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Considerations for Psychotherapy with Immigrant Women of Arab/Middle Eastern Descent

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Among the many consequences immediately following 9/11, Arab/Middle Eastern Americans—who were less visible prior to the attacks—became a hyper visible ethnic minority group. As a result, Arab/Middle Easterners reported a sharp increase in discrimination and subsequently experienced maladaptive mental health outcomes. Although some scholars have discussed therapy with Arab/Middle Easterners, very little has been written about Arab/Middle Eastern women in particular. This article discusses cultural influences, acculturation experiences and gender roles that may impact psychotherapy with women of Arab/Middle Eastern descent. Considerations for non-Middle Eastern therapists working with this population will be discussed, especially the potential cultural mismatch with feminist theories and common misconceptions about Arab/Middle Eastern women. A case presentation is provided to illustrate the concepts.

KEYWORDS Arab American women, Arab immigrant women, Arab therapy, immigration, Middle Eastern women

For Arab/Middle Eastern women, the experience of immigration to the United States often varies by the reasons and circumstances surrounding the decision to leave the home country. Some of these women may immigrate along with their husbands to pursue better economic opportunities in U.S.
while others may be escaping a tumultuous political climate (Mourad & Carolan, 2010; Naff, 1985). The emphasis on the family unit within Middle Eastern culture may present particular challenges in regards to acculturation for Arab/Middle Eastern immigrant women. The process of immigration may involve a negotiation of gender roles among Arab/Middle Eastern women as their time in the U.S. increases. Psychotherapists, especially those who are trained in a Western context, may be unaware of these particularities and inadvertently impose Western feminist ideals on women of Arab/Middle Eastern descent. This article outlines some of these issues and offers suggestions for working with Arab/Middle Eastern immigrant women.

Several scholars have described Arab American immigration to the United States as occurring in three waves (Abraham, 1995; Naff, 1985). The first wave of immigration took place in the late 1800s and involved primarily merchants and laborers from Syria and Lebanon who were hoping to improve their economic conditions. The second wave of immigration occurred after World War II when many individuals were displaced as a result of the establishment of the state of Israel. The largest groups of immigrants during this phase were Palestinians, followed by Egyptians. Whereas the first wave consisted of primarily Christians, the second and third waves included a greater number of Muslims. In 1965, the U.S. passed less restrictive immigration reforms allowing a large influx of Arab immigrants into the United States, starting the third and current wave of immigration for Middle Easterners. The immigrants from this wave ranged in socio-economic status from highly educated professionals and merchants to unskilled laborers. Individuals in this wave represented diverse ethnicities including Palestinians, Lebanese, Egyptians, Chaldeans, Iraqis, and Yemenis. Many sought refuge in the United States due to political instability or war in their home countries (Abraham, 1995; Naff, 1985). As a result of these reasons for immigration and a pattern of young unmarried men choosing to immigrate to the U.S., women have been disproportionately underrepresented (Nigem, 1986).

The Arab American Institute (AAI) defines Arab Americans as those who have ancestry in any of the 22 Arab countries. Currently, the majority of Arab Americans report ancestry from Lebanon, Egypt, Syria, Palestine, and Iraq. Others have traced their ancestry to Bahrain, the Comoros Islands, Djibouti, Kuwait, Jordan, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia, Kuwait, Libya, Yemen, United Arab Emirates, and Mauritania (Arab American Institute [AAI], n.d.). The term “Arab American” is considered both a linguistic and cultural term (Samhan, 2006) and some have argued that it is too narrow and does not include those who do not speak Arabic but still share similar cultural attributes (Al-Hazza & Lucking, 2005; Suleiman, 2000). For example, there are several Middle Eastern ethnic groups who do not identify with the Arab designation but share many of the same cultural values (e.g., Coptic Egyptians, Chaldeans, Iranians).
IMMIGRATION AND ACCULTURATIVE STRESSORS

The majority of Arab/Middle Eastern immigrants to the U.S. made a voluntary decision to immigrate seeking better opportunities or freedom. For many who dream of living in the U.S., this process may be an arduous one in which they wait for their immigration applications to be accepted through an exclusive and restricted lottery system. For others who are highly educated and possess labor skills needed in the United States, the opportunity to immigrate to the U.S. may be easier. Additionally, many individuals in the Middle East from lower socio-economic statuses may have high expectations of living in the United States, believing that it will lead to economic wealth and prosperity. They may become disappointed and daunted by the challenges they face in a new country, and experience unanticipated difficulty in meeting their goals. For those who immigrate involuntarily—for example, to escape wars or persecution or as a result of forced exile—the challenges of adapting to the U.S. may be more complicated and compounded by pre-immigration and immigration traumas.

Regardless of whether the decision to immigrate was voluntary or involuntary, for many Arab/Middle Eastern women, the experience of immigration is fraught with a variety of stressors related to their adjustment to the U.S. First and foremost, many immigrant women may be unfamiliar with the English language and therefore struggle to communicate effectively (Mourad & Carolan, 2010). Because women of Middle Eastern descent tend to be charged with the tasks related to the care of their children, new immigrants may struggle when having to communicate with outside entities about their children (e.g., school officials) and therefore experience stress because they may feel that they are not successfully fulfilling their caretaking role.

One stressor faced by many Arab/Middle Eastern immigrants is that of prejudice and discrimination in the U.S. Instances of discrimination have been reported since the time that Arabs/Middle Easterners arrived in the United States in the 1900’s (Naber, 2000). The events of September 11, 2001 led to a sharp increase in discrimination against both new immigrants as well as Arab/Middle Eastern Americans born in the U.S. (Ajrouch, 2005; Awad, 2010; Awad & Hall-Clark, 2009; Ibish, 2003). Because individuals are categorized as “White” on the U.S. Census, many instances of discrimination fail to get recorded. Despite the continued experiences that reflect ethnic minority status for Arab/Middle Eastern Americans, the Office of Management and Budget (OMB) has hesitated to add a separate category to the current census race/ethnicity classifications. This is partly due to disagreement on the part of Arab/Middle Eastern Americans about appropriate labels used to describe this group. As such, instances of discrimination and prejudice are severely under estimated for this group (Ibish, 2001).

According to Zogby (2002), one in three Arab Americans reported experiencing discrimination and approximately 40% reported knowing another who was a victim of discrimination. Additionally, 78% of poll participants
reported greater racial profiling post 9/11 (Zogby, 2002). Perceptions of discrimination are also impacted by several psychological variables such as perceptions of control and acculturation status. For example, Moradi and Hasan (2004) found that as the perception of discriminatory experiences increased, an individual’s perceived level of personal control decreased. Furthermore individuals who reported discriminatory experiences were more likely to experience psychological distress. Perceptions of discrimination may also be dependent on acculturation level and religious affiliation. For example, Awad (2010) found that among individuals low in dominant society immersion (e.g., more recent immigrants), both Muslims and Christians perceived similar levels of discrimination. However, among Arab/Middle Eastern Americans who reported high levels of dominant society immersion (e.g., highly acculturated), Muslims perceived significantly more discrimination than their Christian counterparts. This finding may be explained by the visual cues involved with the Muslim religion. For Muslim women of Arab/ Middle Eastern descent who wear a hijab, experiences of discrimination may be pronounced due to the highly visible marker of religion and ethnicity.

GENDER ROLES FOR ARAB/MIDDLE EASTERN WOMEN

The collectivist ideology is perhaps the strongest cultural influence for individuals of Middle Eastern descent, driving many of their interactions (Dwairy, 2006). This emphasis on interdependence may have particular implications for women. Because the Arab/Middle Eastern family structure tends to be patriarchal and follow patrilineal patterns, major life decisions such as marriage often warrant the approval of the father figure who is often deemed to possess the highest status and greatest influence in the family (Abudabbeh, 1996; Dwairy, 2006; Read 2003). Additionally, because family reputation is a major determinant for a marriage partner to be deemed acceptable and desirable, particular attention is given to protect a girl's reputation to ensure that she is considered marriageable. This may manifest itself in the over-protection of girls that may take the form of perpetual accompaniment of male relatives on any outings as well as careful monitoring of activities that may lead to the questioning of a girl's chastity. For some families, the chastity of unmarried female members of a household is directly related to the reputation of the family. Therefore, girls are socialized to protect their reputation and avoid any situations that may lead others to expect impropriety and lead to the shaming of the family.

Because the gender stereotypes of women include the idea that women are naturally more relational, it is not surprising that the caretaker role is unquestioningly assigned to women. Once a Middle Eastern woman is married, there is enormous pressure to have children. Motherhood is expected for Middle Eastern women especially given the strong emphasis on the family unit in the Middle East (Haddad & Smith, 1996). Women are
expected to care for everyone around them and give little priority to individual needs (Dwairy, 2006). The status and even veneration of woman is often limited to the role of mother and wife (Read, 2004b). For Arab/Middle Eastern mothers, the idea of self-sacrifice is especially notable where ultimate personal sacrifice for the sake of the children is believed to be characteristic and a basic attribute of a good mother (Unger & Crawford, 2004).

Several studies indicate that some Arab/Middle Eastern American women may actively rebel against the traditional gender roles by which they were socialized (Suleiman, 2000). Women who were born and raised in the United States may perceive a double standard in which girls and women are not allotted the same freedoms freely given to their male counterparts (Amer, in press). Additionally, Arab/Middle Eastern women of higher socioeconomic statuses may be less likely to endorse traditional gender roles (Read, 2004b). Therefore, Arab/Middle Eastern women who come from higher socioeconomic status (SES) backgrounds (e.g., with more education) and who are more acculturated to mainstream U.S. culture may be the least likely to endorse traditional gender roles. Women who identify with and adhere to conservative religions tend to endorse more traditional gender roles than those who follow less conservative religions or are non-religious (Read, 2003). Read found that despite the finding that Muslim Arab American women have slightly more traditional gender role attitudes as compared to Christian Arab American women, religiosity is actually more influential in determining gender role attitudes. Specifically, a belief in scriptural inerrancy is a strong predictor of gender role attitudes for both Christian and Muslim Arabs wherein individuals who interpret their holy scriptures literally tend to be more conservative in their gender role beliefs. Read noted that some of the differences between Muslims and Christians in her study may be due primarily to acculturation differences given that the Muslims in her study sample were more likely to be recent immigrants.

Immigrant Arab/Middle Eastern women who choose to work outside the home are often believed to endorse less traditional gender roles. Because adherence to traditional gender roles often involves the belief that a woman’s proper place is in the home taking care of the family, working outside the home may be perceived as unnecessary or even culturally unacceptable. Furthermore, female employment was typically not required or even encouraged in the home country, and economic stressors in some countries limited the employment options for women (Keck, 1989; Read, 2004a). However, Arab/Middle Eastern women in the U.S. are faced with greater freedom to obtain a job, and for those who are lower in SES it is financially necessary. Individuals who seek to better their employment opportunities and household income may forgo traditional ideas about female employment. Those who do choose to work tend to be more highly educated, come from more liberal (less traditional and religious) families, have fewer ethnic relationships, and are of Christian affiliation (Read, 2002). These shifting gender
roles may be perceived as threatening to the traditional patriarchal family life, and women continue to play the leading role in maintaining the household, children, and culture (Keck, 1989). As such, women in families with small children or elderly parents are less likely to work in order to dedicate their lives to their family members (Read, 2004a).

PSYCHOTHERAPY WITH ARAB/MIDDLE EASTERN WOMEN

Traditional cultural values and gender roles may impact Arab/Middle Eastern women’s attitudes towards seeking psychotherapy. Arab/Middle Eastern women may not seek services even if they perceive that they have a need for such supports (Khan, 2006). When facing stress or psychological distress, many instead seek support from traditional coping resources such as religion (such as prayer) and family (Aloud & Rathur, 2009; Khan, 2006). Turning to a stranger can be seen as shameful and could tarnish the family’s reputation (Aloud & Rathur, 2009). It can also negatively impact Arab women’s prospects for marriage or increase chances for divorce (Youssef & Deane, 2006). This cultural stigma has prevented Arab/Middle Eastern women experiencing domestic violence from seeking help (Abu-Ras, 2003). Other barriers to seeking services include lack of knowledge about Western psychotherapy practices and how to access and navigate the mental health system (Aloud & Rathur, 2009). Because women represent the family honor, it has been suggested that rates of seeking services may be lower among Arab/Middle Eastern women (Youssef & Deane, 2006). On the other hand, one research study found Muslim Arab American women to be twice as likely as their male counterparts to have positive attitudes towards seeking professional mental health services (Khan, 2006); thus, the literature is inconsistent regarding gender differences in help seeking.

Considering the traditional culture of Arab/Middle Eastern immigrant women, it may be surmised that these women would feel more comfortable with a female psychotherapist and that perhaps therapists who are interested in gender issues would be better equipped to serve these women. However, it is important to consider how feminist values shared by many therapists may impact the therapeutic relationship. On a Likert scale, female therapists are likely to endorse the item “I am a feminist,” slightly to moderately above the midline (Moradi, Fischer, Hill, Jome, & Blum, 2000). Feminist philosophy and approaches to therapy have also influenced the field as a whole (Enns, 2012). Feminist values in therapy include the following precepts:

1. Because psychological theory has been largely androcentric, there should be a shift to acknowledge and appreciate women’s subjective experiences as important and legitimate;
2. We must look beyond the individual and acknowledge the contextual sources of personal problems;
3. The therapist and client should be seen as collaborators as opposed to the therapist being seen as the expert;

4. The purpose of therapy is to help women feel empowered and more positive about themselves so that they are able to engage in social change; It is not to inform them about their shortcomings. It is important for a therapist to be aware of the fact that there is a diversity of experiences for women and that factors such as age, race, ethnicity, SES, and sexual orientation (among others) impact those experiences (Unger & Crawford, 2004).

Although these precepts demand that the therapist be aware of “social factors,” the impact of a culture and its gender norms are often not discussed in detail. Hirschmann (1998) argued that Western culture (and thus Western feminism) are outcomes of the “enlightenment” period, which placed a heavy emphasis on individualism. This emphasis on an individual’s agency places the rhetoric of Western feminism in conflict with many other cultures. This is evident among Arab American women, for whom ethnic family networks and religiosity may be associated with less feminist attitudes (Marshall & Read, 2003). Hirschmann further argues that one of the goals of Western feminism is to “identify the ways in which apparently ‘natural’ restrictions on women are in fact not only socially constructed through, by, and for the interest of men—i.e., patriarchy—such that women are ‘disciplined’ to ‘desire’ and ‘choose’ the very things they are limited to” (p. 347). This desire to “uncover” internalized patriarchal norms becomes a particularly sensitive endeavor when applied to cross-cultural psychotherapy. When working with Arab/Middle Eastern women it may also be complicated by common stereotypes that these women are both highly sexualized and oppressed by Arab men (Gottschalk & Greenberg, 2011). These stereotypes are particularly salient in relation to Muslim women.

Lamya’al Faruqi (1983) argues that there are four Muslim values that are in conflict with Western feminism: the extended family system, individualism vs. the larger organization, differentiation of sex roles, and polygyny. Islamic tradition encourages a deep connection with the extended family, both socially and through Islamic law. This may cause conflict for Muslim women working with Western feminist therapists because of the Western values of individualism and the nuclear family system. Similarly, Muslim and Arab women are likely to delay their own goals and needs in favor of their family or larger community. The individualism espoused by Western feminism is in direct conflict with the interdependence of Arab culture. The differentiation of sex roles valued by Arab/Middle Eastern culture separates the responsibilities of men and women into financial responsibility and care for home and children, respectively, with the understanding that each sex is considered better suited to the realm of responsibilities they are assigned and that both realms are of equal importance to the larger good. While this
is much more in accordance with cultural feminism (Unger & Crawford, 2004), the majority of the Western feminist tradition is based in liberal feminism, which argues for a “unisex” culture, in which each sex is considered just as capable in all realms of responsibility. Last, while polygyny is an accepted practice within Muslim cultures it is not as common of a practice as it is perceived, and, when it does occur, it is strictly controlled by social pressure. For example, a Muslim man can only marry an additional wife if he can treat all of his wives equally and fairly which is a difficult feat to achieve. However, polygyny is obviously in direct conflict with Western values of love and monogamy. While Western feminists were not the first to endorse the institution of monogamous marriage, they are likely to see polygyny as a subjugation of women.

CASE STUDY

Eman is a 40-year-old Muslim woman who emigrated from Jordan to Southern California with her husband Hassan when she was 20 years old. She has sought counseling at the advice of a White neighbor due to depression. She has two children, a daughter (age 15) and son (age 13). She has never been employed outside of the home, although she is considering finding employment now that the children are older and her family and additional income could be useful to her family. There has recently been significant conflict between her and her husband concerning her daughter’s career goals and Eman’s own desire to work outside of the home. Over the past 20 years, Eman has had significant contact with Western culture and has an ambivalent relationship with the role of women in both Islamic and Western cultures. Both of her children have attended public schools and have moved away from Islamic traditions. She worries a great deal for her daughter, both that she will not make appropriate choices and that her father may refuse to support her in her goals. While Eman stays in close contact with her family, both in Jordan and with others who have immigrated to the U.S. (including her sister, who lives in the Northeast U.S.), she feels socially isolated.

Amanda, Eman’s therapist, is a counseling psychologist who has been practicing for 10 years. Although she took the required classes in multiculturalism in graduate school, she has never worked with an Arab client. Amanda grew up in the Midwest. She is divorced and also has two children (both daughters), in their teens. She has considered herself a feminist since her undergraduate work and believes that she is competent enough to work with Eman; therefore, she chose not to refer Eman to another therapist. Amanda primarily works with clients in a cognitive behavioral modality, significantly influenced by the ideals of feminist and humanistic perspectives.

1 This is a fictional case study based on issues commonly faced by Arab/Middle Eastern immigrant women.
POSSIBLE CONSIDERATIONS FOR THERAPY

Extended Family System

Eman has been separated from her larger family system for the majority of her adult life, which has caused her to feel a great deal of isolation, both emotionally and culturally. In Western psychology, and Western feminism, a certain amount of separation, or individuation, from the family of origin is considered psychologically healthy, while a lack of separation is commonly pathologized as enmeshment or dependence. Given that Amanda has moved away from her own family and has internalized her culture’s—and psychology’s—view of what it means to be an independent adult, she must consider how this affects her counter transference towards Eman’s feelings about her isolation from her family.

Individualism versus the Larger Organization

Eman is currently struggling not only with her own ambivalence towards acculturation, in terms of what it would mean for her to look for a job outside of the home, but also coping with her children’s level of acculturation and what that means about the decisions they will make in their lives and their attachment to Arab/Middle Eastern culture, specifically in terms of their adherence to valuing the larger organization over their individual goals. Her daughter is struggling to find her way as a first generation Middle Easterner born in the United States, and possibly a future first generation college student. While Eman supports her daughter’s goals, this is complicated by Eman’s own ambivalence concerning individualism and her belief in sex role differentiation.

Sex Role Differentiation

It is important to consider that Eman has been conforming to the Arab/Middle Eastern gender norm of having primary responsibility for the home and children; this is her primary identity within the home. It is possible that her depression has been influenced by her ambivalence towards this identity as well as her conflict with her husband, which serves as an externalization of this internal conflict. Amanda’s primary goal in this area should be to deeply empathize with and honor this ambivalence. As a divorced professional, Amanda must be aware of her own biases towards individualism and her possible desire to encourage Eman to work outside of the home and gain more independence. To assuage these biases Amanda should consider reviewing multicultural literature generally, as well as that specifically related to Arab culture and women. It might also be useful to Amanda to read memoirs of both Arab women and Arab immigrant women to better understand their cultural experience from a first-person perspective.
Treatment Goals

Eman’s initial treatment goal was to decrease her depression and find resolution to the struggles in her immediate family. However, we must be aware that Amanda, as her therapist, also has goals in the therapy process. While Amanda also hopes to decrease the amount of depression Eman is experiencing, she may have goals concerning Eman’s relationship to her family and future achievement.

Possible Approaches to Treatment

As Amanda generally works from a cognitive behavioral perspective, influenced by both feminist and humanistic psychology, her focus should be on exploring Eman’s schemas concerning her role in the family and larger culture, which are obviously highly influenced by her life experience and culture (Hays, 2008; Brown & Brodsky, 1992). The key point for Amanda in this process is assuring that she is respectful and empathic concerning Eman’s existing schema, and that she acknowledges that these schema may not need to change, but that Eman may change her relationship to them. This exploration could help Eman come to terms with the root of her own ambivalence concerning her relationship to both American and Arab/Middle Eastern culture, which may be influencing her depression. It is crucial that Amanda support Eman’s ambivalence and the difficulty of the acculturation.

Were Eman to be working with a woman of similar ethnic and cultural background, different challenges may emerge. The acculturation experience of the therapist, as opposed to Eman’s, will still need to be considered by the therapist, specifically concerning the fact that the therapist’s own solution to cultural conflict is not the only way. Eman may come to very different conclusions concerning this conflict and the therapist must be capable of empathizing and validating those choices.

CONCLUSION

This article offers some considerations for working with Arab/Middle Eastern women. Arab/Middle Eastern cultures are generally characterized by traditionalism especially as it pertains to the role of women. Therefore, it is imperative that those providing therapy to this population understand the various ways that cultural influences, acculturation experiences and gender roles may impact psychotherapy. The negotiation of gender roles for Arab/Middle Eastern women may be one source of acculturative stress experienced and this may manifest itself in several ways ranging from anxiety about working outside the home to worrying about whether or not Arab/Middle Eastern cultural values are adequately taught to children. Because
stereotypes that portray Arab/Middle Eastern women as weak and victimized abound, non-Middle Eastern therapists working with this population should be introspective and acknowledge any biases they may have before attempting to provide psychotherapy. This issue may be especially salient for feminist therapists given the potential cultural mismatch with feminist theories and common misconceptions about Arab/Middle Eastern women.

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