Counseling and Psychotherapy with Arabs and Muslims: A Culturally sensitive approach

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▪ **Preface**

The reader of this book will find within it ideas and models based on my 25 years of experience in clinical, educational, developmental, and medical psychology among Arab/Muslims, Jews, and Americans, but mainly among Palestinian-Arabs. I studied for my master's degree in clinical psychology at Haifa University in Israel, during which time I received some practical training at Jewish psychological centers in Israel. Thus, both my theoretical study and practical training were based on the Western-oriented theories of psychology. Immediately after graduation I opened the first psychological center in my city, Nazareth, which is the largest Palestinian-Arab city in Israel.

The main experience I remember from my first year of work in Nazareth is that my clients seemed to be different from those described in the context of psychological theories. They reacted differently to my diagnostic and therapeutic interventions. They tended to focus on their external circumstances and were unable to address internal and personal issues. Terms such as self, self-actualization, ego, and personal feelings were alien to them. They emphasized duty, the expectations of others, the approval of others, and family issues. In conversation with my clients, the task of distinguishing between the client's personal needs, opinions, or attitudes and those of the family was almost impossible. This experience was very disappointing and threatening to a new and enthusiastic psychologist who believed that the psychology he had learned was universal and should therefore work equally well among Palestinian-Arabs as among any other people. Based on the premise of "If I did it, they can do it", during the first years in Nazareth I tried to fit the clients to the "Western oriented psychology", using a variety of educational community projects to mold them. Only after several years did I realize that it was I who should be fitting my theories to the community. Since then I have been trying to adjust Western theories to fit our social and cultural reality.

My writings are therefore not of one whose orientation is solely Western and who looks at and judges the Arabic culture only from a Western perspective. Rather, they are based both on my personal experience with the Arabic culture in which I was raised and which I have studied for many years, and on my formal learning and professional training in Western psychology. I have tried to discover where Western approaches to psychology do or do not fit the Arab/Muslim culture and how counselors may employ the Arab/Muslim values, customs, and norms in counseling and therapy. This book does not address traditional Arabic and Muslim healing practices that are common in these societies.

In this book I extend the scope and deepen and enrich some of the ideas presented in my previous book "Cross-cultural counseling: The Arab-Palestinian case", published in 1998. I extend the Palestinian case and present a more coherent conceptualization of the personality of all Arab/Muslims, and intervention therapy among them. In the first part of the present book the history, demographics, and culture of Arabs and Muslims in the world and in the USA are introduced. In the second part a culturally sensitive revision is made of the theories of development, personality, assessment, psychopathology, counseling and psychotherapy. My spouse, Khawla Abu Baker, who is a family therapist and an expert on Arab and Muslim women's issues, has contributed two chapters, sharing with the readers her valuable experience among Arab/Muslim families in the USA, Palestine, and Israel.

While this book highlights some basic psycho-cultural features of Arabs and Muslims, I would like to draw the reader's attention to avoid two main biases that Hare-Mustin and Marecek (1988) discuss concerning gender differences: alpha and beta

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biases. If I borrow these biases and apply them to cultural differences, then alpha bias indicates the exaggeration of differences existing between cultures. The existence of psycho-cultural features among one culture does not exclude these features in some way or degree from another culture and does not deny many shared universal features. Cultural features are always relative and not absolute, and therefore if we claim that Arab/Muslims live in a collective/authoritarian culture, this does not mean that no other nation shares the same culture in one way or another. On the other hand, beta bias involves a denial of the differences that do exist between cultures. This bias may be called "color blindness" toward cultures, its proponents claiming that all people are the same. When we compare cultures, we need to remember that similarities should not make us blind to diversity, and vice versa. In addition, it is suggested that readers also avoid a third bias, which is generalization within the culture, and avoid looking at cultures from a stereotypic perspective, while denying individual differences and variations within the same culture.

The September 11 attacks have distorted the real image of Arab and Muslim cultures. Since then, Arab and Muslim citizens in the West have become victims of misunderstanding or accusations. I hope this book will enable the Western reader to know these people and will contribute both to the development of cultural sensitivity among practitioners who work with Arabs and Muslims and to the world effort to develop cross-cultural psychology.

Marwan Dwairy

▪ Part I: The Psycho-Cultural Heritage

This part introduces Arab/Muslim history and culture to Western practitioners. The main notion described here is the collective and authoritarian features of Arab/Muslim societal behavioral norms. Readers will notice in the coming chapters that, for Arab/Muslims, history is not only a matter of a past background and heritage, but also a significant component of their daily experience in the present. Culture is also not only a collective matter but also an inseparable component of the individual's self.

The presence of history and culture in the lives of Arab/Muslim immigrants in the West is very noticeable. These components become distinct and influential when immigrants are exposed to the different culture. Practitioners who are aware of these components are better able to understand their clients and the contribution of the Arab/Muslim history and culture to their behavior, emotions, and attitudes. Chapter 3 is allocated to giving a more precise description of the Arab/Muslim immigrant. These immigrants lead their lives against two cultural backgrounds: the Arab/Muslim one that is described in this part of the book, and the Western individualistic one. The amount of influence exerted by either culture may vary from one client to another, depending on the client's level of acculturation and assimilation into Western life. Simply put, some clients are more "Arab/Muslim" while others are more "Western." This book may help clinicians understand the Arab/Muslim portion of the client's personality.

Clinicians who work with Arab/Muslim immigrants may wonder whether the psycho-cultural characteristics described in this book refer more to Arab/Muslims in the U.S. or to those in Arab/Muslim countries. Regardless of the client's residency, clinicians need first to evaluate the level of acculturation and to evaluate to what extent client is an "Arab/Muslim" or a "Westerner." Based on this evaluation, clinicians can fit their attitudes and interventions regardless of the clients' residency.

▪ Part II : The Psycho-Social Development and Personality in Collective Society

How do the collective/authoritarian culture and exposure to Western cultural influence the psycho-social development, personality, and psychopathology of Arab/Muslims? Reading this part, Western practitioners will begin to realize that some of the well-established notions incoporated in theories of development and personality need to be revised in order to understand Arab/Muslim immigrants and avoid pathologization of their emotions, attitudes, and behavior. Independence of the self and the distinctions between mind and body and between the individual and the family are some of the major notions that need to be reconsidered when working with Arab/Muslims.

These cross-cultural differences render a culturally-sensitive approach to assessment and diagnosis essential, and therefore new assessment instruments need to be developed for the major factors (such as level of individuation), which have to be assessed. The clinical picture of some psychological disorders are different from those known in the West, and therefore the criteria of normality and pathology need to be re-determined to fit the Arab/Muslim norms.

▪ Part III: Working with Arab and Muslim Clients in the U.S. and Abroad

Based on the cross-cultural differences in personality and psychopathology, psychotherapeutic strategies and techniques should be revised when working with Arab/Muslim clients. Psychotherapy and counseling that aim to help the client to fulfill himself or to "make what is unconscious conscious" may not fit Arab/Muslim clients whose personality is collective not individual. Some times these strategies may be counterproductive and work against the good of the client.

Interventions that restore order in the family, rather than order in the self are recommended for Arab/Muslim immigrants. In some cases, clinicians need to avoid revealing some of the client's unconscious contents in order to avoid tough confrontation with the family. In these cases indirect therapy such as metaphor therapy is recommended.

▪ Conclusion

Practitioners who work with clients of Arab/Muslim descent in the West are expected to encounter some emotional, cognitive, and behavioral styles that are not typical to Western clients. Judging these styles according to Western theories may lead to a lot of misunderstandings on the part of the practitioners, and of alienation on the part of the clients. Of course, not all Arab/Muslims are alike, but rather they are spread along a continuum of traditionalism-Westernization. In fact, the personality of most of Arab/Muslim clients has a traditional portion and another Western portion. The differing proportion of the two portions makes the cultural differences between the clients. The more traditional a client, the more is his identity collective. The previous chapters intended to help practitioners to understand the traditional portion in the Arab/Muslim clients. The collective cultural background makes its impact in almost all areas of psychology. The psycho-social development of Arab/Muslims who are more collective does not end in an independent autonomous personality; the distinctions within the intra-psychic components such as emotions, thoughts, values and the distinction between the individual and her family is vague or absent. Collective Arab/Muslim clients are directed by an external control; they are concerned with social approval or sanctions; their inter-personal

conflicts are more important than the intra-psychic ones; and they need social coping mechanisms more than defense mechanisms to solve the conflicts. These cultural features influence the clinical picture of many psychological disorders among the traditional Arab/Muslim immigrants. Their distress is manifested in bodily complaints. Some of their normative behavior, such as psychological dependency or cultural delusions, may be pathologized by practitioners who are ignorant of the Arab/Muslim culture.

These cultural differences necessitate special attention when the Arab/Muslim client is evaluated in order to gain a better understanding and to suit the therapy to her. Within this context, therapists should not be misled by formal factors such as residency (U.S or Arab countries resident), gender, age, education, religiousness, or social role. Instead, level of individuation, ego strength, and strictness of the family are the important factors that need to be evaluated. Based on these three factors, clinicians and counselors can tailor the therapy to fit the client. In the case of a traditional client who is more dependent, has poor personal resources, and lives within a strict family, therapists are recommended to avoid "digging" into the unconscious or intimate personal issues and avoid working to achieve independence, self-actualization, or assertiveness. Instead, it is recommended that they work with the family within a cultural empathy and regard, to help the client achieve better satisfaction and adaptation to the familial system. Therapists are recommended to utilize members within the family and factors within the client's cultural system to enhance change. For these clients, indirect therapy such as metaphor therapy is recommended.

▪ **Epilogue**

By the time they reach the end of this book I hope that the readers will have become aware of the shared psycho-cultural characteristics of Arab/Muslims as compared to Westerners. I hope they will also bear in mind the diversity among Arab/Muslim countries, genders, and ages, and the differences between urban and rural, and educated and uneducated people. Shared characteristics should not blind one to the cross-cultural or individual differences that need to be sought in every client.

These reminders are important because when groups are discussed, it is difficult not to subtly adopt a stereotypic approach. This may be one of the inevitable costs of discussing group characteristics or even of conceptualizing several

observations within one concept. It is necessary to draw attention to this mistake of generalization, so that it will be perceived and avoided; I hope I have avoided such a generalization. We need to keep individual differences in mind when we learn about any group, such as gifted or depressive people. In each case, including that of Arab/Muslims, we learn about what characterizes the group and what differentiates it from other groups. In addition to these between-group differences, we need to keep seeing the within-group and individual differences.

The shared/collective characteristics of Arab/Muslims described in this book are best considered as a cognitive framework or background against which counselors and therapists can interpret the result of their examination or understanding of a specific client. As always, the burden is on practitioners to identify the individual characteristics of their clients and locate them on a collective/shared cultural map – a process similar to when a clinical psychologist conducts a psychological assessment and relates the individual to the diagnostic map suggested by the DSM IV. These maps are not the reality of our clients, but rather are backgrounds to which we may relate the reality of our client.

Based on the shared cultural characteristics of Arab/Muslims and the cross-cultural differences presented in these chapters, I have recommended that counselors and therapist revise the theories learned in developmental psychology, personality, assessment, psycho-diagnosis, psychopathology, and psychotherapy. This culturally sensitive revision, and many of the ideas and applications presented in this book, may be applicable to many other non-Western groups such as Asians, Latin Americans, or Africans. Revising widely held notions about individuation, independence of the self or personality, centrality of the intra-psychic versus the intra-familial domain, and the therapies that focus on restoring the intra-psychic order is necessary in order to work with clients from many non-Western cultures. Of course, much research is still needed in order to develop more grounded theories and techniques. Shared efforts between researchers and therapists from different cultures and different fields of expertise may promote this process.

A culturally sensitive approach in psychology is very important in this era of globalization, when Western culture is often offered as the ultimate choice for all peoples, regardless of their heritage or culture. Mental health professionals have much knowledge to share; their input can help to develop greater understanding of and empathy for the cultures of others and to promote pluralism within globalization.

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