

COUNSELING
and
PSYCHOTHERAPY
with
ARABS and MUSLIMS

A Culturally Sensitive Approach

MARWAN DWAIRY

FOREWORD BY PAUL B. PEDERSEN



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Contents

Foreword	<i>Paul B. Pedersen</i>	vii
Preface		ix
PART I UNDERSTANDING THE PSYCHOCULTURAL HERITAGE		
1. The Arab People and Islam Religion		3
2. The Arab/Muslim Culture		12
3. Arab/Muslim Families in the United States	<i>Khawla Abu-Baker</i>	29
PART II REVISING WESTERN THEORIES OF DEVELOPMENT AND PERSONALITY		
4. Individuation Among Arabs/Muslims		47
5. Collective Personality of Arabs/Muslims		57
6. Assessment Issues Among Arabs/Muslims		71
7. Diagnosis and Psychopathology of Arabs/Muslims		82
PART III WORKING WITH ARAB AND MUSLIM CLIENTS IN THE UNITED STATES AND ABROAD		
8. Limitations of Psychotherapeutic Approaches		97
9. Toward Culturally Sensitive Counseling and Psychotherapy		107
10. Family Therapy with Arab/Muslim Women	<i>Khawla Abu-Baker</i>	120
11. Indirect Therapy: Metaphor Therapy		138
Conclusion		147
References		151
Index		165
About the Author		175

Family Therapy with Arab/Muslim Women

KHAWLA ABU-BAKER

The manner in which Arab women start therapy and terminate it reflects their status in their family, their psychological stress, and the opportunities available to them for transforming their situation. It is known that Arab women seek mental health therapy more than do Arab men (Abu-Baker, 2003). They arrive at therapy seeking help for the same mental health problems from which women in other societies suffer. However, unlike women in other societies, very few Arab women can decide for themselves the length of their therapy or the changes they would consider making in their lives as a result of therapy. The main factors involved in this regard are the restrictions on Arab women's freedom to use money and their freedom of mobility outside their residential areas. These factors are among the main problems of which these women complain as a source of stress in their lives.

For example, Janan, a teacher in her early thirties, was married to a failed businessman who for many years had kept the family deeply in debt. He controlled Janan's salary and decision-making capacities. As a result of his controlling personality, Janan lived as a victim of psychological violence for many years. When she decided to start therapy, she was in a very stressed state. However, when the husband learned about her need for therapy, he forced her to stop, claiming that she could not afford it financially. Janan kept coming to therapy for five more sessions without her husband's knowledge. This "secret" aggravated her psychological condition, since she was afraid that her husband would declare her to be a disobedient wife. Janan decided to terminate therapy. Her main problem was that in the course of her marriage she had been forced to lose her own voice and to learn to behave as an obedient wife to an abusive and malfunctioning husband. Therapy had to help Janan maintain her self-respect and at the same time a sense of constancy and devoted loyalty to her family.

In another case, Siham, a depressed uneducated housewife, called the clinic repeatedly for about a year, seeking telephone therapy. When she learned that

Chapter 10

Muslim Women

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she had to come to the clinic, it took her 6 more months to convince her husband to drive her to the clinic. Siham, who had no direct access to money and did not have a driving license, was not, in accordance with local traditions, allowed to leave her village unless accompanied by a male relative. Nevertheless, she made every effort to convince her husband to bring her to the clinic twice. When the husband learned that therapy would require a longer time and more expense, he announced: "I have no time or money for this. Let her parents take care of her." Siham was afraid to be labeled "crazy," a legitimate religious and social reason for divorcing an Arab wife. She asked to terminate therapy immediately.

CULTURAL INFLUENCE OF GENDER ON THERAPY

Such cases constantly remind the therapist who works with Arab women of the male supremacy in the Arab society. Although Arab societies and Arab families vary in each Arab country in terms of the process and practice of traditionalism, religiosity, modernization, and Westernization (Abu-Baker, in press-a; Joseph, 1999, 2000), the frame of reference of the society is still male dominance. Cankar (1996) described Arab society, both Christian and Muslim, as socially stratified among classes. Arabs are very religious, patriarchal, and patrilineal, and place a high value on family ties. They believe that men and women were created for different, but complementary, roles. Arabs in the Middle East and in the United States have double standards regarding men and women. Women should be watched and controlled, while men enjoy privileges, such as having more rights, being served all their lives by females, and being recognized socially and culturally as superior to women.

The truth is that it is very difficult to judge Arab society as a whole. Rather, each aspect should be studied within its context. The same couple may be judged as Westernized or modern according to some aspects, and very traditional according to others. There is no one yardstick by which to judge an individual's behavior in Arab families, a situation which makes the work of therapists that much more challenging. In all therapy cases, both therapist and client have to discuss the reasons, processes, and dynamics behind adopting social values and norms. The role of the therapist here is *anthrotherapist*: a person who is very well acquainted with the social structure and uses that knowledge to mediate between the social and the mental health context.

Suraya, a 24-year-old teacher, came to couples therapy after 2 years of constant arguments with her husband, Tawfiq, a 28-year-old bank employee. Tawfiq's mother, who lived on the first floor of the same building as the couple, had demanded that Suraya, who is her first daughter-in-law, help her in her household duties, as expected in traditional families. Tawfiq, thinking that this

was a problem between women, decided not to interfere. Suraya was collapsing under the heavy duties she had to shoulder between her job as a teacher, and her responsibilities as housekeeper of her own house and assistant to her mother-in-law. The situation was exacerbated when Suraya gave birth to twins, a year after her marriage. In therapy Suraya complained that during her 3 years of married life she had moved from being the indulged, spoiled elder daughter of her family of origin to being a fatigued, burnt-out wife and mother. Tawfiq, who adhered in his marriage to the same type of schedule as he had when single, reacted to Suraya's complaint with the statement, "This is what all wives do." It was very difficult for Tawfiq to empathize with Suraya's complaints. He had been the first in his generation in his extended family to marry a woman who worked outside her home and earned money. All his younger sisters and the other women in his family were housewives who did the same type of jobs inside their extended families as were required of Suraya.

Rural women in the Middle East have always worked in the family fields; however, they were not recognized as a labor force, since they were never paid. Although Arab societies, especially urban ones, expect Arab women to contribute to the family income, they have not yet internalized the concept of men contributing to the household and child rearing duties (Abu-Baker, 2003). The challenge that gave Tawfiq insight was a week of thinking about a "productive way to solve the marital problem." He had to consider whether he would like to use the Islamic and traditional norms, which force men to be the sole person responsible for providing the family needs, and thus free Suraya from her work outside so that she could focus on her traditional duties. Tawfiq, a bank officer, learned during the week the real meaning of the contribution of Suraya's salary to the well-being of the family. On that basis, he became empathic with her complaints and was ready to support changes in her situation. Tawfiq devoted more time to taking care of the twins, helped prepare the food, and asked his mother to help Suraya as a working woman and stop demanding her help upon her arrival home. Without the support and understanding of Tawfiq, the only other option open to Suraya to change her situation was a continuous frontal struggle with her husband and in-laws, mostly without any social or psychological support from her family of origin or friends.

When the therapist is female and the clients are female, it is essential to voice the unbiased, gendered stance and nonjudgmental ideology to which the therapist holds. For example, feminist therapists should not force their female clients to observe their own marital lives from the point of view of feminism. The same is also true for ultraorthodox Muslim or Christian therapists. In some cases, men relate to the therapist as a handyman whom they expect to "fix" their wives for them according to their needs. Highly professional behavior is the best way for the therapist to deal with such situations. Despite the gender

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inequality, Arab society treats therapists as professionals and takes their instruc-
 tions seriously (Al-Issa, 1989, 1995; Okasha, 1993).

In summary, in most cases of therapy with Arab women, it is crucial to
 find ways to interest the men related to the woman in the therapy process in
 order to guarantee the support of the woman's environment in changing her life
 conditions and to preclude a premature termination of the therapy process.

ARAB/MUSLIM WOMEN'S ISSUES IN THERAPY

When men come to a female therapist for individual therapy, their choice repre-
 sents a declaration of their belief in the therapist's professional skills. In contrast
 to female clients in therapy, male clients are free to decide when, how long, to
 what depth, and on which aspects of their lives they would like to work in
 therapy. They do not fear being labeled crazy, nor can they be forced to termi-
 nate therapy under any circumstances. Additionally, they are able to make more
 independent decisions regarding their private lives than women can. In cases
 when there is no hope of repairing the marriage, if the husband is the party who
 is convinced that the marriage must be terminated, the process of arranging the
 necessary changes in the family's life will be very fast, including the divorce.
 In cases when it is the wife who demands an end to the marriage, the therapist
 has to deal with the husband's resistance as well as the additional stress for the
 wife caused by the efforts of the extended families on both sides to convince
 her that she has made the wrong decision. An example of two different couples
 who started therapy at the same time will illustrate this point.

In the first case, the couple had been married for 4 years and had two
 children. The husband said that he had realized in the first year of marriage that
 his decision to marry his wife had been wrong, but he gave the marriage another
 chance, and they had one more child. Now he came to therapy for help in
 terminating the marriage without causing extra damage to himself, the wife, or
 the children. Two weeks after that session the husband arranged to leave the
 marriage, the house, and the village. He paid for his wife's therapy to learn how
 to deal with the social stress experienced by divorced women, although he never
 listened to complaints about the social stress suffered by their extended families.
 He was convinced that he had the freedom to decide.

In the second case, the wife had been convinced that she did not want her
 husband a month after the arranged marriage. Her family convinced her that she
 would ruin her reputation if she insisted on getting a divorce after only a month
 of marriage. Nine years later, with two unwanted children, she came to marriage
 therapy, forced by her husband because she insisted on getting a divorce. He
 believed that therapy would "fix" her thoughts. Over the years, the wife devel-

oped an abiding hatred for her husband and was not able to agree to any type of compromise or second chance in her marriage. She secretly had had an extra-marital relationship and convinced herself that it was her right to find love. She did not want her husband to know about it and was not ready to talk about it in therapy. She never saw that relationship as a sin or as cheating, since she never had sex with her lover. Therapy terminated after a few sessions when it became clear that each of the couple's goal in therapy continued to be in a different direction: The husband insisted on trying to improve his marriage, while the wife insisted on getting a divorce. The husband recruited his wife's parents to continue forcing their daughter to accept her marriage. The wife surrendered but kept her affair as a "fair compensation." The wife's openness to legitimate her affair is very rare among Arab women. In general, when women feel that they cannot be free to feel their own personal emotions they become more frustrated with their own private families and with the social status of Arab women in general.

Arab society relates differentially to men's feeling in comparison with women's. Arab society, including professionals such as doctors, therapists, and lawyers, try to "fix" any deprivation from which a man may suffer. For instance, when the wife suffers from frigidity, which leads to abstinence from being involved in sexual relations with her husband, everyone—his family, her family, and doctors—intervene to "fix" the situation for the well-being of the husband. In the opposite case, when a man suffers from any sort of sexual dysfunction that leads them to abstain from sex, his family and the wife's family will try to silence the wife, make her feel guilty for complaining, and ask her to accept the situation as her destiny and repress her sexual needs.

When such women come to therapy, besides receiving empathy for their situation, they can discuss whether to seek a divorce or to find alternative paths to sexual satisfaction. Arab women prefer to remain in bad marriages rather than to divorce. The status of divorced women is very low; many of them will have no second chance of getting married, or a second marriage could worsen their social class status and their mental well-being, if they are forced to marry an older or abusive man. As for finding alternative ways to get sexual satisfaction, such as autosatisfaction, many Arab women lack basic sex education. They misjudge any unfamiliar sexual behavior as forbidden by their religion.

MARRIAGE AND FAITH

According to the Islamic faith, marriage is complementary to religious obligations. Men and women are encouraged to marry as a way of maintaining their chastity and as a remedy for sexual deviation (Abu-Baker, 2002). Although

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mentary to religious obligations as a way of maintaining their status (Abu-Baker, 2002). Although

divorce is considered abominable, Islam allows it if one or both spouses find it impossible to accept the other as a partner. Nevertheless, the rate of divorce in the Arab world is about 4% (Barakat, 1993; Fargness, 1996). Arab couples try to repair marriages rather than divorce, since divorce may denigrate the reputation of both extended families (Simon, 1996).

Most marriages are arranged by family members or friends. Because marriage is construed as a relationship between two extended families, it has to be examined in depth before any serious steps are taken. "Arabs generally approach marriage with more pragmatism, based on group consensus rather than individual choice" (Abudabbeh & Nydell, 1993). From marriage, the couple seeks companionship and love, financial security, social status, and children. They often focus on the children's issues, whether they are still small or adults, rather than on their own romantic needs (Simon, 1996).

Nehaya's story illustrates the ideology of marriage as a remedy for sexual deviation and cultural practices. She is a housewife and widow who has four children. Her husband, who was also her cousin, died 7 years ago, when Nehaya was 24 years old. Her family of origin suggested that Nehaya marry her brother-in-law, a preferred practice in traditional Arab societies (Muslim and Christian). Nehaya refused, since the brother-in-law was much older than she and married with children, and she did not want to be his second wife. Nehaya begged to be allowed to live alone with her children. Two years after the death of the husband, when Nehaya was 26, she came to therapy. Among the problems she faced during that period were her emotional loneliness and the lack of sex in her life. When autosatisfaction was introduced to her, Nehaya was afraid that she was going to commit a sin. She was guided to read various Islamic attitudes regarding this subject; some related to it as sin, others related to it as preventing sin (it would preclude her being involved in out-of-wedlock sex). Nehaya adopted the attitude which allowed masturbation. This reduced some of the tension in her life.

Concerning other problems that arose after the death of her husband, Nehaya was encouraged to continue her high school education, to learn from her accountant how to deal with her money, and to consult with her therapist regarding the upbringing of her children. Men in her extended family tried constantly to take control of Nehaya's life and money; however, she learned acceptable traditional strategies to continue dealing independently with her life, while at the same time showing symbolic respect to elders in her extended family. The fact that Nehaya inherited money from her husband and did not need financial support gave her a kind of power: Because husbands or other males (brothers, older sons, fathers) are supposed to be the breadwinners and the disciplinary figures in Arab families (Budman, Lipson, & Meleis, 1992), she could ask the men who wanted to control her life to support her financially. However, they

did not want to pay to support Nehaya; they just wanted to enforce their traditional control over her. Her traditional financial support neutralized their traditional authority.

According to Arabic traditions, women have to maintain a low profile and display submissiveness in public even though in some families women are the main breadwinners and decision makers in the privacy of their homes (Simon, 1996). Alldredge (1984) finds that a couple's level of education is usually reflected in their style of decision making: The more educated they both are, the more they share in the decision-making process. However, they still retain the notion that the male has the "last word." In less educated couples, women make the decisions concerning the necessities of daily life in their household and for their children, while males make other kinds of decisions. During the therapist's work with Nehaya, she invested in her education, in learning to control her life, her children, and her finances. In 2 years she became more educated and more successful in directing her family and life than her male siblings. The more successful she became, the less suitable they found it to control her. On the other hand, she left all types of negotiating with male handymen, who came to her home to take care of household repairs, to her brothers. Both the brothers and the handymen treasured Nehaya's respect of tradition, which did not allow her to be alone at home with strange men. They became convinced of the high quality of her value system. She also invited her brothers to her children's ceremonies at school. All parties were happy with this arrangement.

DIFFERENT ATTITUDES TOWARD MENTAL HEALTH FOR MEN AND WOMEN

A very small percentage of women who need therapy seek it immediately. Women are usually cautious about declaring their need to be in therapy to avoid being deemed "crazy" or "wasting the family's money." Some other families are embarrassed by the poor mental health of the women. Arab families relate to men's need to mental health services as a necessity. For instance, a sister three times took a loan, each time equivalent to her annual salary, to send her addicted brother to therapy, while an Arab family is potentially ready to kill, abandon, or punish in other ways a daughter who becomes addicted. In couple's therapy, the wife of an obsessive-jealous husband reduced her sphere of activities to home and work in an attempt to regain his confidence in her. She was a social worker herself and his attitude distracted her from concentrating on her work. The husband and both his extended family and hers advised her to keep a low profile and demonstrate acceptance of her husband's behavior. In another case, the wife suspected that her husband was having affairs with women with whom he would talk on his mobile phone. After a tremendous fight their rela-

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MENTAL HEALTH MEN

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tives recommended that they should try therapy. He threatened in therapy that if she did not behave herself he would soon "send her back to her family of origin."

Women, as a result of the psychology of oppression, are not always sensitive to the psychological needs of other women. Some mothers are willing to bring their daughters to therapy secretly, but only when lack of therapy would bring social shame to the entire extended family, as in cases of rape. In such conditions, the secrecy, the responsibility the victim carries for the well-being of the extended family, and the lack of real family support together lead to a situation of "secondary victimization" for the victim. In such cases, therapy becomes the only source of support. Ignorance of the fundamentals of mental health, on the one hand, and the low status of Arab women, on the other, lead to such neglect of the mental needs of women.

A 30-year-old married female kleptomaniac was brought to therapy by her mother and sister. "I wish she were dead instead of being a thief," said the mother in front of her daughters to express her shame at the behavior of her daughter. The mother was under stress in case the in-laws of her daughter became aware of her situation. In the course of the session, the mother described her husband and her oldest son as being adulterers. When I asked about the religious sin and the social shame of their behavior, the mother said: "They are men. They will not be judged like she will be for her behavior. She may be thrown out of her home. I couldn't throw my husband out for adultery; nor would my daughter-in-law."

LACK OF INDEPENDENCE

The mental health of Arab women is related to the social judgment of the society in which they live. This is considered another major source of stress from which women clients suffer and which they take into consideration while attending therapy. Rarely are women considered mature and able to be independent at any age. For example, Dema, a graduate student who started school after saving the money that she earned for a few years, suffered from her relationship with her parents who wanted to control her behavior because she "has no husband who should have authority over her." Dema was furious about her parents who, on the one hand, behaved as modern parents and allowed their daughter to work late, but on the other hand, wanted to be traditional by controlling Dema's decisions and free time. Had they been traditional parents, they would have had to support Dema financially, besides providing help with all her other needs. Dema had a professional diploma in tourism, a profession in which she had worked for the last 9 years, and had recently graduated from the department of social studies at a university. At this stage in her life Dema was more educated

than her parents and all her four siblings. Although she was 32, since she had never been married, her father and her two male brothers considered themselves custodians of her life. Dema struggled to widen the margins of her personal freedom. Her family considered her ability to go to work and school a wide enough range of personal freedom. They wanted her to ask their permission for any additional activity. Controlling Dema's free time was the focus of the family disputes that took place between her and her family members. Dema could not claim the need to be free since that would have been interpreted as "wanting to be arrogant and not modest." Although Arab families have mostly changed their attitudes toward women, they still use honor and modesty as controlling issues, especially when the type of change occurring in the life of women interferes with the male authority in traditional families. While Dema's family controlled her movement, it was very difficult for Dema to meet suitable men whom she could marry. During her early twenties, Dema had refused all suggestions of an arranged marriage; her relatives considered her rebellious and stopped trying to find her a good match. In her job she worked mainly with foreigners, whom she found more democratic and easy to live with. However, her family made it clear to her that she would never have their permission to marry a non-Arab or a man who belonged to another faith. Since Dema started her higher education at the age of 28, she did not meet Arab men her age in college. Most of the male students were in their late teens or early twenties. During these years Dema found that the best way to meet men was during the hours she was supposed to be at work or in school, without her parents' knowledge or permission. This left Dema with the feeling of being dishonest and lying. The dissonance in which she lived for a long time caused her psychological distress and family disputes. In therapy she blamed her family and her society and its norms for her condition.

In cases such as this, therapy should both empower the client and also be aware of the sociocultural characteristics of the politics of gender relations. Dema's dream was to leave her parents' house and live by herself. Nevertheless, she was not able to process this idea since she was aware that unmarried individuals in the Middle East should stay in the parents' residence until marriage, when a change in their social status and in their relation toward independence would emerge. As an unmarried woman, Dema also was not allowed to discuss her sexual needs with her family or friends. In fact, it is rare that Arab women talk openly about their sexual needs (Abu-Baker, 2002). According to religious rules and social norms, Arabs and Muslims are not allowed to have sexual relations out of wedlock. People, especially unmarried young men, maintain sexual relations secretly. However, they are not allowed to live with a girlfriend in their traditional villages. In rare cases, Arab or Muslim men will cohabit with non-Arab women. Sexual needs are among the important reasons for early marriage in the Arab world (Abu-Baker, *in press-a*).

SEX THERAPY FOR ARAB/MUSLIM COUPLES

Traditionally, not religiously, sex is conceptualized as a man's need that the wife has to provide. The notion of intimacy often has a nonsexual nuance. Old couples relate to intimacy as companionship, keeping each other's secrets and demonstrating respect in public. Arab couples do not talk regularly about sex in order to maintain chaste behavior. Couples and families voice their experiences and opinions about sexual relations between couples only when a problem arises. Sexual problems from which women commonly suffer and for which they seek therapy are vaginismus and sexual desire disorder. Individual sessions with this group of women reveals one or more of the following circumstances: (a) an intimidating upbringing regarding sex—sex is viewed as a tool to maintain and internalize chaste behavior; (b) forced marriage with no love or intimacy developing between the couple; (c) silencing of the women's feelings toward abusive relations they have experienced with their husbands. In all cases, a change in the type of relationship between the couple has to occur in order to alleviate the sexual problems of this group of women.

It is unusual for an Arab man to talk about sex with a woman who is not his wife; therefore, having a conversation with a female therapist regarding this topic is a strange situation for him. Further, this talk may invite traditional talk and a traditional reaction to the clinical setting. In order to prepare the ground for a talk which will be beneficial, a correct therapist-client relationship should first be developed between the parties. When married women complain about abuse, citing the sexual claims of their husbands, a distorted view of religious Islamic verses is clear to see. The following case illustrates the intertwined relation between gender norms, social control, marital problems, and sexual frustration.

Taroob came to therapy as a result of a nervous breakdown and depression. She was 45-years-old and her husband, who was also her cousin, was 5 years older. They had been married for 27 years. Her husband initiated marital therapy because he was frustrated with her depression. In an individual session Taroob revealed a history of sexual, psychological, and verbal abuse. Ebraheem, the husband, who was a teacher in his village, had forced his decisions on his wife. Little by little he had forced her to stay in the house, not leaving it without his permission and without his accompanying her. Ebraheem was a jealous man who lacked self-confidence. From the early stages of their marriage, when Taroob wanted to go out, or when she refused to have sex, Ebraheem interpreted her behavior as having an affair. Gradually Taroob chose to follow Ebraheem's demands obediently in order to prevent his suspicions and blame. Two months before her nervous breakdown, their daughter got engaged to a young man from another village (continuing, however, to live with her parents and abstain from sexual relations as traditions require). Ebraheem suspected a "secret relation-

ship" between his daughter and her fiancé (meaning having a sexual relationship). After the engagement he started to put pressure on his wife, asking her to convince their daughter to leave her fiancé. Tarooob realized that Ebraheem would extend his suspicions and jealousy to include the intimate life of their daughter. Tarooob left their bedroom and stayed in her children's room for 2 months. During this period she continued to serve all Ebraheem's needs, except sex. In therapy she cried and asked whether she had to force herself to have sex with him. It was revealed that for the last 8 years Tarooob had related to Ebraheem's sexual demands as daily rape, which she had to force herself to accept in order to be able to live in her home peacefully.

It is unacceptable for Arabs and not in accordance with Islam to use the term *rape* when describing sexual relations between a husband and his wife. However, the sayings of the prophet Mohammed taught men not to have forced sexual relations with their wives. In the case of Ebraheem, many religious and traditional sayings were quoted in order to show him his behavior was unacceptable. "Should I surrender to his demands?" asked Tarooob in therapy with tears; "Should I give him my body while I hate him, hate his behavior, hate his authority, but am not able to show any of these feelings because I do not have a profession and do not have anywhere to go?" She was encouraged to express her feelings and thoughts. Arab women who move from the status of mothers to the status of mothers-in-law and grandmothers gain additional social respect. Tarooob was encouraged to regain ownership of her body and sexuality. She was encouraged to read prophet Mohammed's sayings and stories regarding healthy marital relations. Tarooob wanted to feel safe from Ebraheem's abuse.

Therapy with couples like Ebraheem and Tarooob should focus on seeing each one of them alone for individual therapy before moving to couple's therapy. In addition to psychological problems from which Ebraheem suffered, he had to train himself to be empathic to the needs of his wife, including her need to be silent. Most Arab men have been brought up believing that women exist for them. Some Arab women describe good men as "not being bad, not being physically or psychologically abusive." This description reflects the low expectations of sympathy and support women have from their husbands. Husbands such as Ebraheem hear in therapy a new terminology when discussing their abilities to respect and support women's emotions and free will. At the same time, wives such as Tarooob should be empowered and encouraged to reclaim responsibilities for their lives, bodies, and families.

THE MENTAL HEALTH OF IMMIGRANT WOMEN

Compared with the amount of anthropological and sociological research on Arabs in the Middle East, very few studies have been written about the mental

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health of Arab immigrants in America (Abudabbeh, 1996; Meleis, 1981). After the Gulf War, and as a result of the traumatized Arab immigrant population, a few more research reports were published (Abu-Baker, 1997; Abudabbeh & Nydell, 1993; Jamil et al., 2002; Nobles & Sciarra, 2000; Moradi & Hasan, 2004). Findings of this research emphasize the social isolation Arab immigrants feel in the United States and the fear of rejection which individuals experience in workplaces, schools, and social settings. As a result, families constantly discuss ways to compensate for their members' sense of lacking acceptance and belonging, which is in itself an act that aggravates their anxiety. The main solution most immigrants find useful is emphasizing their belonging to their homelands.

Emigration in itself is a traumatic event that influences individuals for the rest of their lives (Grinberg & Grinberg, 1984/1989). Often, immigration to the United States becomes an obsessive idea, and is perceived as an ideal solution for a problematic situation. Often men leave their wives and children in their homeland, emigrate alone, and struggle with financial conditions and official paperwork until reaching the day, typically between 2 to 8 years later, when they are able to reunite with their wives and children in the United States. Some other immigrants never succeed in bringing their families to the United States, forcing them to live apart for the rest of their lives.

Fareed's wife (see Chapter 3 for Fareed's story) was forced to stay in Jordan for about 4 years. Fareed sent his father \$200 each month for his wife, Umayya, who had to wait patiently for her husband to succeed. Meanwhile, Umayya became a semisingle mother, who had to take care of her four children by herself. And as a semi-independent wife, her father-in-law refused to give her the whole amount of her monthly allowance, but rather obliged her to ask him for each and every item she wanted to buy for herself or her children. The emigration of her husband decreased the social status of Umayya, who suddenly became "without husband," and the father-in-law enforced his authority over her. In the meantime, the husband had to prove that he had steady work and income, and a clean criminal record. Fareed had to hire a lawyer to help him understand the intensive legal requirements he had to fulfill. In return, he had to pay the lawyer a high portion of his poor savings, which constantly delayed the date when he could send for his family.

For 4 years Umayya struggled and urged her husband to finish his paperwork and let her and her children follow him. When they succeeded, Umayya found out that her husband had bought a very small apartment in a multicultural poor neighborhood. She had no driving license. He pushed her to pass the driving exam in order to drive their children to their schools. He asked some of his friends to teach her the driving laws in English. She was under great stress. A week before the opening of the school year, the wife of a friend directed her back and forth from her home to her children's schools. Umayya was frightened by the street systems and consequently developed agoraphobia. For years she

was unable to drive outside the small area she was familiar with, within which she could drive to her children's schools, the supermarket, and a few friends.

Isolation and Language Difficulties

Over the years, Umayya experienced constant struggles to function as a responsible mother vis-à-vis the school system. Alas, she never succeeded in fully understanding conversations with the teachers. Umayya struggled to take back full responsibility for her children's life. In order to understand the teachers, she asked an Arab friend who was brought up in the United States to accompany her and translate the conversation for her. The friend did. However, this experience left Umayya with a sense of worthlessness and helplessness. She believed then that it would take her a long time to gain complete command of the English language and, accordingly, of her family and life in the United States. The subjects discussed in conferences with the teachers were linked directly to the difficulties of immigration her children faced, such as mastering the language, integrating with their classmates, and participating in social activities. Umayya was not able to help in any of these areas. Each additional encounter with the larger systems such as hospitals, the immigration office, and so forth, depleted more of Umayya's self-confidence, since she found the terminology and the system in itself very unfamiliar. She felt that she had become a burden on her friend who accompanied her to all these necessary meetings. On the other hand, Umayya was forced to share all private matters of her family with this friend without any ability to protect her privacy.

Even living in the United States with her husband, Umayya continued to feel like a semisingle mother. Her husband, who wanted to fulfill the "American dream"—which to him meant moving from entrenched poverty in the Middle East to an American middle-class lifestyle—had forced himself to work a full-time job as a garage mechanic from 6 a.m. to 5 p.m., and then do private garage work in the evening. She had to take care of the needs of the children and of the house by herself. She was very lonely. Phone calls to Jordan were very expensive and her husband blamed her for them. The only refuge she found was the morning coffee meetings she had with a few Arab women immigrants from the Middle East and twice-a-week shopping in the Middle Eastern grocery where she could always find other Arabs, talk to them, and extend her social circle. There were also Saturday visits to the Islamic Center where children of Arab immigrants learned writing and reading Arabic, attended courses in Islam religion, and socialized with other Arab and Muslim children, while she could socialize with women living in conditions similar to her own. Husbands accompanied them to the Islamic center only on Islamic religious holidays.

Despite all the improvement in her English over the years, Umayya eventually found that she could not even have a meaningful conversation with her 12-

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year-old daughter. When Umayya wanted to speak with her daughter about puberty and adolescence, she did not have the vocabulary in English. And after 6 years in America her older daughter, and all the other children, could understand only Arabic "home-need" language; that is they knew how to have a conversation regarding food or other daily issues related to their family. Again Umayya felt lonely within her own household and family. The children related to the school system as the main source of education, while they related to their family as the main source of restrictions. The parents expected their children to obey them fully, while the children were raised in the school system to ask questions, to discuss, to expect to understand what had been said to them.

In the Middle East the phenomenon of teenagers is a new one. Until 50 years ago, the age for marriage in most Arab societies was 14–16 for girls and 16–18 for boys. Many children—male and female—had to work in the family fields or household after school, leaving no free time for them to develop their own subculture. Changes that have taken place in the Middle East, especially obligatory education for all children and the postponement of the age of marriage for both genders (17 for females and 18 for males), now keeps more children together in the school system. Moreover, free access to media from all over the world, especially the English-speaking West, has helped the subculture of teenagers penetrate Arab societies. Therefore, the teenage lifestyle is a new experience for Arab parents, who with the help of teachers in the school system try to control their teenagers. Nevertheless, this experience is more intense for Arab parents who live in America, since Western parents allow their children more freedom and independence in comparison with their Arab counterparts in the Middle East.

Children in Transition

A major problem for immigrant families is that children are acculturated faster than their parents in American society, a tendency that causes children and their parents to have conflicting points of view (Barazangi, 1996). Investigating the perception and practice of Islam in North America, Barazangi (1996) concluded that "Arab youth are being reared in two different environments at the same time, the familial and communal Muslim or nationalistic Arab and the school or host-societal secular" (p. 133).

Umayya's children and those of other Arab American immigrants belong simultaneously to two dissonant cultures, which causes social and psychological stress for these children who have been born or brought up for most of their lives in the West. Eisenlohr (1996) described their condition as being expected to behave as Westerners during the day and as Arabs at night. The transition is not always easy, especially when daily life praxis carries a fundamental contradiction between the two cultures. Parents, especially mothers, complain that they

should be able to trace their children's behavior and correct it whenever any Westernized behavior is evident, such as drinking alcohol, having relationships with the opposite sex, rebellion against parents, and so forth. Sometimes the struggle between parents and their teenage children is manifested in daily quarrels. When this happens, the social control of the close-knit community helps parents with this mission, especially when gathering with all Arab teenagers in the Islamic Center.

Umayya, her husband, and other Arab parents in their social circle judge American society to have a negative influence on their children. For the last 3 years, Umayya has saved every available penny and leaves with her children on the first day of their summer vacation to go to her hometown where they stay about 3 months. Umayya and other parents believe that this is the best means to keep Arab children away from "negative American influences" and, in effect, give the children an intensive workshop in Arabic language, the Islamic religion, and traditional norms. It also lets cousins get to know each other for future in-group marriages. This plan keeps Umayya happy; she has an intensive social and family life for 3 months. Her husband visits for the last 10 days, and then they all travel back together. The financial price Umayya's family pays for this annual visit (tickets and gifts) prevents the family from having any other savings.

During Umayya's last visit to her hometown, her daughter, who was 13 years old, decided to wear the Islamic veil, as she had seen most of her peers doing. Umayya, her husband, and the extended family were very pleased with this decision. The daughter explained her decision as freeing herself from the obligation of explaining to her friends in America why she was not able to share in their after-school activities; she believed they would leave her alone when they saw her *hijab* veil. Umayya then felt obliged to veil herself, since otherwise her social circle would criticize her. Umayya summarized that, paradoxically, immigration to the West caused her and her family to be more religious and more traditional.

Different Expectations About Teenage Daughters

The primary concern of most Arab parents in the United States is for their daughters' reputation. The Arab community expects all teenagers to follow the cultural norms strictly, otherwise they will be punished by the propagation of rumors which will ruin their future chances to marry or be accepted by the community. Parents, brothers, married sisters, and uncles keep their eyes on the daughters in the family. Usually, traditional Arab families do not allow high school female students to participate in after-school activities where boys are involved or if transportation is not promised by the school system. Any sport activity that compels girls to show their bodies, such as swimming and tennis, is also not allowed by these families. When girls in such families are caught having relationships with boyfriends, typically they are beaten and prohibited

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from attending school. In cases of lost reputation in the Arab community—for instance, for doing drugs or having out-of-wedlock sex—girls are sent back to their homeland to find husbands. Those parents who allow their daughters to participate in activities, have American friends, or work after school, implore their daughters to behave according to the norm of the Arabic culture in order not to evoke community criticism against the family. Community criticism may classify the daughter as an "outcast" (Eisenlohr, 1996, p. 262). Eisenlohr claims that as a result of the severe restrictions, some teenage girls lie to their parents, attend school without wearing the cultural/religious scarf, and skip some classes to meet boys and girls. A dissonance exists between parents and daughters, and between parents and school, in terms of each other's expectations.

There are both commonalities and dissimilarities throughout the Middle Eastern Arab countries regarding the practice of Arab heritage and culture, as is also the case regarding understanding, interpreting, and practicing Islam. Thus Arabs carry these similarities and differences with them to their countries of immigration. When a heterogeneous Arab community decides to treat their children according to the Islamic or Arab heritage and culture, they have to decide according to which aspects of each and how. This is one of the main problems facing parents who want to carry on their traditions in the host country.

When Umayya meets other women in the Islamic Center an ongoing debate develops between women from various Arab countries and with various educational backgrounds, ages and social status regarding the best ways to bring up children, both boys and girls, in the United States. The absence of the extended family in the United States makes it more important for Arab families to consult each other about their daily life problems when they meet in their social gatherings with family and friends. As a result, immigration has added a new role to imams (religious leaders), unknown in the Arab countries, as family counselors. Lacking the necessary training, these imams provide Islamic answers based on theological law, which do not serve the needs of second- and third-generation Arab Muslims (Haddad, 1983). This type of discussion does not help Umayya to make decisions regarding the best path for her children. The debates make her even more confused than she is when she compares the Arabic and the American ways. After consulting with the Imam regarding family therapy, Umayya went to therapy to seek "final words" (her expression) for the education of her children in this foreign country and culture.

Therapy helped Umayya to regain confidence. When asked to compare her knowledge of the English language while in her homeland and now, she recognized the large steps she had made over the years. She was encouraged to relate to herself as an expert in her children's life, as a mediator between Arabic culture and her children, while at the same time she began relating to her children as mediators of American culture. Also she gained more confidence in herself as an Arabic teacher at the Islamic Center. Umayya's confidence encour-

aged her to start driving longer distances. Also, she was encouraged to explore more of her new American cultural context and to test her new experiences with an open mind, without stereotyping. By the end of therapy, she was no longer in fear of her town, of the American culture, or of the dissimilarities in her children's behavior in comparison to their counterparts in Arab countries. At the same time, she was encouraged to utilize the genuine support system of her natural social net (Arab community and Islamic Center). Umayya was content with the results of therapy. She talked about its importance at the Islamic Center to the imam and other women. She related to it as "consultation with an expert." Four other families from the same center reached therapy as a result of Umayya's encouragement.

Umayya's goal is to return home when her younger son finishes high school. Then the family can live respectably on the husband's pension. However, Umayya's children believe that they like to visit Jordan, but they are too Americanized to accept the university or the work system there. They insist on continuing to live in the United States. Probably Umayya will be able to force her two daughters to immigrate back home with her, but not her sons. Grinberg and Grinberg (1984/1989) stated that once a person becomes an immigrant, he sentences himself to remain in an immigrant psychological state for the rest of his life. Whether they continue living in the host country or they decide to go back to their home country, they become in both places "extraterrestrial," psychologically and socially speaking.

SUMMARY

Working with Arab clients from many Arab countries, I adopted the philosophical essence of the anthrotherapist stance, similar to what Chenail and Morris (1995) called "the researching therapist" stance. Gathering ethnographic data helps one to learn about the social reality of the clients, including their cultural background, ecology, and relationship with the larger systems. This helps to relate empathically to clients' distress and to comprehend it according to its suitable context. Later, this ethnographic information enables therapists to ask clients questions about some themes that have special importance in their social settings. Furthermore, it helps assess culturally bonded behavior as "normal and acceptable" in the clients' natural setting. It prevents therapists from pathologizing their immigrant clients' reality.

In order to be able to help clients deal with the confusion in their lives created by the cultural contradictions among their multiple contexts, I had to learn about each one of these contexts. This knowledge helps the therapist empathize with their experiences. Furthermore, therapists' awareness of the usage of cultural self in therapy helps them utilize the understanding of the ethnic compo-