

Because of the high level of anxiety among the respondents, staff members, particularly interviewers, assumed the role of short term clinical counselors to many of the survey respondents. From a pragmatic point of view, the clinical role had to be assumed for the good of the research itself. Respondents found it difficult to concentrate on the topic of the interview when most were thinking about problems connected with the War. In order to complete the project, it was necessary to allow and assist the respondents in dealing with these concerns first.

From a more compassionate perspective, staff members also felt a strong sense of empathy with community members and a desire to assist in their distress, stemming, in part, from their strong shared perspective: they were not only committed and ethical social scientists, but also fellow members of the Arabic-speaking minority. While the project's main task remained the collection of data, the individual counseling occasionally took precedence over the research goals. In one instance the interviewer devoted considerable time to counseling a prospective respondent and allaying her fears; in return, the respondent expressed appreciation over the opportunity to discuss the problem and the advice provided—and then decided not to continue with the research interview. Since the project did not anticipate the conduct of such activities, records of the number of respondents who also became clinical clients were not kept.

Clinical tasks assumed in an individual clinical setting normally include both expressive and instrumental roles. As Roberts (1991: 158) points out: "Expressive action . . . is guided by consideration of affect and value and is interested in expressing moral sentiments." In contrast: "Instrumental action concerns itself with efficiently achieving an identifiable objective; it involves purpose and calculation. . . ." Hence expressive activities would include allowing and encouraging a client to express his or her values and feelings, while instrumental activities involve the development and execution of a plan for action to deal with the difficulty. As others have pointed out, people frequently fail to distinguish between their action goals and their moral and emotional desires (Nettler 1988). Recognizing this distinction and making clients aware of it is a matter of considerable importance in achieving effective clinical results.

The most important expressive activity employed by the project staff involved allowing respondents and other staff members the opportunity of venting their feelings about the War. Verbalizing their concerns in this area was a serious problem for many members of the Chaldean and Arabic communities. On the one hand, their normal approach of expressing their concerns to other community members was less effective with regard to the War. Relatives and friends in the community were as anxious as they, and repeatedly stating their anxieties to each other made them all feel worse. Consequently, this was not a reasonable option.

On the other hand, they were even more frightened about expressing themselves to persons outside the community, since outsiders were presumed to be supportive of the U. S. action and Iraqi-Americans were unsure how their own concerns would be received. Talking with project staff appeared to be a safe option, since staff members had already expressed a sincere concern for Chaldean

Iraqi elders, as well as for the Chaldeans' predicament relative to the War. Consequently, Chaldeans seemed to feel they could safely voice their worries to interviewers and other staff members.

In another type of expressive activity staff members were probably less effective. This involves reassuring clients that the troublesome situation can and will eventually improve. One reason for the lack of effectiveness stemmed from the staff's own uncertainty. No one could reasonably assure them that their relatives in Iraq would be safe or that Chaldeans in the U. S. would not be relocated. Chaldeans were really asking for reassurances which could not honestly be provided.

In retrospect, there were probably a number of encouraging comments which could have been made. For example, Iraqis might have been reassured that any disruption of their lives or that of their relatives would most likely be short-term in character. Furthermore, it could have been pointed out the seizure of property belonging to American citizens would likely be more difficult in the last decade of the Twentieth Century than in the 1940s. Staff members were ill equipped to provide an objective, detached view, however, because of their own emotional involvement and the uncertainty of the situation.

Instrumental assistance to the respondents can be analyzed in two dimensions. First, there was little the staff could do to assist respondents in dealing directly with the problem of the War. No realistic proposals could be made that would impact directly on the War or the status of Iraqis in the U. S. Even in retrospect, there do not appear to be any actions which could have been proposed in this area.

On the other hand, one fortuitous consequence of the research itself provided a type of instrumental support to the respondents. Focusing on the needs of elderly members of the community, the research project helped respondents turn their attention from the overwhelming distress of the War to more manageable issues.

A final area of concern for Chaldeans related to their annoyance at being called Arabs. This concern was characteristic largely of the older immigrants and American-born, who defined themselves as Chaldeans and were largely unprepared for the hostility they encountered. Having never identified with either Iraq or the Arabic population, they found it difficult to understand why they were now associated with these groups.

These people needed assistance on both expressive and instrumental levels. On an expressive level, they needed to verbalize their feelings about the identification with the Arab World. They needed help in understanding why they

received constant queries from neighbors, co-workers, or even official agencies as to their associations in Iraq and their ties to the Iraqi government. And they needed to deal with the painful reality that their loyalty to the U. S. was questioned. For the most part, they were unable to discuss these issues with their normal resources because most of their relatives and friends were as confused by the alliance as themselves.

On an instrumental level, Chaldeans needed information to deal with questions about Iraq and the Arab World. Second and third generation Chaldeans were called upon to explain what an Arab was and what "their" (i.e., the Iraqi) government was up to. In some instances, these were second or third generation Chaldeans living outside the Detroit area; in their environments, they were the only "Arabs" anyone knew. Parents whose children previously had little interest in their background, suddenly were asked for information about Iraq and the Middle East to answer the many questions directed to them.

Staff members were probably least effective in handling the respondents' concerns about being identified as Arabs. Most staff members were also members of either the Chaldean or Arabic community, and the issue of Chaldean identity is a matter of great concern for both: not only do Chaldeans largely resist identification as Arabs, but most Arabs are equally sensitive to Chaldean rejection of the Arabic affiliation. Consequently, neither group can deal objectively with the dimensions of the issue. In the long term the Gulf War is likely to have a profound effect on this matter, since it suggested to many Chaldeans that their refusal to identify as Arabs may be useless, in the light of many Americans' tendency to categorize them as such.

To summarize, the project staff was able to provide some assistance to individual respondents in dealing with the difficulties associated with the Gulf War. They were most effective in one area of expressive aid, namely, providing respondents with the opportunity to vent their feelings about the War. They were less effective in providing reassurance, since most were themselves unsure of a positive outcome. They were unable to provide much instrumental assistance directly dealing with the War, but were able to help refocus respondents' attention on the more manageable concerns of the elderly in their own community. They were able to provide some assistance to community members in answering questions about Iraq and other Arabs. However, respondents' concerns regarding their identification as Arabs were a particularly difficult issue for staff to deal with, since most were also Arabs or Chaldeans, and too emotionally involved in the issue to be of much assistance.

Clinical Role of Project Staff Toward the Chaldeans as Community

In addition to the concerns of individual members of the community, there were a number of difficulties which faced the community as a whole. Chaldeans as a community had much to lose in the Gulf War. As a sizeable concentration of persons, they also had much to gain from collective action. In this regard, they could well have used professional assistance in organizing their efforts in a number of areas, including actions to alter U. S. government policy, assist relatives in Iraq, and defend their position in the U. S. In this area, project staff might have been able to provide some suggestions, since many staff members had long term associations with a variety of public and social agencies. Furthermore, many had ties to other Arabic speaking communities in the Detroit area and could have served as liaisons with other organizations which were experiencing similar problems and might be interested in coordinating their efforts.

However, as noted previously, Chaldean community leaders prefer to use their community's own internal resources for dealing with problems and have been largely uninterested in professional resources. The Gulf War was no exception. Community leaders provided numerous interviews to the press, founded an organization to establish communication and provide aid to persons in Iraq, and largely dealt with the crisis on their own. On one or two occasions the Project Director was called upon to speak to the press or other groups on behalf of the community; usually these were circumstances in which some community members felt they needed validation of their position from an outsider. But for the most part, Chaldeans sought no assistance with war related problems on a community level, and consequently, none was provided.

Difficulties of the Clinician/Researcher

The problems encountered in this project raise serious questions about the appropriate role of the social scientist. On the one hand, project staff members were trained to be objective collectors of data. Suddenly, they were thrust into roles for which they had little preparation. More significantly, they were expected to respond to questions to which there were no answers.

Perhaps the most serious problem arose from the fact that staff members, including those who were ostensibly outsiders, were not really "objective outsiders" who had come into the community simply to conduct a sample survey. Researchers who study ethnic communities tend to maintain a longer term, more personal relationship with their subjects. They also become considerably more knowledgeable about community members and their families (Aswad 1974).

Community members were aware that researchers knew information which could be used against them. Since personnel from local military installations had actually sought information about the Chaldean community from local researchers, it was clear that any information community members provided others put their security at risk.

The experience of the research staff raises a question about the desirability, or even the possibility, of purely objective social science. Without the staff's personal involvement in the concerns of the respondents, conduct of the research itself would have been futile. Without a sympathetic concern for the community's immediate problems, the enterprise would have been inhuman.

Conclusions and Recommendations

Clinical intervention may occur on either an individual or a collective level. In this project, the community proved relatively disinterested in assistance on a collective level. However, short-term individual counseling occurred in both an expressive and an instrumental sense. These point to the major ways in which clinical involvement of researchers may occur.

The experience of project staff provides an illustration of the clinical role which social researchers in a variety of settings may be called upon to discharge. The interviewing of persons in a community so closely affected by international hostilities is mercifully rare. Any number of projects, however, may call upon researchers to investigate issues of considerable sensitivity to the individuals involved. Members of other ethnic groups, recent immigrants in particular, are often sensitive to the manner in which information they provide may be used. They may fear their responses may lead to deportation, difficulties in obtaining citizenship, embarrassment to their community.

Studies of any number of social or individual adversities, such as family violence, death and grief, or substance abuse, may generate similar reactions, as respondents fear that their responses may worsen an already painful situation. Their management of these problems may be greatly aided by the provision of some type of assistance, however brief, by the research staff. Such assistance may take an expressive form, such as a sympathetic ear in the course of the interview, or more instrumental assistance such as referrals to local social agencies. Social researchers who assume such a clinical role toward respondents not only increase the probability that their research will come to a successful conclusion, but also provide a valuable service to their subjects in return for the assistance they provide.

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