

## Psychology in the Arab world

Arij Baidas interviews Linda Sakr, a therapist working in Dubai

**P**psychology in the Arab world has always been a taboo word. Mental health was never spoken about or referred to, except behind closed doors in whispers. This is quickly changing as Arabs adapt to different ways of coping with an ever-changing world.

Psychologist Linda Sakr was born in Dubai, United Arab Emirates to a Lebanese father and Iraqi mother. She obtained her psychology degree at Richmond College in London, and went on to get an MSc in counselling psychology at City University, London. After working at an inter-cultural therapy centre in London, she relocated to Dubai in 2005 and is currently working as a therapist there. She spoke to me about some of the reasons why this field is becoming accepted more every day in the Arab world.

**Why did you choose to read psychology at university? The field was not very accepted where you had grown up so you must have known that job offers would not be pouring in.**

I was first introduced to psychology in the 11th grade and thoroughly enjoyed it. I was always fascinated with the human mind and what made people tick. My mother was totally against me studying psychology as she kept emphasising it was a Western concept. Thankfully, my father encouraged me to fulfill my dreams. To be honest, I didn't worry too much about job offers; I constantly reassured myself that if I didn't find a job I would set up my own practice.

**What was the status of psychologists when you left Dubai to study?**

Psychology in Dubai back in 1993 was still considered relatively taboo and there were only a few psychologists practising at the time. However by the time I moved back, it had improved drastically and

currently I feel demand for therapy has actually exceeded supply!

**For people living in this region, especially Arabs, why is there a taboo surrounding your field?**

I believe the taboo is twofold; first of all, Arab tradition regards doctors, religious figures or family members as the proper alleviators of distress and illness. Most of my Arab Muslim clients would have seen a religious figure before they come to see me. Western counselling and psychotherapy techniques rely on client self-disclosure, sharing with the therapist the client's internal states, life circumstances, interpersonal relationships and emotions. This technique is founded on the Western democratic belief that self-expression is a basic right for all people and that is a part of everyday life. However, within the framework of Arab culture, self-expression to strangers is discouraged and only permitted to the family. Family reputation and honour is of

primary importance. They tend to avoid revealing personal problems in a way to save face. Disclosing family conflict could be viewed as a form of betrayal.

Secondly, there is a widespread view that those who go to therapists are considered 'crazy' or 'insane,' and so people fear the stigma around that label.

**So why is therapy more acceptable now?**

Times are changing. Families don't have as much time for each other as they used to. People are a lot more anxious, stressed and depressed and a lot of them don't have their support networks with them in Dubai. When the recession hit Dubai in 2008 a lot of people also realised that they needed to seek professional help, as they couldn't go on as they had any more.

**Do you have as many Arab clients as non-Arabs?**

I would say about three quarters of my clients are Arabs (with just over a quarter of those from the Gulf states and the rest North African or Levantine); the remainder are Europeans, Asians, North Americans, Australians, New Zealanders and South Africans.

Some Arabs prefer to be seen by an Arab therapist as they feel they would be better understood, whereas other Arabs do not prefer that as the Arab community can be quite small and they worry about confidentiality.

**Is it relevant to your Arab clients whether you are Muslim or Christian?**

Most usually ask and, based on how



Linda Sakr (right) with her assistant

BY COURTESY OF LINDA SAKR

religious they are, they will decide on whether they end up seeing me or not. This applies most of the time to the Emiratis as they are all Muslim, whereas I am an Arab Christian.

### Is there a difference in the acceptance of psychological help between Gulf Arabs and other Arabs?

People from North Africa and the Levantine area – that is Syria, Jordan, Lebanon – have been more accustomed to therapy because of traumas endured due to conflict in that region and simply because they are older societies. As for their Gulf counterparts, therapy is still a relatively new concept. However due to rapid modernisation in the Gulf area, more people are seeking help in order to alleviate their symptoms and make sense of their new identity. Most of the issues remain similar between people from the Gulf and other Arabs, for instance anxiety, depression, relationships, they just manifest slightly differently depending on the cultural norms and expectations.

### Are there any religious bearings on psychology with Arab clients?

The Arabic word for madness, *junoon*, is derived from the word *jinni*, which means evil spirit. It has been thought that *junoon* happens when an evil spirit possess a person. Arabs in general tend to attribute psychopathology to external natural factors, such as nerves, germs, food, poisoning, or supernatural factors, such as the evil eye. This is usually motivated by jealousy, envy or admiration of another and is transferred by witchcraft or directly through the eye. The majority of my Arab Muslim clients have visited an elder priest prior to their psychotherapy visit to me to have them neutralise the effect of the evil eye. This is usually done by performing a specific prayer and carries fewer stigmas.

The Islamic influence on Arab psychology is revealed in the idea that life, as well as the future, is 'in the hands of Allah'. In the authoritarian way of living, almost everything is determined by an external authority, which leaves little room for a person to feel a sense of responsibility for his or her own destiny. When people display unacceptable behaviour in the course of psychopathology, they are thought to have lost self-control, which is attributed to external factors. In this case they are no longer considered responsible and give up the respect and dignity that usually derive from the ability to behave according to social norms and values. Hence, a stigma is attached to a mentally ill Arab.

In order to avoid the stigma, a person

who is still able to withstand the distress, such as in emotional or neurotic disorders, tends to avoid behavioural and verbal displays. Instead, it is displayed in physical symptoms over which the person is assumed to have no control. This, I have noticed is another factor that contributes to the high frequency of physical symptoms of depression and anxiety among Arabs.

Unlike Westerners, Arabs tend not to pathologise behaviour. Only extreme cases are considered to be *junoon*, while other manifestations of distress are considered normal. For instance, anxiety and depression among women may be considered part of their femininity. Ruminations and cleanliness rituals are sometimes considered part of the cultural and religious attitude that conservative Muslims hold toward cleanliness – they usually perform cleanliness rituals five times a day before each prayer.

The emotional component of a client's symptoms is seldom enough to bring him or her to therapy; it is the behaviour that is decisive in seeking treatment. Sometimes, even hallucinations are explained according to religious beliefs that family members of the prophet Mohammad may appear to give some directives or advice.

### Are the laws governing psychologists in the Arab world similar to those abroad?

Unlike the West, the laws in the Arab world are not as explicitly codified and hence the counsellor's role becomes more complicated. There are certain conditions under which confidentiality would be broken. It relates to information about terrorist activity, abuse of minors, criminal activity and planned injury to others. It also relates to injury to the client. If the therapist believes that their client is, for example, at serious risk of suicide, they have a duty of care (and I believe an ethical requirement as a human being). In addition, clients that have been raped avoid reporting incidents to the police, as they fear they may get blamed for what has happened and hence get punished.

### What are the biggest challenges you face as a psychologist in the Arab world?

In my experience, I feel Arabs in general have a different approach to boundaries. For example, they might want to invite you to their daughter's wedding or want you to host their session at a café. In addition, as Dubai is relatively small, the high chances of running into my clients at the supermarket or shopping centres

can be awkward for some and welcoming for others. Another issue I would like to raise is that of commitment and time. For instance, some Arabs have a tendency to confirm their appointments a day in advance but not turn up on the actual day or turn up considerably late because they 'forgot' or they had a 'late night'. Again, this is just in my experience.

### Do Arab clients tend to do therapy in the long term or do they come for short-term therapy?

This varies from one individual to another. Generally speaking, my Arab clients tend to be in favour of 'quick fixes' and want me to cure them from the first session! When I first started working here, my supervisor highlighted that Arabs tend to prefer engaging in short-term therapy, for instance cognitive behavioural therapy or solution-focused therapy, as opposed to psychoanalysis. In my first session (assessment) with the client I explain to them a little about therapy and we decide together what their expectations are and whether they would like to focus more on their cognitions and thoughts, or on their childhood wounds, or a combination of both.

### Is counselling available in schools?

In most private schools in Dubai counselling has become quite prevalent, and the children seeking help are on the increase. In some schools, in addition to counselling the children, the parents are offered group-parenting workshops by the school counsellor. The school nurse and the class teachers are the biggest source of referral to the counsellor followed by self-referrals. In some schools where the school cannot afford a school counsellor – which can be quite expensive – the nurse tends to step in and play the role of the counsellor. There was one particular school that I visited where the nurse felt burnt out by wearing two hats.

### Dubai has become a melting pot of nationalities. Does having a mixed society speed up the acceptance of this field?

I believe so. A melting pot of nationalities tends to promote more tolerance, awareness and openness to new and diverse ideas. The person is able to develop a cosmopolitan perspective by being in a nation that incorporates within its society citizens who possess differing languages, customs, religion, dress, foods, and so on and so forth.

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