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Editorial: Mental Health Issues in Arab Society	<i>Alean Al-Krenawi</i>	71
Editorial: Palestinian Psychiatric Association	<i>Bassam Al-Ashhab</i>	72
Psychiatry and the Palestinian Population	<i>Harvey Gordon and Ibrahim Murad</i>	73
An Update on Mental Health Services in the West Bank	<i>Bassam Al-Ashhab</i>	81
Child Mental Health Problems in the Gaza Strip	<i>Abdel Aziz Mousa Thabet and Panos Vostanis</i>	84
Children Living Under a Multi-traumatic Environment: The Palestinian Case	<i>Roney W. Srouf</i>	88
The Psychological Effects of Intifada Al Aqsa: Acute Stress Disorder and Distress in Palestinian-Israeli Students	<i>Naiera Musallam, Karni Ginzburg, Liat Lev-Shalem and Zahava Solomon</i>	96
The Impact of Social Values on the Psychology of Gender among Arab Couples: A View from Psychotherapy	<i>Khawla Abu-Baker</i>	106
Commentary	<i>Lamis S. Al-Solaim</i>	114
Mental Health in Egypt	<i>Ahmed Okasha</i>	116
Socio-Political Aspects of Mental Health Practice with Arabs in the Israeli Context	<i>Alean Al-Krenawi</i>	126
Book Reviews	<i>Itzhak Levav and David Greenberg</i>	137
Hebrew Section	Abstracts	140

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The Impact of Social Values on the Psychology of Gender among Arab Couples: A View from Psychotherapy

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Abstract: Three major psychosocial conditions have an effect upon the establishment of psychological problems within individuals and in the relationship of couples in the Arab family: (a) gender-dependent assessment of emotions, i.e., holding two different unequal yardsticks for two highly-genderized value systems; (b) imposing conflicting value demands on women; (c) glorifying and giving much respect to the notion of women's suffering in silence, a state described here as the "Mastoura" (tight lipped) woman, equivalent to the "learned helplessness" state. This article will also focus on the common forms of the manifestation of psychological or marital problems: sexual dysfunctions, somatic behavior and the usage of metaphoric language of psychosomatics. The article presents frequent complaints of couples who seek marriage therapy and the characteristics of each group.

Although Arab societies vary in their structure and their complexity and even though what has been termed the "changing family" has begun to emerge, it is still possible to generalize and say that Arab family declared values have remained essentially traditional. These values emphasize the collective, the family and an agreed-upon structure whereby preference is given to males and to age (1, 2). Hence, despite the techno-economic changes currently impinging upon the entire Arab world, modern patterns developing within Arab societies are rebuilding and recreating the structure and function of the *hamula* or extended family, often with semi-modern embellishments (see also 3).

This paper is based on content analysis of 90 cases of couples who sought therapy or counseling during five years (1999-2004). It will try to analyze: (a) the clients' reasons for seeking therapy, (b) the clients' complaints about their partners, (c) the clients' suggestions for improving their situation, and (d) the reactions of the significant others to the clients' problems. All categories suggested were used by the clients themselves.

Three major trends in the values underlying the psychosocial structure have a direct effect upon the emergence and establishment of emotional problems. The impact of these trends crosses individual and demographic lines and can be seen among all couples. The trends are as follows:

Gender-dependent assessment of emotions in the Arab family

Arab society and the Arab family relate to the feelings of men and of women using two different yardsticks. Females are encouraged to express emotions that elicit support and reflect weakness, such as fear, unhappiness and helplessness. Men, on the other hand, are encouraged to express emotions that encourage action, such as anger, anxiety and revenge (4, 5). During the socialization process, members of each gender group learn to adhere to those emotional behaviors that have been designed for them and that indeed mold them into who they are. For either gender group, crossing the boundaries occasions harsh social sanctions.

The differential psychosocial value applied to a husband's emotional grievances and those of his wife have led to the development of two versions of social therapy for such grievances, one for each gender group. Both the attitude taken toward a problem and the type of support provided differ depending upon who is seeking help. Women seeking support are given sympathy and are thought of as unfortunate creatures in need of protection from their parents or their extended families, but are rarely afforded any other response. In contrast, when men seek help, the response is usually to bring about a rapid change in the circumstances that led to his distress. For example, if a man complains about emotional anguish because his wife refuses to have sexual relations with

him, the social group surrounding him will intervene and try to change his wife's behavior. If that does not succeed, he will be helped to divorce her and to marry another woman in order to fulfill his right to sexual satisfaction. On the other hand, if a woman complains that her husband refuses to have relations with her or that he suffers from impotence, her problem will usually be treated by silencing her, blaming her, isolating her and delegitimizing her feelings and complaints. Those around her will remind her of values that emphasize her role as a woman of valor, that is, a woman who suffers in silence, does not complain, is altruistic, maintains her husband's honor and the honor of the family, and is consoled by the rewards in the world to come. Thus, society preserves and reconstructs its traditional social order. It also provides men with psychological relief from all possible distress and forces women to learn to disregard, hide and repress their authentic feelings.

Additional examples of gender-dependent assessment of emotions can be found in cases of widowhood, alcoholism, imprisonment, violence, disability, infertility, psychiatric illness, out-of-wedlock sexual relations and other similar problems.

The prevailing value structure is more flexible and understanding when it comes to "deviant" behaviors among men, while it tends to be brutal toward the same behaviors among women. The most outstanding example is in the area of sexual experience, which has a direct impact upon the mental health of each gender group. According to the cultural and religious values of Moslems and Christians in the Arab family, sexual activity outside of marriage is prohibited for both men and women. In practice, however, society is much more tolerant of men's sexual encounters, while for women that same society is a source of threat and emotional discomfort. It is not uncommon to hear Arab men boasting about the number of girlfriends they had before they were married (and sometimes after as well) or about their use of drugs in their youth (or even as adults) or about running away from home during their adolescence (and even unexplained absences from home after marriage). Arab women, on the other hand, must conceal a history that involves similar life experiences. They must not mention such experiences and indeed it would be preferable to find a cover

story to explain their past life so as not to pay a terrible price, which could range from social ostracism that would prevent anyone from marrying them to their actually being murdered by a member of their own family (see also 6-11).

This differential system of values leads to gender-dependent emotional problems. Moreover, the differential attitude toward the feelings of men as opposed to women also enhances feelings of distress among women. Thus, even while they are in treatment, these women continue to assist in preserving the existing cultural and social value system rather than serving to improve the mental health status of women in general.

Emotional distress caused by conflicting value demands

Living in a society that is both collectivist and paternalistic (12, 13), Arab women see no acknowledged legitimization for deviating from the traditional path. Women who have adopted a new and modern lifestyle are considered exceptional (5). The space for personal choice often shrinks to nothing, so that each woman is required to be "like everyone else" and do what is expected of everyone. Women are labeled as "strange" rather than merely as "different" when they decide to manage their affairs other than according to what the social order has dictated for women.

The current period of social change in the Arab world is characterized by value ambiguity. This ambiguity enables those in authority, that is, older men (husbands, fathers, employers) and older women to juggle between very traditional values and modern values according to what is best for the majority rather than taking the emotional welfare of the individual into account. Such ambiguity is harmful to women's mental health and constitutes a means of controlling their productivity.

The call for equality in the Arab world that began 110 years ago was sounded by both women and men. An analysis of the narratives of equality reveals a call for the rights of women to study and work in order to serve their families. There is no parallel call for men to embrace women's work fields or areas of responsibility, such as sharing in the responsibility for taking care of the house and raising the children.

The dilemma of these conflicting demands

leads to a situation in which men are constantly criticizing women, each time based upon a different standard, either traditional or modern. These conflicting demands are also physically and emotionally exhausting. The general feeling is that society is a threatening entity that pursues women and prevents them from fulfilling themselves. In the vast majority of cases, Arab men are not conscious of the intrapsychic and social pressures on their wives and are not aware of their distress. Thus, it is difficult for them to give credence to their wives' depressions, hostility, disappointments and helplessness and they fail to understand their wives' aversion toward them as life partners. It must not be concluded, however, that all Arab women are empathetic toward their husbands' feelings; such a claim is basically erroneous. The notion of "learned helplessness" or "acquired helplessness" is a psychosocial phenomenon (14), by which people learn to belittle their own value following countless unsuccessful attempts to change their situation as a result of the sheer size of the problem or of its suppression or of a lack of belief in their surroundings. Seligman (14) claimed a connection between depression and learned helplessness.

Glorifying the notion of suffering in silence: the *Mastoura* woman hides her problems

The term *Mastoura* woman refers to a tight-lipped woman who suffers in silence without complaining. The most appropriate psychological term to describe the behavior of the *Mastoura* woman is "learned helplessness." From a very young age, Arab women learn that society values women who suffer in silence. According to the folk saying, an easy-going and quiet woman is someone whose "mouth is for eating but not for talking." Social values encourage men to talk about problems caused by their wives, while women are taught to keep quiet about problems caused by their husbands. The more a woman learns to suppress her pain caused by those in her immediate family and her social circles, the more she will be seen as a successful woman capable of coping with her problems.

Couples in Therapy

In the Arab world, psychotherapy is still in its in-

fancy (12, 15, 16), and there is no area of specialization in family therapy. To solve problems in their relationship, couples usually consult with their immediate and extended families (4). In cases of severe anxiety, conflict or violence, relatives and important people in the community serve as mediators and arbitrators. They give advice geared to achieve marital harmony, but they do not explore the basic source of the couple's problems.

Arab women make a decision to seek counseling themselves when they reach the point where they feel that their community, their natural source of support, does not understand them, or in more extreme cases, when the community itself is the cause of their emotional distress. Initially, they regard therapy as an institution where they can place a complaint against their husbands, their family and society at large. Hence, their immediate need in therapy is to improve their interpsychic relations rather than their intrapsychic relations, as is usually emphasized in individual therapy or in marriage or family counseling in the West. It is therefore natural that in the therapeutic environment, discourse about the family and the society will be highly intensive, as will the family and social discourse itself.

Based upon clients' reports, marital problems of Arab couples can be divided into five types:

Immature marriages between those who have just reached puberty and have not had any sex education whatsoever

Two very difficult social-cultural issues are involved in the problem of immature marriages, both directly related to the social status of Arab women. The first is the young age of marriage in the Arab world. Although the average age of marriage has risen in most Arab societies over the last fifty years, about 25% of girls between the ages of 15 and 18 (17) still get married without becoming sufficiently acquainted with their future husbands and without any sex education whatsoever. On the other hand, the husband learns from the male environment that he must prove his masculinity immediately; otherwise, his reputation will be tarnished. Thus, the first sexual contact in such a marriage often, according to the clients' own description, borders on rape.

An Arab female gynecologist (Dr. Mansour-Shweke, personal communication, January 12, 2005)

claims that young girls preparing for marriage hear from their married girlfriends that the first sexual contact is painful, so that on their wedding night they are anxious and frightened. As a result of such an emotional state, the vagina tenses up, causing genuine difficulties in penetration. The percentage of women reporting vaginismus during the first months of their marriage is quite high. Apparently, the stories exchanged among brides along with the emotional tension of a new marriage together contribute to this high percentage of sexual dysfunction among Arab women.

Society continues to respect and value virginity, which is thought of not only as a sign of an unmarried woman's morality but also as an indication that a family has properly and successfully educated its daughter. Hence, the call for celibacy until marriage is the social status quo across all religious (Christianity, Islam, Druze), social and economic strata. Yet a bride has no guarantee that rupturing her hymen will cause sufficient bleeding to prove to her husband that her sexual past has been spotless. The bride and the groom as well are extremely anxious until the bleeding begins. A lack of sufficient bleeding provokes heated discussions regarding the future of the relationship, and the past of each member of the couple threatens the stability and wellbeing of the new relationship.

On the other hand, because of the differential legitimization of sexuality for Arab males and their intensive exposure to the sexual behavior of other cultures, they immediately expect their partners to become experts in sexual relations, despite their lack of experience. Such a demand puts a great deal of emotional pressure on inexperienced women, not to mention the value dissonance it represents.

One more unvoiced psychosocial problem relates to the uprooted feeling of women upon relocation after marriage. Women usually make the transition from single to married and move from their family home to the home of their husband's family without any proper emotional preparation and with a great deal of anxiety as well. A young bride must get used to being married and at the same time fit into her husband's extended family. In most cases of marriage at a young age, the young brides suffer from feelings of intense coercion and even from an atmosphere of emotional and/or physical violence generated by the

husband or his family. Because of the reigning conspiracy of silence, every bride will believe that her personal circumstances are the result of bad luck rather than being the general condition of most very young brides.

Somatic codes as a legitimate alternative for expressing anger in family relations

The second group consists of women who are depressed emotionally and socially and are referred to psychological and/or family therapy by their family doctor as a result of the appearance of psychosomatic illnesses. Usually those in the woman's immediate surroundings urge her to seek treatment because her symptoms disrupt the course of their normal lives.

Many studies of mental health in the Arab world have pointed to a relatively high percentage of psychosomatic symptoms compared to other societies. Studies on the status of mental health in Iraq (18), the Palestinian population of Israel (16, 19), Saudi Arabia (20, 21), Lebanon (22) and the rest of the Arab world provide a clear picture of the extent of this phenomenon. Emotions are expressed through somatization, a process that is safe for women, morally acceptable, and leads to seeking some form of help and solution. Among other things, women reported on "pains in the heart," as well as "headaches," "nerve pains," "backaches," "overall fatigue" and "an inability to stand on their feet" as cultural codes for expressing psychological problems.

Arab women have created networks of intimacy to provide social and psychological support. None the less, as a result of the separation of male and female cultures, they are under constant social supervision from the male culture and from their own culture as well. Adopting the psychology of the *Mastoura* woman and its consequent mechanism of silence increases the rate of emotional problems among Arab women (in the Arab world) as compared to Arab men. For example women in the Arab world are more prone to depression and anxiety than are men (23). Thus, women also exhibit more psychosomatic symptoms. Still, it is important to note that Arab men also usually express their emotional state psychosomatically (headaches, high blood pressure, diabetes, cardiological problems, etc.).

The *Mastoura* women as metaphor of psychosomatic symptoms

Due to ignorance and the traditional negative stigma attached to psychotherapy, people tend to postpone seeking psychological treatment or family or marriage counseling until their symptoms become intolerable and after they try all the folk methods at their disposal to solve their problems by themselves.

Women who seek treatment after years of putting it off expect to treat their symptoms rather than the source of their problems. Acute somatic problems give the patient and those around her the feeling that she is being treated and that "everyone is concerned for her health." But touching upon the psychological source of the problem is a threat to the existing homeostasis of illness. So often women in therapy know exactly what they should do: get divorced, live on their own, and begin putting their lives together again. But such scenarios are deemed not viable to them by the extended family for they undermine the existing system of values and the social order. In predicting this social response, women suffering from marital and/or psychological problems realize they are helpless and that there is no hope for changing their life conditions.

Therapeutic intervention among women in this population group focuses on empowerment and identifying repressed resources in order to reorganize and redefine life experiences. Women are encouraged to seek a positive and supportive environment or success in projects that are socially and culturally acceptable. Suggesting drastic solutions is impossible because they cannot enlist the social support required for such solutions, and they have no chance of succeeding on their own.

The double bind in personal decision making

The third group is composed of educated women who feel that getting married is the central cause of their psychological distress, based upon the discrepancy between their conception of marital relations and that of their husbands. They seek individual or marriage counseling to find more effective and healthier ways to acclimate to one another. Both members of the couple initiate treatment, but usually it is the woman who is expected to take responsibility for their mismatched expectations.

Wives are not supposed to emphasize their achievements at the expense of their husbands for fear of undermining the latter's self-confidence. Women are expected to take pride in their husbands' professional or financial achievements or in his ability to support the family, but men are not supposed to boast about a wife who supports them for that would undermine the value of men being financially responsible for their wives. Women who are more highly educated than their husbands or who earn more money must keep a low profile in order not to be accused of attempting to gain control of their husband as a result of their economic power.

In families where the husband is apathetic, withdrawn or considered to be a professional and/or social failure, an energetic woman who is a real go-getter is expected to choose to downplay herself in order not to threaten her husband's eroded ego. Women suffer when they see that other men outshine their own husbands, yet they cannot share these feelings with others. They come to therapy with a deep sense of disappointment in their husband's lack of authority as well as intrapsychic and social conflicts deriving from ongoing repression of their own authority, either by themselves or by those around them.

Arab women grow up in a culture in which the sources of power gained control by fostering women's inferiority. When women realize they are not inferior at all but rather more outstanding than the men around them, they begin to suffer from profound psychological exhaustion. They become angry and frustrated, feel they have been deceived, and are forced either to adopt a pattern of helplessness or to rebel. Most women in this group come to therapy on their own, and usually without their husbands' knowledge, because they do not believe their husbands would understand, agree or cooperate with the therapy.

***Mastoura* (tight-lipped) women who violate the code of silence**

This category comprises *Mastoura* women who for years have suffered in silence. Usually they initiate therapy out of a sense of profound disappointment in the value of keeping quiet. One source of pride for this group is the number of years a woman can bear her suffering without involving others, not even the

members of her own family. Women in therapy explain their silence as an attempt to protect their families of origin or their children. Usually they believe their tale of woe will emotionally, economically or socially harm those who are near and dear to them. For example, a woman will be reluctant to tell her diabetic father about her marital problems so as not to bring on an "attack of nerves" or send him into a depression, thus exacerbating his illness. In other cases, a woman will avoid telling her family about her difficult circumstances if she believes a member of her family will physically attack her husband, ending in jail for the attacker and the hospital for the husband. She will avoid telling them about her poverty so as not to place an economic burden upon them.

The declared reason for silence is the woman's faith, the weakest factor in the equation, but this silence gives her the sense of power to preserve the unity of the collective, the strongest factor in the equation. By imposing silence upon themselves and adopting the *Mastoura* psychology, marginal women make themselves important and delegate themselves a role in empowering the men from their families of origin. In practice, women help preserve the existing social order, internalize the image of the authority figures in their lives and enable those individuals to serve as their collective conscience.

The prevailing social values teach women to invest their entire lives in their ties to male blood relatives, that is, their brothers and their paternal and maternal uncles. Women invest in these ties so they will be able to take advantage of them when needed. A strong, rich, well-known and authoritative father/brother/uncle will be able to improve the conditions of the woman's life by negotiating with her husband. He will also enable the woman to threaten to leave her marriage if conditions are not appropriate. Women who lack such a social refuge have no socially supported bargaining cards.

Women put off reporting how miserable they are because they want to prove they have exhausted all possibilities for rehabilitating their relationship and also because it is difficult for them to admit that their life's work of "keeping things under wraps" failed despite their silent suffering, or even as a direct result of it. When they begin to understand the psychosocial deception under which they lived, sometimes for 15 years or even more, they become angry and decisive.

At this stage, when they no longer fear that others will learn of their bitter fate, they refuse to go back to their former lives without a guarantee of basic changes. They become determined and stubborn during the course of the therapy and in their negotiations with their husbands. Usually those around them try at first to shut them up again through an appeal for family unity and the best interest of the children, but these arguments for the most part no longer have any impact upon them.

Sexual relations play a very important role in a couple's problems. During a marital crisis, sex constitutes a means of appeasement through which the couple can declare a cease fire and begin talking. Alternatively, sexual relations can serve as a weapon used by one member of the couple against the other. A woman who openly refuses to engage in sexual relations and who moves out of the bedroom is considered to have committed a religious and social transgression. Islam preaches that men should withhold sexual relations against women to "educate" them to correct their behavior. However, a woman's refusal to provide sexual favors is considered a major religious transgression and she will be condemned to ostracism. It is common for couples to complain about such behavior in front of those attempting to mediate between them. The popular approach to this issue is to separate between personal anger and sexual relations. Sex is looked on as a service that one member of the couple provides to the other, and as long as the marriage exists this service should not be discontinued in order not to encourage the sin of prostitution among either member of the couple. For *Mastoura* women, the pressure to continue being involved in undesirable sexual relation constitutes another source of psychological stress.

In cases of acute problems between husband and wife, the marriage will not be ended merely because the two have made a decision to end it. Their families of origin must agree as well, regardless of the couple's age or how long they have been married. Consulting with the families is a very important stage in society's attempt to fix whatever is wrong and to preserve the social order by imposing its role on the private lives of the couple. On the other hand, intervention from the families of origin represents a declaration of the extent of the social, financial and political support the warring couple requires during such a crisis. This

declaration is particularly important to women, who during the years of their marriage were not able to accumulate any financial or social power.

Psychologically, the involvement of the families of origin externalizes the problem and grants it psychological dimensions that facilitate the initiation of proper treatment. Many problems suppressed over the years can become chronic and complex. Earlier involvement of others in such problems might have prevented a great deal of suffering on the part of both members of the couple and their children. Erroneous adoption of the psychology of the *Mastoura* woman or the *Mastoura* family is often the cause of the problem rather than a mechanism for mental health of the collective.

Women who are self-aware: the struggle for control and independence

The women in this group are aware of themselves and of their psychological and social suffering, and when such suffering makes its first appearance, they are not willing to adopt it as a way of life. They seek out treatment in order to acquire effective and "professional" tools for changing their circumstances.

Arab men focus on the positive aspects of the changes in the lives of Arab women, for example, pursuing higher education and working outside the home. These changes have had an impact upon the family's quality of life and have alleviated the husband's economic burden. At the same time, there have been no concomitant changes in male values or in the division of labor between men and women. Arab men married to career women compare themselves to their fathers and discover how democratic and equal they are, but they avoid comparing themselves with their multitasking wives. They maintain that career women are interested in gaining control of their husbands under cover of the narrative of equality. This argument begins before marriage and for some career-oriented couples continues during the course of their relationship (5). Arab men's salary is higher than women's as a result of wider access to employment options and because of their ability to work longer hours away from their villages and families (24).

Career women claim that men cannot establish an independent nuclear family because of their traditional loyalty to their family of origin. These prob-

lems become more acute when the economic situation of the nuclear family is shaky and the husband contributes part of his income to his family of origin. Career women maintain that they go out to work to support the traditional women in their husband's family who are not interested in working outside the home. In some cases, when the husband joins his family's business, his family becomes a closed society where the husband works, lives and spends all of his free time.

Discussions of gender equality are part of the routine discourse among women who claim to be interested in "improving Arab society." These discussions are part of an action strategy. Their narrative has been adopted from the Western feminist narrative, which has seeped in through literature, the media, academia, and interpersonal and intercultural contacts. These discussions appeal to "modern" men, who use them to judge a woman from the outset as "spoiled." As time goes by, these arguments about women's rights become repulsive to men. Arab society shows understanding for their repulsion and claims that these women are "blind" and are "destroying their homes all by themselves" because of their continued demand for gender equality.

The eclectic choices society offers to women together with the limited freedom of movement granted to them make many women feel they have not achieved true equality and are not really understood by their husbands. Usually they seek therapy to satisfy the needs of their ego and to find additional means of self-realization.

Equality-conscious women use therapy to reevaluate themselves, their husbands, their own family and that of their husband, and their entire surroundings. They seek full implementation of models and values of equality. Consequently, analyzing all components of Arab society becomes an integral part of the therapeutic discourse.

Today's young people are the products of families whose lifestyles have integrated both modern and traditional elements. These families raised their children on the principles of equality and democracy. They support choosing mates based on personal factors, and they do not suggest that their children marry too young. The young people, in turn, take advantage of this relatively broad freedom compared to that offered by society at large in order to get to know

one another better. This group does not conform to traditional patterns of acquaintance, engagement and marriage. The mixed attitude of society toward this group is marked by admiration on the one hand and criticism and gossip on the other. The natural social response is to integrate social change as it unfolds.

There is also a group of feminist-oriented males who believe that Arab society should change from traditional to democratic in every aspect of life. This group is carrying on a fertile and constructive discourse and does not need marital or family counseling. Yet it is still a distinctive minority within Palestinian society in Israel.

Conclusion

An analysis of the emotional and marital problems of Palestinian women requires understanding the context of the Palestinian family structure, its social and religious values, its economic and political effects, and the intercultural influences upon it. Many norms considered by society to be positive and even noble, such as the *Mastoura* woman who suffers in silence and hides her problems or the practice of immature marriage at puberty, remain a source of pride for parents but can cause serious emotional and marital problems for the couple. Thus, in addition to maintaining cultural sensitivity toward their clients, therapists must develop a unique intervention program appropriate to each and every person within his or her ecological context, as outlined by Bronfenbrenner (25, 26). In many instances of marital counseling, the members of the couple change their values or their awareness due to the intervention of another male, usually related to the woman. Hence, for Arab families it is natural and normal to see the involvement of the families of both members of the couple as a normal pattern with social, economic and psychological functions. In addition, the first signs of families with Western thinking and a Western lifestyle are beginning to emerge. Their attempt to fit into the existing structure constitutes a tough challenge.

In marital counseling in a traditional society, certain elements within the society may attempt to use the therapy as a means for controlling the clients, particularly the women among them. This issue is

particularly problematic when the therapeutic intervention, whose goal it is to empower the client, is not properly tested and therefore contributes toward destroying relationships rather than improving them. Hence, the meaning of routine norms for the clients must be reexamined, as must the consequence of the intervention itself on all aspects of their lives.

References

1. Barakat H. *The Arab world: Society, culture and state*. Berkeley and Los Angeles: University of California, 1993.
2. Joseph S. *Gender and citizenship in the Middle East*. New York: Syracuse University, 2000.
3. Al-Haj M. *Social change and family processes*. Arab communities in Shefar-A'm. Boulder: Westview, 1987.
4. Abu-Baker K. Marital problems among Arab families: Between cultural and family therapy interventions. *Arab Studies Q* 2003;25:53-74.
5. Abu-Baker K. "Career women" or "working women"? Change versus stability for young Palestinian women in Israel. In: Naveh H, editor. *Israeli family and community*. London: Vallentine Mitchell, 2003: pp. 85-109.
6. Haj-Yahia MM. Predicting beliefs about wife beating among engaged Arab men in Israel. *J Interpersonal Violence* 1997;12:530-545.
7. Haj-Yahia MM. Beliefs about wife beating among Palestinian women. *Violence Against Women* 1998;4:533-558.
8. Haj-Yahia MM. A patriarchal perspective of beliefs about wife beating among Palestinian men from the West Bank and the Gaza Strip. *J Family Issues* 1998;19: 595-621.
9. Hasan M. The politics of honor: Patriarchy, the state and the murder of women in the name of family honor. In: Naveh H, editor. *Israeli family and community*. London: Vallentine Mitchell, 2003: pp. 1-37.
10. Shalhoub-Kevorkian N. Tolerating battering: Invisible methods of social control. *Int Rev Victimology* 1997;5: 1-21.
11. Shalhoub-Kevorkian N. The efficacy of Israeli law in preventing violence within Palestinian families living in Israel. *Domestic Violence: Global Responses 2000*: pp. 47-66.
12. Dwairy M. *Cross-cultural counseling: The Arab-Palestinian case*. New York: Haworth, 1998.
13. Sharabi H. *Neopatriarchy. A theory of distorted change in Arab society*. NY: Oxford University, 1988.
14. Seligman M. *Helplessness: On depression, development and death*. San Francisco: Freeman, 1975.

15. Al-Krenawi A, Graham J R. Principles of social work practice in the Muslim Arab world. *Arab Studies Q* 2003;25:75-91.
16. Okasha A. Mental health services in the Arab world. *Arab Studies Q* 2003;25:39-52.
17. <http://www.rikaz.org>. (Databank for the Palestinian Minority in Israel). Retrieved April 10, 2005.
18. Al-Issa I, Al-Issa B. Psychiatric problems in a developing country: Iraq. *Int J Soc Psychiatry*, 1969;16:15-22.
19. Gorkin M, Masalha S, Yatziv G. Psychotherapy of Israeli-Arab patients: Some cultural consideration. *J Psychoanalytic Anthropology* 1985;8:215-230.
20. Racy J. Somatization in Saudi women: A therapeutic challenge. *Br J Psychiatry* 1980;137:212-216.
21. West J. Psychotherapy in the eastern province of Saudi Arabia. *Psychotherapy* 1987;24:8-10.
22. Isai A. Psychosomatic disorders. Beirut: Dar El-Nahda Al-Arabia, 1994 (in Arabic).
23. Ibrahim R M. Sociodemographic aspects of depressive symptomatology: Cross-cultural comparisons. *Dissertation Abstracts International* 1991;51.
24. Alexander E. The image of darkness — Women at work. In: Maor A. *Women — The rising force*. Tel Aviv: Sifriyat Hapoalim, 1998: pp. 286-309 (Hebrew).
25. Bronfenbrenner U. Toward an experimental ecology of human development. *Am Psychol* 1977;45:513-530.
26. Bronfenbrenner U. *The ecology of human development: Experiments by nature and design*. Cambridge, Mass.: Harvard University, 1979.

Commentary

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To find a study that is dedicated to addressing the needs and challenges facing Palestinian women is uplifting. The study by Dr. Abu-Baker liberates Palestinian women from the frame within which we normally perceive them. It does not address her struggle for national identity but rather her struggle as a woman in her own society.

The rather grim picture of the female status in Arab society has more than a grain of truth to it. That said, the reader has to be cautious about making generalizations based on the information presented in this study. Because the study is based on couples seeking marital therapy, it is understandable that the negative aspects of women's status are highlighted. As the author pointed out, psychotherapy is not a common outlet for people seeking help in Arab societies. So it is safe to assume that those who seek therapy do so after the traditional support system has failed them.

The findings described in the study can be viewed at several different levels.

First, there are trends described which are not specific to Arab culture; for example: gender-dependent assessment of emotions is a common feature in most cultures (1). Also, higher rate of depression among women is a well documented phenomenon which is not exclusive to Arab culture (2).

Second, there are trends which are common in Arab culture but are not gender specific. The concept of *Mastoura* which is central in the study is not restricted to females in the Arab world. Suffering in silence is praised as a sign of dignity for both men and women. Although the source of suffering — whether domestic, economic, health related, or other — might differ proportionally for men and women, but the concept of *Mastoura* remains the same.

Thirdly, there are trends that are common among traditionally structured families, for example, the inability to make decisions independently, without discussion, and the added economic responsibilities. Since this paper concluded with suggestions to therapists, it would have been useful to suggest assess-

ment of the benefits as well as the burdens of traditional family structure, such as caring for the ill or help in child rearing. It would be helpful to know whether the young couples participating in the study were the most burdened by the system, i.e., whether the burden of care was relatively heavy, and the amount of social support inadequate.

Finally, there are trends that are symptoms of the state of disequilibrium Palestinian women feel as a result of changes in their role in society. Because women are shaping their role within the traditional family framework, steps taken to make this change seem to be rather subtle. Thus, the ambiguity regarding women's role in society is likely to remain for years to come. A study by Fronk, Huntington and Chadwick (3) showed that Palestinian girls expressed liberal attitudes towards women's roles while at the same time they supported traditional family roles.

In the discussion of values regarding sexual behavior which contribute to women's distress, the author chose to make references to Islamic teachings. Her approach to this issue is problematic for two reasons: a) the concept of "sex as a service" appears harsh, since references to Islamic teachings on this point were not discussed in enough detail in the paper; b) there was no reference to Islamic teaching which prohibits sexual behaviors that cause women distress, such as the husband's urge to "prove his masculinity immediately." A discussion of the Islamic rules of sexual behaviour are beyond the scope of this commentary, but in relation to the latter

point, there are many teachings with respect to a gradual approach to the sexual relationship, and on the importance of foreplay.

To conclude, I would like to extend the author's call for adopting the ecological model, and ask the reader to view the findings within their ecological context. This will enable us to better appreciate the unique aspects of Palestinian society and explain trends which are rather unique to it such as the high fertility which is on the decline in the rest of the Arab world (4). The childbearing value of women has many implications including age at marriage, and involvement in the work force (5). Further research is needed to deconstruct the status of women in Arab society in order to understand the hierarchy within the hierarchy.

References

1. Lewis M, Haviland-Jones JM. *The Handbook of Emotions*. New York: Guilford, 2004: p. 338.
2. Kornstien SG. Gender differences in depression: Implications for treatment. *J Clin Psychiatry* 1997;58: 12-18.
3. Fronk C, Huntington RL, Chadwick BA. Expectations for traditional family roles: Palestinian adolescents in the West Bank and Gaza. *Sex Roles* 1999;41:9-10, 705-735.
4. Khawaja M. The recent rise in Palestinian fertility: Permanent or transient? *Population Studies* 2000;54:331-346.
5. Al-Qudsi S. Labour participation of Arab women: estimates of the fertility to labour supply link. *Applied Economics* 1998;30:931-941.