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CHAPTER

Middle Eastern Americans in Counseling

Histories and Diversity

Middle Eastern Americans originate from a geographical region stretching from Syria in the north, to Yemen in the south, and from Morocco on the Atlantic Ocean in the west to the Persian Gulf countries in the east. It should be noted that Middle Easterners have been given many social and political designations, such as Palestinians, Jordanians, Egyptians, Lebanese, Iraqis, Syrians, and Yemenis, terms which refer to their country of origin. Such designations as Maronites, Copts, Melkites, Chaldeans, Greek Orthodox, Antiochian Orthodox, Protestants, Sunni Muslims, and Shiite Muslims refer to religious affiliations (Khoury, 2002). Arab Americans are descendants of the Semites who originated in a vast region of enormous historical and cultural complexity. Today the region is called the Middle East. It is rich in natural resources as well as in religions. It is estimated that approximately three million Middle Eastern Americans are currently living in the United States (Al-Deen, 1991). Middle Eastern Americans came to the United States in two waves, which occurred before and after World War II.

The first wave of immigration began during the last quarter of the 19th century. Most of the newcomers were “from the lower social classes and with little education” (Khoury, 2002). They were mainly Christian (90%), single males, and 75% of them were between 15 and 45 years of age (Khoury, 2002). Other religious groups such as Muslims and Druze constituted minorities. About 50% of the first wave settled in the South and the other 50% split into two groups, each emigrating to the East Coast and Midwest, respectively (Al-Deen, 1991). The second wave of immigration began after World War II and continues to the present time. This immigration appears to have been primarily caused by the need to escape the political turmoil in the Middle East. This wave has tended to be composed of highly educated professionals such as doctors, lawyers, and engineers. They are predominantly Muslim (60%), married, and 50% range in age from 20 to 49 years old. Females constitute about 45% of the total (Al-Deen, 1991). In 2000, there were over one million people in the United States who reported at least some Arab ancestry (Brittingham & de la Cruz, 2005). Of this group, 29% identified themselves as Lebanese, another 20% as “Arab,” 15% as Egyptian, and other groups each accounted for less than 10% of the Arab population.

Race and Social Class Considerations

On the average, both Arab men and women earn more per year than men and women in the general U.S. population (Brittingham & de la Cruz, 2005). Although the median family income for Arabs was higher than the national median, not all Arab Americans are financially better off. Census statistics indicate that 17% of Arab Americans live in poverty, compared to 12% of the general population, and fewer have been able to own their own homes.

Stereotypes

Middle Eastern Americans are one of the most misunderstood ethnic groups in the United States. Frequently misrepresented and even vilified in the press (e.g., depicted as terrorists, “fanatics,” or “oil-sheiks”), Middle Eastern Americans are routinely negatively portrayed in the media and entertainment and are often the victims of stereotypes (Abraham, 1995; Erickson & Al-Timimi, 2001). Stereotyping has led to hostile attitudes

toward the Middle Eastern American community. For instance, during the 1990–1991 Persian Gulf conflict, Arab Americans were called “A-rabs,” “Camel Jockeys,” “Ragheads,” “Sand Niggers,” “Sandsuckers,” “Towel heads,” and other denigrating terms (Al-Deen, 1991). Hate crimes increased, including harassment, threats, offensive language, physical aggression, religious aggression, discrimination, vandalism, and other hostile acts against this community (Al-Deen, 1991).

In addition, the advent of “9/11” has increased such negative attitudes. In one Associated Press report, 44% of Americans were inclined toward “at least some restrictions on the civil liberties of Muslim Americans” and more than a quarter of those polled thought Muslim Americans should be placed on government rosters, monitoring where they live (McGaraghan, 2006). This negative attitude toward Muslims is carried over to Middle Eastern Americans even though most Middle Eastern Americans are Christian (Kulwicki, 2000) and has led some Middle Eastern Americans to deny their heritage out of fear of discrimination and for fear of their lives. These stereotypes not only present serious challenges to Middle Eastern Americans’ development of positive ethnic identity (Erickson & Al-Timimi, 2001; Jackson, 1997), but also lead to biases and mistaken assumptions among the mental health professionals who serve them. These biases and assumptions can significantly compromise the effectiveness of mental health services for Middle Eastern Americans and yet have received little or no attention in the counseling or mental health literature.

Cultural Values

Religious Factors

Religion often dictates the way of life in the Middle East. Religion continues to play an integral role in the lives of many Middle Eastern Americans and may be a central component of their identity (Abudabbeh, 1996; Erickson & Al-Timimi, 2001). Middle Eastern immigrants tend to reside in the United States near people from their respective homeland or who share the same religion. The reason for such proximity is based upon the preservation of cultural values, customs, and traditions. The religious affiliations of Middle Eastern Americans are as diverse as their national origins. In general, the community is divided into two distinct religious groups: Christian and Muslim. The majority of Middle Eastern

Americans are Christians, although Islam is the predominant religion practiced throughout the Middle Eastern world. Within the Christian faith, Middle Eastern Americans may belong to one of the following sects: Maronite, Melkite Catholic, Greek Orthodox, Antiochian Orthodox, Protestant, or Roman Catholic. Within the Islamic faith, Middle Eastern Americans belong to one of the two major sects, Sunni or Shi'ite Muslims (Al-Deen, 1991; Baker, 1999; Erickson & Al-Timimi, 2001; Khoury, 2002).

Communication

Communication can be illustrated by both the spoken and written forms of language. Arabic (Semitic language) was the mother tongue of the ancestors of Middle Eastern Americans. Also, most Middle Eastern Americans are conversant in some additional languages such as English, French, Italian, or Spanish, to name a few. Nonverbal communication can be explained as "all those stimuli within a communication setting, both humanly and environmentally generated, with the exception of verbal stimuli, that have potential message value of the sender or receiver" (Samovar, Porter, & Jain, 1981, p. 156). Middle Eastern nonverbal communication may be illustrated by examples of physical touch, such as greeting the opposite sex, as well as examples of appearance. During greeting, the Americanized group may touch by kissing, hugging, or shaking hands with a person of the opposite sex, depending on their relationship. These acculturated people may or may not touch the opposite sex depending on the participants in a communication situation. The traditionalists, meanwhile, cannot touch due to either religious values or restrictive customs and traditions; their greetings tend to remain strictly verbal (Al-Deen, 1991).

Family and Affiliation Factors

The family is the central structure of Middle Eastern culture and plays a critical role in Middle Eastern society and in collective identity. This means that the development of an individual identity separate from that of the family or the community is typically not valued or encouraged (Al-Deen, 1991; Erickson & Al-Timimi, 2001). Middle Eastern cultures consider the enhancement of family honor and status an important goal

for each family member and conformity and placing family interests over individual ones are expected (Erickson & Al-Timimi, 2001). The concepts of honor, *sharaf*, and shame, *ayb*, control individual behavior as they reflect on the reputation of the family (Aswad, cited in Kulwicki, 2000). Extended families are very important in Middle Eastern culture and relatives often live near or with one another. Within some Middle Eastern cultures, parents or families sometimes arrange a couple's marriage or aid in the selection of a partner (Al-Deen, 1991; Baker, 1999; Erickson & Al-Timimi, 2001).

Arab societies are patriarchal, with traditional Arab women often viewing themselves as self-sacrificing with their place being in the home (Kulwicki, 2000). Mothers are responsible for raising their children, particularly their daughters, properly. Divorced Arab women may suffer both socially and emotionally and sometimes will endure years of marital discord in order to avoid becoming divorced (Al-Krenawi & Graham, 2005). When counseling a more traditional client, gender matching between client and counselor might be considered (Mass & Al-Krenawi, cited in Al-Krenawi & Graham, 2005). More acculturated Middle Eastern Americans are less strict about gender differences (Kulwicki, 2000).

□ Counseling Issues

Relocating to a foreign culture can be complicated, challenging, and stressful. Among the factors that may affect Middle Eastern Americans' acculturation experiences are country of origin, length of time in the United States, reasons for emigration, whether they have family still living abroad, their ability to return to or visit their home country, and their long-term plans to stay in the United States (Ahmed & Lemkau, 2001). Additionally, language factors such as the ability to speak English or the presence of a discernible accent may affect individuals' acculturation experiences or be a source of stress in their lives. Another factor to consider in understanding Middle Eastern Americans' cultural adjustment is their family's educational and economic status in their home country and the degree to which these have changed since coming to the United States, because such differences can be dramatic and represent a significant source of stress for families. Another source of stress may stem from being constantly "profiled" since 9/11 when Middle Eastern Americans attempt to board planes or other means of transportation, go through security checkpoints, or are more frequently questioned about their "whereabouts" by others.

Indigenous Treatment

Psychosociocultural Factors

There are several psychosociocultural aspects of Middle Eastern culture that are important for mental health professionals to understand because Middle Eastern culture, religion, and history are all believed to be related to Middle Eastern Americans' attitudes toward seeking psychological services (Abudabbeh, 1996; Erickson & Al-Timimi, 2001; Nadler, 2001). Middle Eastern Americans may have a general skepticism of the authority of mental health professionals in part because of their negative connotations regarding mental illness. Clients may have strong fears about being branded *majnun* (pronounced "muhj-noon"), or crazy, a term that can carry considerable stigma (Baker, 1999; Erickson & Al-Timimi, 2001; Okasha, 1999). Another factor contributing to reluctance to seek mental health services is the lack of experience with or exposure to Western counseling approaches. Family members are sought out for guidance and most of the time men seek guidance from an older man and women from an older woman (Abudabbeh, 1996; Erickson & Al-Timimi, 2001; Okasha, 1999). In addition, individuals have a tendency to display emotional pain in physical terms or through physical complaints. For example, anxiety or depression may be described as an aching body or gastrointestinal concerns (Erickson & Al-Timimi, 2001; Okasha, 1999). Another characteristic that may affect counseling is a tendency to be less "psychologically minded" than Westerners (Erickson & Al-Timimi, 2001).

Recommendations for Providing Mental Health Services

The following recommendations are intended to assist mental health professionals in these processes (Al-Deen, 1991; Baker, 1999; Erickson & Al-Timimi, 2001; Okasha, 1999).

- Middle Eastern Americans are inclined to maintain their family ties.
- Middle Eastern Americans may be reluctant to engage in self-disclosure and therefore any services rendered will involve a longer period of time in order to develop the trust necessary for effective treatment.

- The concept of shame is widely held and expressed in the daily life of Middle Eastern Americans.
- The concept of “mental disturbance” may be very difficult to accept as a diagnosis by Middle Eastern Americans.
- A large number of Middle Eastern Americans, particularly those from rural areas, are not educated about good mental health and will not seek help even for temporary mental disturbances precipitated by social situations.
- Middle Eastern Americans may generally believe in demons as the causative factor for mental illness or “madness.”
- Many people coming from the Middle Eastern world have negative feelings regarding government and public institutions.
- Disciplinary practices differ considerably due to cultural differences.
- There are also nonverbal responses or implicit communications that may be difficult for mental health professionals other than Middle Eastern Americans to understand.

To provide effective services to Middle Eastern clients, mental health professionals need to have an awareness of history, culture, and experiences beyond what they are exposed to in the popular press.

Case Vignette

Rashid, a 34-year-old electrical engineer, and his wife, Samia, a 25-year-old housewife, came to family therapy because they were in constant conflict. Rashid had changed from being a supportive spouse to being abusive. Rashid expected Samia to behave as a Western woman in some contexts, such as in their sexual relationships, and meeting his close friends, and so on. Samia complained of loneliness, despite the fact that she lived in the same neighborhood as her extended family and in the same building as her husband’s family. During therapy, she suffered from postpartum depression and threatened to kill herself. (Adapted from Baker, 1999.)

Questions

1. How would you counsel Samia given the dual standards (Western vs. Middle Eastern) that her husband applies to her?
2. What issues should the couple work on as individuals and as a couple?

Reflection 1

Rashid and his family may have contributed to Samia's feelings of isolation and rejection, which resulted in Samia's depression. Supportive therapy to help Samia discover and feel good about her own unique identity would be beneficial. In terms of her feelings of loneliness, it is recommended that Samia find other support groups in the community in order that she might feel more connected.

Reflection 2

Samia and Rashid have many differences to face in continuing their relationship. Rashid's traditional view of a woman's role is infused as a Westerner and Middle Easterner, which continues to aggravate this situation. The counselor should suggest that couples counseling would be a good place for their differences to be shared and compromises explored.

Recommended Cultural Resources

Print Media

- Abu-Jaber, D. (1993). *Arabian jazz*. New York: Harcourt Brace. Accessible and enjoyable for a general audience, this is a delightful book about a Jordanian American family's life in a lower-middle-class town in upstate New York. Past tragedies haunt the grown daughters and their widowed father, as well as their Aunt Fatima.
- Baker, K. (2003). Marital problems among Arab families: Between cultural and family therapy interventions. *Arab Studies Quarterly*, 471–477.

- Erickson, C., & Al-Timimi, N. (2001). Providing mental health services to Arab Americans: Recommendations and considerations. *Cultural Diversity and Ethnic Minority Psychology, 7*(4), 308–327.
- Kanafani, F. A. (1998). *Nadia, captive of hope: Memoir of an Arab woman*. New York: M.E. Sharpe. An Arab Muslim woman born in Beirut in 1918 weaves together reflections on her personal struggle for independence with an account of her extended family's dislocation in the violent political upheavals of the Middle East.
- Khoury, R. (2002). Refugee mental health manual: Culturally competent practice with Arab-Americans. Retrieved July 26, 2006, from http://www.arabacc.org/Refugee_Manual/body_refugee_manual.html
- Middle Eastern American Resources Web site: <http://www.scu.edu/diversity/mideast.html>. General information, electronic journals, reference materials, and so on.
- Nafisi, N. (2004). *Reading Lolita in Tehran: A memoir in books*. New York: Random House Trade. We all have dreams, things we fantasize about doing and generally never get around to. This is the story of Azar Nafisi's dream and of the nightmare that made it come true.

Multimedia

- Middle Eastern videos at Berkeley Web site: <http://www.lib.berkeley.edu/MRC/MidEastVid.html>
- Perelman, V. (Director). (2003). *House of sand and fog* [Videorecording/Movie]. Universal City, CA: Dreamworks Home Entertainment, Distributed by Universal Studios Home Video. Fictional account of Iranian immigrant homeownership.