Chapter X

Mental Health Counseling with Arab Americans

Christopher J. Ferguson

Arab Americans make up a sizeable and diverse minority population in the United States today. Despite the growth of this population within the United States, and the visibility of Arabic people in the international political scene, research and ethnic studies focused on Arab Americans remains remarkably sparse. This is exceptional, given the diversity of Arab American peoples, and relative lack of knowledge and high degree of misconceptions with which non-Arab Americans often view this group of people. Further, given the high profile Arab – Israeli conflict, and concomitant international terrorism promulgated by extremist Muslims of Arabic (and often non-Arabic) decent, the potential for prejudice against this group is high. The purpose of this chapter is to examine the history of Arabic peoples within the United States and to examine some of the special challenges they face as a result of the ongoing involvement of the United States in the broad Middle East conflict. In addition to providing a cultural description of Arab American people, suggestions are offered to therapists working with Arab American clients.

A History of Arabic Peoples:

Arabic peoples and the Islamic religion with which they are often closely linked both emerged on the international scene in the 7th century A.D (Hourani, 1992). Prior to this time, Arabic peoples largely consisted of nomadic tribes that were dominant within the Arabian Peninsula. Muhammad (or Mohammed) the Prophet introduced the people of the Arabian Peninsula to the Islamic religion in the early 600's A.D., setting off a religious and military struggle which culminated in the Battle of Badr in 624, A.D. where forces loyal to Muhammad defeated a larger "pagan" army from Mecca. Thus began the

spread of Islam, driven initially by Arabic peoples loyal to Muhammad and his successors in the region through a combination of military, political and social means. The death of Muhammad produced a schism within the Muslim faith over his succession. The majority of Muslims followed the Umayyad caliphate, lead initially by his father-in-law as the leader of the Muslim world, while a smaller group of Shi'a Muslims believed that the succession belonged to Muhammad's son-in-law and cousin, 'Ali. **This schism centered on whether subsequent leaders of Islam ought to be direct descendents of Muhammad, with followers of the father-in-law (the unrelated relative of Muhammad) eventually establishing the Sunnis, and followers of 'Ali (the direct relative of Muhammad) eventually establishing the Shi'a or Shiites.**

Religious fervor and expanding populations influenced the Arabic peoples to invade lands to the North and to the West. Struggling with the sagging power of the Christian Byzantine Empire (Norwich, 1998), the Arabic people spread throughout the Middle East and North Africa. The Islamic religion spread to other people in the Middle East and elsewhere, including the Berbers of North African, and the Persians. The close association of the Arabic people with the founding of Islam has arguably led to the mistaken use of the two terms, "Arab" and "Muslim" interchangeably. Muslims are followers of Islam. Islam has spread to encompass a wider range of peoples beyond those of Arabic descent. In fact, Arabs account for about 18% of all Muslims (Jackson, 1997). Further, approximately 10% of Arabic peoples are Christian or members of other faiths (Abudabbeh, 1996).

Control of the Arabic caliphates changed hands several times (see Hourani, 1992 for a complete discussion), with power extending as far as into Spain and central Russia.

Ultimately, control of the Middle East and North Africa fell to the Ottoman Turks who helped spread Islam into Eastern Europe by finally crushing the Byzantine Empire, and came to dominate the Arab people, as well as other groups in the region. The Ottoman Empire's hold on the region was ultimately broken after World War I, when as a defeated country, the Ottoman Empire was required to relinquish most of the region to England and France. Occupation of Arabic regions by colonial powers brought them into conflict with emerging Arab nationalism. Such conflict, for example, led to the recognition of the nation of Iraq in 1932, with the close support of its previous occupier, England. Fearing sustained economic and military commitment in ruling Iraq, England sought to establish a friendly but autonomous regime in that area, and did so by cobbling together a nation of diverse ethnic (Arabic, Kurdish, Persian) and religious (Sunni and Shi'a Muslim, Christian) groups. The emergence of autonomous Iraq served as a model for the development of nation states after World War II from regions occupied by colonial powers. Emphasis was placed on development of pro-Western autocracies, with little concern for the workability of such governments with often diverse religious and ethnic populations. Western nations have positioned themselves to support autocratic governments, a position that may have unwittingly placed Western governments in conflict with emerging desires for self rule among Arabic peoples. For example, among the Persian Muslim people, support of the Iranian Shah by Western governments may have led to resentment that fostered animosity between Western governments and Iran after the Pahlavi monarchy was overthrown in 1979 (Keddie, 2003). Echoes of this strain between autocratic government and Muslim peoples in Arabic countries can be felt in

nations such as Egypt and Saudi Arabia, where Arabic people feel disenfranchised by autocratic governments supported by the West (Cleveland, 1999).

During this time, the emergence of Arabic nationalism and struggles over the region of Palestine with the emerging nation of Israel, from 1948 to the present, has added to the tension between Arabic peoples and Western nations (Abudabbeh, 1996). Disenfranchisement of the majority of Arabic people by Western supported autocratic governments, as well as the continued irritant of the Palestinian issue have led to continued tensions between Western (particularly American) and Arabic peoples (Laqueur & Rubin, 2001). Recent developments including the election of the terrorism-linked Hamas movement to the Palestinian authority and sectarian violence in Iraq have increased American-Arab tensions despite pro-democracy developments in other nations such as Lebanon. This continued tension has resulted in the potential for misconceptions and prejudice for people on both sides of the conflict, prejudices which may have an impact on Arabic peoples living in the United States today.

Arabic Peoples in the United States.

Although researchers disagree whether Arabic peoples migrated to the United States in two (Abudabbeh, 1996) or three (Erickson & Al-Timimi, 2004) distinct waves, there is general agreement regarding the distinction between Arabic peoples arriving in the United States prior to and after the formation of the Israeli state in 1948. The first wave of Arabic immigrants came predominantly from modern Syria and Lebanon and settled primarily in the Northeast and Midwest (Abraham, 1995). This group was primarily Christian and assimilated rather easily into the culture of their adopted home.

This assimilation may have been aided by their shared religion with the predominant religion of their host nation, as well as a relative lack of "Arab identity" (Abudabbeh, 1996) due to conflict with Muslim majorities in their home countries.

The second wave of Arabic immigrants hailed from a wider array of Arabic countries, including Palestinian refugees from the 1948 partitioning of Israel (Abudabbeh, 1996). This second group was more likely to be comprised of individuals with college degrees, many of whom were leaving autocratic governments shored up by their newly adopted host nation. Individuals in this second group were more likely to be Muslim, and to have retained a sense of "Arab identity," which retained a focus on the Arab-Israeli conflicts and a rejection of secular Western norms. Thus, this second wave, to some extent, may have left their homelands due to a political situation for which their host nation appeared to be at least partially to blame. This second wave of immigrants, therefore, has not experienced the same degree of easy assimilation as the first.

Part of the difficulties in assimilation for Arab Americans into secular American culture may stem from a lack of shared worldviews, including religious perspectives. Arab Americans and Americans' discrepant worldviews and religion strain a tenuous sense of shared community and cultural identification. Solomon, Greenberg and Pyszczynski (2000), in a discussion of the literature on religions' role in alleviating anxiety over death, noted that a wealth of studies suggest that when individuals are reminded of mortality, their self-reported adherence to their own worldview and hostility toward other worldviews increases. Thus, in an atmosphere were Arabic peoples hold secular American society responsible for the continued power of the Israeli state as well as the ability of their own autocratic governments to hold sway in the Middle East, and

one in which non-Arabic Americans hold Arabic people responsible for the majority of global terrorism (Said, 1997) the potential for rapprochement is limited.

Two relatively recent events likely have only widened the gap between Arab Americans and their host nation. One was the 9/11 attacks launched primarily by Saudi Arabian extremists (National Commission on Terrorist Attacks upon the United States, 2004) which, despite the condemnation by American Muslim groups, served to heighten the American sense of being in conflict with Arabic and other Muslim extremists. The second event is the war in Iraq, directed by the Bush administration, which has been widely viewed as an unjust war against an Arabic people. These events, in combination, have arguably done little to narrow the ideological gap between Arabic and non-Arab Americans. If the theories of Solomon, Greenberg and Pyszczynski (2000) are correct, this mutual sense of being threatened is likely to result in greater mistrust between these two groups, and less opportunity for discourse and mutual agreement.

As a result of tensions stemming from conflict in the Middle East, Arabic peoples are often presented in a negative light in American media (Said, 1997, Suleiman, 1988). Erickson and Al-Timimi (2004) argue that these media portrayals of Arabic peoples result in stereotypes of Arab Americans. These include the stereotypes (Erickson & Al-Timimi, 2004) that:

1) All Arabs are supporters of anti-American terrorism.

2) Islam is a violent, fanatical, oppressive religion that supports world terrorism.

3) All Arab families conform along strict and oppressive gender roles in which wives are inferior and mistreated.

4) Arabs are rich due to their oil rich countries, and hostile to US interests.

5) Arabic culture is inferior to Western culture.

Erickson and Al-Timimi (2004) argue that, while denigration of people of other ethnic groups is discouraged in the United States, negative statements against Arabic peoples are still largely tolerated. Further, Americans may be unaware that their attitudes toward Arab people represent a prejudice (Suleiman, 1988). This prejudice and the toleration of this prejudice may fit with the terror management theories of Solomon, Greenberg and Pyszczynski (2000), and given the political stage which is increasingly pitting Western governments against radical Muslim extremists, it is perhaps not surprising that prejudice should be generalized toward other members of Arabic ethnicity, even among naturalized Arab Americans. Similar circumstances accompanied the treatment of Japanese Americans after the Pearl Harbor attacks in World War II (Daniels, 1993).

The remainder of this chapter will attempt to address these prejudices against Arab Americans by examining research in regards to Arab American, family, religious and political life. A discussion of therapy considerations that may be pertinent for therapists working with Arab American clients also is provided.

Arab American families:

The belief, common among non-Arab Americans, that Arabic families are oppressive and dominated by violent fathers who mistreat their wives and children, has been documented in numerous sources (e.g. Suleiman, 1988, Al-Mughni, 1993). This is probably not unexpected given the struggle to fit traditional Islam with expanding women's rights throughout the Muslim world (Al-Mughni, 1993). Despite theological

interpretations of the Qu'ran that argue for equality between the sexes (e.g. Engineer, 2004) the issue of sexual equality remains contentious. Accounts of honor killings and other acts of violent oppression against women (Goodwin, 2002) in Muslim countries fuel the image of Muslim and Arabic men as hostile and violent toward women (although other women assist in many of these incidents).

Indeed, in Arabic families, men typically are considered the titular head of the household. However, women normally wield a great deal of influence over decisions important to the family. Contrary to direct styles of confrontation and assertiveness favored by mainstream American culture, Arabic women often use more indirect means of communication and influence, which may make them appear more passive to Western observers (Abudabbeh & Nydell, 1993; Jackson, 1997). As is true in other cultures, the exact nature of a women's power in the family may vary widely between families, as well as according to the cultural traditions of specific regions and nations. As an example of how cultural traditions may be misinterpreted as a sign of oppression, traditional cultural head and/or face coverings are often considered to be indicative of male oppression, although many women consider these adornments a sign of religious or cultural pride and devotion and have no wish to remove them (Erickson & Al-Timimi, 2004).

Family is centrally important to the life of many Arab Americans, and the well-being of the family unit is considered to be of primary importance (Abudabbeh & Nydell, 1993). Family honor is often a large motivator for each individual within the family system, and each family member is expected to exhibit behaviors which reflect well on the family. The family thus retains powerful influence over individuals, beyond what generally is common for many American families. Family commitments are expected to

take precedence over personal or career commitments (Abudabbeh & Nydell), and both parents may retain a great degree of decision making control over even adult children. When Arab Americans are required to travel for extended periods away from their family, this often produces intense feelings of loneliness and disconnectedness for these individuals. Some Arab Americans who were born within the United States do reject the cultural values and expectations of their parents, sometimes leading to intergenerational strife (Abudabbeh, 1996), particularly among parents who had expected to assert authoritarian control over their children's lives.

In traditional Arab American families, marriages may still be arranged affairs (Abraham, 1995), although Muslim women have the right to refuse a prospective marriage partner. These arranged marriages are often practical, matching family background, education, and social status, with comparatively little consideration for love or previous relationship between the parties to be married (Abudabbeh, 1996). Given that co-mingling of the sexes is often restricted (Erickson & Al-Timimi, 2004), arranged marriages may be the easiest way to find a life partner, although as young Arab Americans mingle with the traditional American culture, their reliance on arranged marriages may dwindle, and their resistance to them may grow.

Religion

Islam is the single most prevalent religion among Arab Americans, with Christianity comprising a distant second. As most Christian Arab Americans belong to an earlier migratory group that has fairly well assimilated into mainstream American

culture (Abuddabeh, 1996), this section will focus exclusively on Arab Americans who are of Muslim faith.

There is a tendency within the United States to equate the use of "Arab" and "Muslim" as synonymous (Suleiman, 1988), although the majority of Muslims worldwide are not Arabs, and a sizeable minority of Arabic peoples are not Muslims. Furthermore, although Islamic belief systems differ widely with respect to their conservatism and/or level of devotion, many Americans equate Arab Muslims with extremists (Erickson & Al-Timimi, 2004). Despite the influence of Wahhabi extremism in Saudi Arabia (Delong-Bas, 2004) and Shi'a extremism from Iran (a Persian, not Arabic majority country), the majority of Arab Americans do not subscribe to extreme versions of Islam and feel misrepresented by the U.S. media for implications that all of Islam is as extreme as Wahhabi (which advocates violence toward Muslims and non-Muslims alike in support of the establishment of fanatical Islamic regimes).

Among devout Arab American Muslims, religion may be an integral and central part of their identity (Abudabbeh, 1996). Ethical and compassionate behavior toward others and behavior that benefits the well-being of others are part of the central teachings of Islam (Abudabbeh, 1996). The use of the term *jihad* is somewhat debated, as to whether it applies to an inner struggle against immoral influences and desires (an internal "holy war" or whether it is intended as an aggressive call to arms against non-Muslims or Muslim heretics. It is this meaning for *jihad*, the word that has been subverted by groups of Islamic radicals and terrorist groups, that directs all Muslims toward physical, emotional and spiritual behaviors that are meant to be for the benefit of all (Abudabbeh,

1996). There are five basic obligations or "Pillars of Islam" that all Muslims are required to observe. These are:

1) Oral expression of belief in one God (Allah), with Muhammad (or Mohammed) as his prophet

2) Ritual prayers practiced five times each day.

3) Giving of alms to those in need.

4) Keeping the fast of no liquid or food from sunrise to sunset during the month of Ramadan

5) A holy pilgrimage to Mecca at least once during the lifetime.

Like many other religious tracts, the Qu'ran provides guidelines for behavior that are open to subjective interpretation. Potentially, it is this subjectivity that allows for extremist interpretations of the Qu'ran that fuel fanatical Islamic sects such as Wahhabi and American misunderstanding of the greater Islamic religion.

Political Life:

Despite the actions of Arabic Al-Qaeda terrorists prior to and during the September 11th attacks in the United States, whereby Saudi Arabian and other Arab nationals masqueraded as legitimate visitors or immigrants to the United States (National Commission on Terrorist Attacks upon the United States, 2004), the vast majority of Arabic peoples who migrate to the United States are sincere in their desire to find a better life here than the one they left behind. Nonetheless, the 9/11 attacks have presented unique political challenges to this population of immigrating peoples that have not been experienced since the internment of Japanese Americans during World War II.

Although many Arab Americans view themselves as politically conservative (Erickson & Al-Timimi, 2004), they find themselves increasingly at odds with a nation that politically, they perceive to be hostile to the cause of their people in the Middle East. Through a combination of partisanship toward Israel in the Palestinian crisis (although many Arabic peoples themselves may be quite partisan on this issue), and support for autocratic regimes in the Middle East, the United States may appear to Arab Americans to be perplexingly hostile toward their people for a nation that purports to represent democratic ideals.

The desire of Americans to export an American-styled democracy to other regions, coupled with the reliance of the United States and its allies on Middle Eastern oil, places the United States in a thorny political position. Fearing the development of Islamic regimes such as that in Iran, the United States appears forced into the position of shoring up faltering autocracies. Ironically, this places the United States in a situation of working against democracy (by supporting autocratic dictators) rather than for it. To the extent that the United States wishes to develop emerging democracies, it specifically wishes these democracies to be pro-Western. The United States then is stuck in a feedback loop of supporting autocracies that oppress Arabic people, which causes anger among many people of middle eastern origins, which further forces the United States to provide more support to the autocracies rather than allow the region to slip under the control of governments that would not look favorably on the United States. However, it is possible that the fundamentalist Islamic governments that may very well replace pro-Western autocracies in Arab nations, may themselves face calls for democratic reform

from within their own populace after a generation of self-rule, much as is occurring in modern Persian Iran (Keddie, 2003).

The effect of the 9/11 attacks on relations between Arab and non-Arab Americans remains largely unquantified. The American Arab Anti-Discrimination Committee (ADC) maintains warnings on their web-site for Arab Americans to be wary of potential discrimination, and to know their legal rights should they experience mistreatment. Similarly, the ADC has documented hundreds of cases of aggression and discrimination directed at Arab Americans following the 9/11 attacks (Arab Anti-Discrimination Committee, 2002). Unfortunately, as no pre 9/11 data is available, it is unclear if these numbers represent an increase or a continuance of a previous level of discrimination and ethnic tension. Despite enacting legislation, such as the PATRIOT Act that may potentially infringe on the rights of Arab Americans and other ethnic groups (including Whites), the government has made repeated condemnations of ethnic discrimination of Arab Americans.

Arguably, the United States has taken a more even approach to integrating Muslim Americans during a time of conflict than it did with Japanese Americans during World War II. Nonetheless, the assimilation of Arab Americans, particularly those of Muslim faith, appears to remain linked to the greater tension between Americans and Arabic and Muslim peoples worldwide. Arab Americans are caught in the middle of this conflict, with loyalties both to a new country that generally has welcomed them, and to families and loved ones in the Middle East who remain oppressed, often with the tacit support of the United States. Arab Americans will gradually assimilate to American culture as most ethnic groups do, while governments of Arabic countries in the Middle

East will evolve naturally, although American financial and military support of current regimes may both prolong and embitter this process.

Counseling Issues to Consider with Arab American Clients

Erickson and Al-Timimi (2004) have indicated that Arab Americans generally are reluctant to seek therapy because they are skeptic about mental health services. A part of this skepticism is based on their lack of understanding of the potential value of therapy, and part of the skepticism is related to some of their culture's discrepant views with those of mainstream, America. Within the Arabic world itself, mental health services remain sparse and most Arabic people prefer to turn to religion to deal with stressful events (Al-Krenawi, 2006). Some of Arab Americans' views about mainstream, American culture include: (a) raising children to be independent and self-sufficient is "cold" and uncaring; (b) pervasive intermixing of the genders leads to immorality; (c) children's lack of respect for parents and grandparents weakens the family; and (d) materialism ought not to be valued more than spirituality and caring for others (Abudabbeh, 1996; Hedayat-Diba, 2000). Also, many Arab Americans are aware that modern psychotherapy is a western endeavor (Dwairy & Van Sickle, 1996). Psychotherapy's goals of self-awareness, individuation, and self-actualization seem to conflict with Arab American values, which typically stress the importance of interdependency among family members.

A recent study of mental health utility among Arabic people living in Australia (Youssef & Deane, 2006) revealed that negative images of mental health services were common among Arabic people. Respondents indicated concerns that acknowledging

mental illness could have a negative impact on cultural institutions such as marriage, and also expressed concerns regarding confidentiality and trust. Thus it is clear that Arabic people remain skeptical about the degree to which "Western" mental health services could be helpful to them, and preferred to turn to religious leaders.

Hall and Livingston (2006) note the importance of spirituality and Islam for many traditional Arabic people. The authors caution that therapists' failure to acknowledge the importance of Islam to the belief system of Arabic clients may be detrimental to the therapeutic relationship. Therapists are cautioned against injecting secular Western values on spiritual Arabic clients. This may be a particular challenge for those therapists whose personal views are secular or even suspicious of religion in general and Islam specifically.

Moreover, according to some (e.g., Dwairy & Van Sickle, 1996; Gorkin, Masalha, & Yatziv, 1985; Jackson, 1997), many Arab Americans are not "psychologically minded" relative to non-Arab Americans. The Arab language contains few words related to psychological concepts. Consequently, Arab Americans seeking counseling may have misguided notions about what to expect from therapy. They may have high expectations for a quick and possibly simple solution to their problems, and passively wait for directives from the therapist, whom they perceive as the "expert." Many may be reticent and even conceal their true feelings out of custom to be socially agreeable with others. To make a challenging situation more difficult, Abudabbeh and Nydell (1993) suggest that the importance Westerners place on objectivity and rationality is not shared by many Arabs and Arab Americans. Rational approaches to solving problems may not appeal to Arab American clients as much as "intuitive" approaches to problem-solving.

All considered, Arab Americans who are most likely to seek psychotherapy are individuals who are better educated and more acculturated toward Western norms, or individuals who are highly distressed and likely experiencing a trauma or crisis. Therapists will have to evaluate Arab American clients' level of acculturation and modify their style and intervention accordingly.

The Case of Ra-idah

Ra-idah, a 44-year-old woman of Jordanian descent, is referred to a therapist on advice of a non-Arabic neighbor. During the initial therapy session, Ra-idah reports feeling dissatisfied with her life and role in her family. She reports being married with two children, sons aged 24 and 22. Although she has a bachelor's degree from a Jordanian university, she reports being a "full-time mother" for most of her adult life. Her children are now grown and supporting themselves and her role as mother is appearing less relevant to her.

Ra-idah expressed that she would like to try to use her bachelor's degree and work at an American company. She is concerned about this life adjustment, but reports feeling more anxious over how such a move would affect her relationship with her husband. She reports that her husband is not supportive of her returning to work and becomes angry whenever she has broached the topic. Ra-idah does not report any other conflict in the marriage and reports being otherwise happy with her home life. She denies any history of family violence.

Ra-idah would like some thoughts and advice on how to approach this life event and how to convince her husband that this move would be a positive one for both of them.

The therapist inquired of Ra-idah how she would typically bring up the issue of working with her husband.

"I found an advertisement in the newspaper," Ra-idah said, "one that would have been perfect for my educational background. I showed this to my husband and asked what he thought of it."

"And what did he say to you," asked the therapist.

"I could see that he became angry quite quickly. He said that I must be unhappy with how he provides for us to consider working outside of the home. He cannot understand how bored I am, now that the children are moved away."

"So he is upset about your working because he feels that it reflects badly on him?"

Herein the therapist could discuss with Ra-idah how to communicate her desire to work with her husband in a manner that does not put her husband on the defensive. This may, indeed, be somewhat tricky, particularly as the subject has been broached unsuccessfully already, and assuming that he is not agreeable to therapy himself. One tact, however, may be to begin by offering praise for the husband's years of hard work, and for how he provides well for the family. This may help to offset any defensiveness that he may feel about her desire to work being an insult to his ability to provide. She may also wish to begin discussing her own boredom since the children have moved away, and use a discussion of her motivation to begin talking about employment.

The therapist would like to encourage her to engage in some problem solving in regards to how to start this conversation, "So what do you think you could say to your husband to get the conversation going without putting him on the defensive."

Ra-idah thinks for a moment, "Well I could probably start by thanking him for all the support that he has given his family over the years, all of the hard work that he has done. I could tell him how proud I am of him, and how proud his children of him for all of his hard work and all that he has given us."

"How do you think that he would respond to that?"

"I think that would go along way to making him feel as if his masculinity is not being challenged, that he has provided for us in the manner he feels that he should have. I hope that, once he is assured that I don't want to work because of financial issues, perhaps he will be more open to listening to my actual reasons for wishing to work."

Of course Ra-idah can not control her husband's reaction, but she can try to approach the conflict from multiple angles, in effect engaging in concrete problem solving. In essence Ra-idah has to find a way to communicate with her husband that is not culturally threatening to him. In American culture, perhaps Ra-idah could have addressed the issue of her working, yet in Arabic families, in which husbands may feel that the "breadwinner" role is theirs as an obligation to their families, some care in addressing the issue may be necessary. Understanding and addressing the root cause of her husband's objections to her working may help them both come to a compromise position.

Case Conceptualization and Intervention

In the case of Ra-idah, the client has come to therapy with respect to a conflict between herself and her husband regarding her desire to work outside the home now that their children are grown. Her husband likely sees this desire as a threat to his position as family breadwinner, success at which is a matter of honor for him. Ideally they both would have come to therapy, but this may not always be the case in reality. In this situation, the therapist was able to help Ra-idah explore reasons why her husband may object to her desire to work outside of the home, and problem solve some potential ways to discuss this conflict with her husband while not threatening his sense of masculinity and honor. In this case the therapist may also with to role-play the discussion between Ra-idah and her husband, prior to her attempting it in real life, with the therapist initially playing Ra-idah, and she her husband, switching places one the therapist has modeled some suggestions for broaching the topic.

It should be noted that the possibility remains that he husband may remain opposed to her working outside of the family. Ra-idah may then be faced with some difficult choices. Once again the therapist will need to take care not to impose his or her own values into the decision making process, and rather help Ra-idah weigh her options and ultimately choose the best one for her.

Some possible pit-falls in this case for non-Arabic therapists:

1) This case presents a number of temptations to inject Western values on Ra-idah. Her attempts to become self-sufficient are likely to ring true for Western therapists, although it also seems evident she is trying to make this change in a way that is mutually satisfying for herself and her husband. It is possible that a

non-Arabic therapist may be offended by Ra-idah's husband's lack of support for her goals, and may attribute such behavior to a misogynistic unloving husband. However, what may underlie her husband's stance is a concern for his own prestige within the Arabic community, rather than a disregard for his wife's happiness. His wife's employment may be interpreted as his own inability to provide for them both financially. In this case presentation above, the therapist avoided this pitfall but encouraging Ra-idah to hypothesize on the motivations for her husband's objections and problem solve ways for mollifying her husband's concerns.

2) Non-Arabic therapists may encourage Ra-idah to be confrontational and to set limits with her husband, in effect, encouraging her to be more assertive than either she or her culture may be comfortable with. In this case, the therapist instead encouraged her to take a positive tact with her husband, praising him for his hard work and family contributions rather than putting him on the defensive. The therapist may or may not share his cultural values, but challenging them directly will likely put the husband on the defensive and fail to resolve the conflict.

3) Although it would be desirable to involve Ra-idah's husband in discussions, this may prove difficult, particularly if he views therapy as an admission of weakness or mental illness. Efforts to involve her husband would likely need to be extended diplomatically and non-judgmentally. Resistance on his part (or even hers) should not necessarily be interpreted as unwillingness to solve their marital issues.

4) Ra-idah denied more significant problems in the marriage and reported generally

being satisfied. However, a therapist with negative prejudices against Arabic

families may disregard her statements and conclude that more serious problems

underlie her concerns about returning to work. In this case the therapist did not

attempt to make a bigger issue out of   Ra-idah's concerns, and simply attempted

to help resolve the conflict as presented. It may be tempting to assume that the

husband's intransigence is due to a character flaw on his part, but presenting this

to Ra-idah may actually put her on the defensive (and cause her to worry that she

has inadvertently insulted her husband) and damage client-therapist rapport.

General Clinical Recommendations

The following recommendations are taken from Erickson and Al-Timimi (2004)

and may potentially help therapists who provide services to Arab American clients. As

with all recommendations, therapists must use sound judgment in determining the

applicability of any of the recommendations with each client individually.

1) In light of Arab Americans' possible misunderstanding of the nature of

therapy, including potential concerns they may have over having their values

or worldviews disrespected by therapists, therapist ought to carefully explain

what can be expected from therapy. Equally important is providing them with

an orientation to nature of the therapist—client relationship. Arab American

clients may need to be informed that clients generally are expected to accept

some responsibility for: (a) gaining an understanding of the nature of their

concerns or problems; (b) generating possible solutions to their problems; and

(c) selecting and implementing a choice of action for confronting challenges and ameliorating their distress. Regarding demonstrating respect for Arab American clients' cultural values, each therapist—in his or her own way—will need to sincerely convey their interest in learning about Arab American culture and values and their respect and comfort with diverse values and worldviews.

2) Because of the reasons discussed earlier, many Arab Americans likely would respond best to a therapist with a directive style, offering—at least early in the course of therapy—fairly concrete advice for specific concerns. A client-centered approach may facilitate gaining clients' trust and facilitate rapport. Among the conventional approaches to psychotherapy, the cognitive-behavioral approach may be the most effective.

3) Therapists may find it helpful to involve the family with any form of treatment, even if indirectly. Many Arab Americans feel a strong sense of allegiance toward their family and any aspect of therapy that is perceived as a threat to their family's integrity or honor would jeopardize treatment. Encouraging Arab American clients to confront family members who may have transgressed against them—while possibly having cathartic benefits for mainstream American clients—likely would have deleterious effects with Arab American clients. Further, Arab American clients who present for therapy likely have sought counseling with their family's consent, albeit reluctantly. Therapists should demonstrate their respect for the family's cultural values and religious beliefs and communicate to clients that the

purpose of therapy is not to undermine their family's authority (Abudabbeh, 1996)

4) Therapists should operate within the cultural context of Arab American clients to the greatest extent possible. A therapist treating an Arab American client would be amiss not to openly discuss cultural differences between the counselor and the client regarding attitudes and customs. Gender differences should be addressed as well, particularly because many Arab Americans may have some discomfort with a therapist of the opposite gender (Erickson & Al-Timimi, 2004). Behavioral phenomena deemed pathological in mainstream America (e.g., "enmeshed" relationships, double standards of behavior for men and women, discouragement of autonomy among children, etc.) may not be problematic among Arab Americans. Goals central to conventional therapy such as increasing assertiveness, self-affirmation, and independence may be antithetical to traditional Arab American values and thus would be counterproductive. After therapists have successfully helped clients clarify and identify their problems, therapists should support the clients' own efforts to actively identify possible solutions while exploring the pros and cons of each prospective solution.   Also, given the importance of religion to many Arab Americans, therapists would have more credibility with religious Arab American clients if they acknowledge spirituality and reassure them that therapy will not undermine their religious beliefs.

5) If therapists live or work near communities with sizeable Arab American residents, it may be helpful to make use of outreach opportunities. Reaching

out to Arab American communities may serve multiple purposes. It provides one avenue by which therapists may inform the community about the nature and potential merits of counseling. If pursued, therapists ought to emphasize how therapy may help families who are struggling with challenges or problems that adversely affect their family's well-being. Also, outreach activities can demonstrate to Arab Americans therapists' respect and interest in Arab American culture and welfare. Further, participating in outreach activities provide therapists an opportunity to learn more about Arab American culture, values, and customs.

6) It is critical for therapists to monitor their effectiveness with Arab American clients. Therapists should solicit feedback from clients on the status of the sessions, including asking them for suggestions on how to be more helpful to them. Erickson and Al-Timimi (2004) recommend that therapists probe clients carefully about their progress in therapy because Arab American clients may be reluctant to offer criticism. Therapists may need to seek consultation with others more familiar with Arab American culture for the duration of therapy. Last, if either the therapist or the client concludes that unsatisfactory progress is being made in therapy, plans for a referral should be discussed openly with the client's input.

References

Abraham, N. (1995). Arab Americans. In R. Vecoli, J. Galens, A. Sheets, and V.

Young, (Eds.), *Gale Encyclopedia of Multicultural American* (vol. 1, pp. 84-98).

New York, NY: Gale Research Inc.

Abudabbeh, N. (1996). Arab Families. In M. McGoldrick, J. Giordano, and J. Pearce,

(Eds.), *Ethnicity and Family History* (pp. 333-346). London: Guilford Press.

Abudabbeh, N., & Nydell, M. (1993). Transcultural counseling and Arab Americans. In

J. McFadden, (Ed.), *Transcultural Counseling: Bilateral and International*

Perspectives, (pp. 261-284). Alexandria, VA: American Counseling Association.

Al-Krenawi, A. (2006). Mental health practice in Arabic countries. *Current Opinion in*

Psychiatry, 18, 560-564.

Al-Mughni, H. (1993). *Women in Kuwait: The politics of gender.* London: Saqi Books.

American Arab Anti-Discrimination Committee, (2002). *ADC fact sheet: The condition*

of Arab Americans post 9/11. [On-line]. Retrieved August 21, 2004, from

www.adc.org.

Cleveland, W. (1999). *A History of the modern Middle East.* Boulder, CO: Westview

Press.

Daniels, R. (1993). *Prisoners without trial: Japanese Americans in World War II.* New

York, NY: Hill and Wang.

Delong-Bas, N. (2004). *Wahhabi Islam: From revival and reform to global jihad.*

Oxford: Oxford University Press.

Dwairy, M, & Van Sickle, T. (1996). Western psychotherapy in traditional Arabic

societies. *Clinical Psychology Review, 16,* 231-249.

Engineer, A. (2004). *The Rights of women in Islam.* Annapolis, MD: New Dawn

　　Publishing.

Erickson, C., & Al-Timimi, N. (2004). Counseling and psychotherapy with Arab

　　American clients. In T. Smith, (Ed.), *Practicing Multiculturalism: Affirming*

　　Diversity in Counseling and Psychology. Boston, MA: Pearson.

Goodwin, J. (2002). *Price of honor: Muslim women lift the veil of silence on the Islamic*

　　world. London: Plume Books.

Gorkin, M., Masalha, S., & Yatziv, G. (1985). Psychotherapy of Israeli-Arab patients:

　　Some cultural considerations. *The Journal of Psychoanalytic Anthropology, 8,*

　　215-230.

Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-

　　esteem and cultural world-views: Empirical assessments and conceptual

　　refinements. *Advances in Experimental Social Psychology, 29,* 61-139.

Hall, R., & Livingston, J. (2006). Mental health practice with Arab families: The

　　implications of spirituality vis-a-vis Islam. *American Journal of Family Therapy,*

　　34, 139-150.

Hedayat-Diba, Z. (2000). Psychotherapy with Muslims. In P. S. Richards & A. Bergin

　　(Eds.), *Handbook of psychotherapy and religious diversity* (pp. 289-314).

　　Washington, DC: American Psychological Association.

Hournani, A. (1992). *A History of the Arab peoples.* New York, NY: Warner Books.

Jackson, M. (1997). Counseling Arab Americans. In Courtland Lee (Ed.), *Multicultural*

　　Issues in Counseling: New Approaches to Diversity, (pp. 333-349). Alexandria,

　　VA: American Counseling Association.

Keddie, N. (2003). *Modern Iran: Roots and results of revolution.* New Haven, CT:

Yale University Press.

Laqueur, W., & Rubin, B. (2001). *The Israel-Arabic reader: A documentary history of

the Middle East conflict.* New York, NY: Penguin Books.

National Commission on Terrorist Attacks upon the United States. (2004). *The 9/11

Commission Report: Final Report of the National Commission on Terrorist

Attacks upon the United States.* Washington, DC: US Government Printing

Office.

Norwich, J. (1998). *A Short history of Byzantium.* New York, NY: Vintage Books.

Said, E. (1997). *Covering Islam.* New York, NY: Pantheon Books.

Solomon, S., Greenberg, J., & Pyszczynski, T. (2000). Pride and prejudice: Fear of death

and social behavior. *Current Directions in Psychological Science, 9(6),* 200-204.

Suleiman, M. (1988). *Arabs in the mind of America.* Brattleboro, VT: Amana Books.

Youssef, J., & Deane, F. (2006). Factors influencing mental-health help-seeking in

Arabic-Speaking communities in Sydney Australia. *Mental Health, Religion and

Culture, 9,* 43-66.

Review Questions

1) Which two relatively recent events likely have contributed to greater mistrust between Americans and those of Arab ancestry?

2) What common negative stereotypes exist in American culture about Arab people? What do stereotypes typically lead to?

3) What is the significance of family for many Arab Americans? What is the origin of some of the intergenerational conflicts?

4) What role does religion play in the lives of many Arab Americans? What are the five basic obligations that all Muslims are required to observe?

5) What is the conflict that many Arab Americans may have about their host country, the United States, with respect to the U.S. Government's relationship with many middle-eastern countries? What array of attitudes and feelings might this conflict generate among individual Arab Americans?

6) Why are many Arab Americans skeptic about modern psychotherapy? What are some of the views many Arab Americans have about mainstream American culture?

7) What might therapists need to do to foster a successful therapy experience for Arab American clients?

8) In what ways should therapists take into consideration Arab Americans' families in the course of therapy? Why is that important?

9) Provide some examples of how therapists can conduct therapy in a manner consistent with Arab American culture? What are some issues that probably ought to be addressed with Arab American clients?

10) What benefits might be derived by participating in outreach opportunities in Arab

   American communities?