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Psychotherapy in Competition With Culture

A Case Study of an Arab Woman

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Abstract: Psychotherapy typically addresses the intrapsychic arena in order to accomplish self-awareness and self-actualization. When dealing with clients from a collective/authoritarian cultural background, the intrapsychic arena is secondary to the intrafamilial one. Application of psychotherapy that aims to help the collective person express her authentic feelings and uncover repressed contents confronts the collective/authoritarian culture. A case of an Arab woman living in an extreme collective/authoritarian Arab culture exemplifies the helplessness of psychotherapy. In this case, psychotherapy is confronted by three cultural barriers: familial pressure, unindividuated personality, and the client's collective values. The case ended in almost complete withdrawal from psychotherapy to a solution offered by the culture. It suggests that the psychotherapist acknowledge the limitations of psychotherapy and appreciate the role of culture in peoples' lives and to facilitate cultural solutions that are functional, even when they seem unacceptable by therapists' individualistic perspective.

Keywords: collective, psychotherapy, culture, Arab, women.

1 THEORETICAL AND RESEARCH BASIS

When psychological *disorder* takes place, psychotherapy typically addresses the intrapsychic arena to restore *order*. When dealing with clients from a collective/authoritarian cultural background, the intrapsychic arena is secondary to the effects of the familial/cultural arena on an individual's behavior, beliefs, thoughts, and emotions. These clients possess a collective unindividuated self. Their main conflict is intrafamilial rather than intrapsychic. Application of psychotherapy with these clients faces tremendous difficulties. Among the cross-cultural recommendations for therapy in these cultures are (a) to employ eclectic, short-term, goal-oriented, concrete therapy (Paniagua, 1994; Pedersen, Draguns, Lonner, & Trimble, 1996; Sue & Sue, 1990); (b) to avoid revealing unconscious contents that are typically forbidden (Dwairy, 1997a, 1999b); and (c) to address the family dynamic rather than the individual intrapsychic

one and to employ progressive elements within the family and culture (Dwairy, 1998; Dwairy & Van Sickle, 1996).

Generally speaking, psychotherapy that is built on an individualistic perspective views the collective/authoritarian culture as barring the individual's self-fulfillment and, not infrequently, as being abusive. Psychotherapy that aims to help the person be herself, to express her authentic feelings, to uncover repressed contents, and to fulfill herself confronts the collective/authoritarian culture. These cultures have their own reasons and methods of dealing with problems. These methods are based around the collective experience and wisdom of people in the society that is different from the methods of the West. They have their own ways to solve problems that are different from those of psychotherapy (Dwairy, 1997b, 1998).

This case of an Arab woman living in an extreme collective/authoritarian Arab culture exemplifies the helplessness of psychotherapy, even a culturally sensitive one. In this case, psychotherapy competed with Arab culture; the case ended in almost complete withdrawal from psychotherapy to a solution offered by the culture. It suggests that the psychotherapist acknowledge limitations of psychotherapy and appreciate the role of culture in peoples' lives and to facilitate cultural solutions that are functional, even when they seem unacceptable by therapists' individualistic perspectives.

2 CASE PRESENTATION

Lobna, a 20-year-old rural Arab woman, was in the end of her first year of college when she was brought to me by her family because of severe anxiety related to her studies in college. As a result of her anxiety, she had avoided going to college for about 5 weeks.

Lobna has six sisters and one brother. Her parents are uneducated, simple, traditional, and Muslim. Her father is a shopkeeper and her mother is a housewife. The family lives in a small village (5,000 people) located 2 hours from my clinic.

3 PRESENT COMPLAINTS

For more than a month, Lobna complained of the following:

- overwhelming anxiety, apprehension, and worry, accompanied by a sense of hopelessness in her ability to overcome her anxiety;
- thinking continuously about her studies while crying and weeping;
- nervousness, impulsiveness, and verbal hostility toward others;
- avoidance of going to college; when she was forced to visit her college to take care of necessary formal arrangements she was anxious, sad, and cried; and
- spending much time in bed and ceasing to function at home and at school.

4 HISTORY

The family described Lobna as a “nice, intelligent, submissive girl.” According to them, she developed normally and was always successful at school and helpful in the household. She never caused trouble at school or in the neighborhood.

Lobna is the second daughter of seven daughters; she also has a younger brother. Her oldest sister was mute. The parents, to be compensated for not having sons, emphasized education and pushed their daughters to study. The familial culture emphasizes education and evaluates others according to their education level. When a medical doctor asked for Lobna’s hand, the family was enthused because of his educational status. Lobna had been engaged 3 months before coming to see me.

Onset of Lobna’s anxiety occurred immediately after she received a poor mark on one of her college exams. That day she returned home crying and terrified. Her parents encouraged her to rest for a couple of days. That rest period was elongated for more than a month and was accompanied with severe anxiety. This was not the first time Lobna experienced such anxiety. When she was in 11th grade she had experienced similar anxiety and fear of failing, which prevented her from attending school for 2 months. After she graduated successfully from high school, she entered nursing school. Three months later, she had an anxiety attack and quit school. A year later her parents persuaded her to return to college, this time to another college. She continued college until she received her first poor mark, provoking her most recent anxiety attack.

Despite her history with anxiety, Lobna was able to maintain good scores in high school as well as nursing school.

5 ASSESSMENT

Lobna is an intelligent girl ($IQ = 118$). She functioned above the normal on all verbal and performance subtests. Bender-Gestalt and Draw a Person tests show high anxiety, low self-esteem, impulsiveness, subtle signs of aggression, and lack of energy to invest in the test tasks to finish them accurately.

To evaluate her cultural identity, a scale of separation-individuation was administered (Hoffman, 1984). The test showed a very low level of individuation of the self and high level of identification with the family and Arabic traditional culture.

6 CASE CONCEPTUALIZATION

It is recommended that treatment of clients with low individuation and high level of identification with the family avoid, as much as possible, triggering the repressed drives and emotions typically socially forbidden in order to avoid confrontation with the family (Dwairy, 1997a). Therefore, I tried first to help her through behavioral tech-

niques: relaxation, desensitization, and exposure. In addition, I tried to work with the family to ensure a supportive familial climate. When this attempt faced tough resistance, I approached, with caution, her inner experience and the family dynamic.

7 COURSE OF TREATMENT

FIRST SESSION

Lobna came to therapy accompanied by her family (father, mother, and uncle). She is a pleasant girl, dressed in traditional Muslim clothing that covers her head. When I began to inquire about her difficulties, she seemed anxious and nervous and expressed a rudeness to me and a clear resistance to therapy. She reluctantly provided short answers to my questions and whispered to her mother in a quiet and nervous voice: "He is asking the same questions like that doctor." Based on her experience with a previous Jewish therapist, she was not hopeful to find help. She even tried to convince me that there was no hope that my help would be fruitful.

Her parents were very anxious and concerned. They emphasized that she had just been engaged to a medical doctor and that the wedding was planned to take place in few months. As a response to Lobna's reluctance, her parents tried to persuade her to be cooperative and agree to seek help. They reminded her repeatedly that she "should return to college" before getting married. They expressed their readiness to accompany her as many times as needed despite the long way from their village to the clinic.

After I finished the intake interview and the tests, I described to Lobna and her family my behavioral-cognitive plan of therapy and asked her to make her own decision and call me when she was ready to begin therapy. Three days later she called and requested an appointment.

STAGE 1: DEALING WITH THE SYMPTOMS (2ND AND 3RD SESSIONS)

In these two sessions I tried to help Lobna control her anxiety through relaxation, desensitization, and exposure techniques.

Relaxation. I tried to teach her how to control her anxiety by controlling her muscle tension and breathing through progressive relaxation (Bernstein & Carlson, 1993; Fried, 1993). While we were working on this, she said several times, "How I can be relaxed as long as I am not back in college and disappointing my family, fiancé, and his family?" It seems that she believed that she did not deserve to relax as long as she remained being an unsuccessful student. She insistently resisted relaxation training and considered it unreasonable.

Desensitization and exposure. I encouraged her to approach stressful stimuli gradually by desensitization *in vivo*. First I suggested that she approach her books related to her studies until she was ready to return to college. She did not progress in this gradual plan and she undermined any steps that were less than her returning immediately to college. I confronted her perfectionist attitude that undermined any step that was less than perfect. She continued to resist graduate approximation to returning to college. To confront her perfectionism, I suggested exposure and “flooding” to her, but she resisted that as well.

At this stage, the family seemed very cooperative and supportive; they seemed aware of the danger of applying pressure on her. But the situation was puzzling. The combination of severe anxiety and perfectionism within this supportive familial structure did not fit together. Lobna’s resistance to change seemed functional and related to some unconscious needs. At this point, I decided to delve deeper and to explore, with much caution, Lobna’s inner-emotional experiences and memories.

STAGE 2: SELF-BLAME STAGE (4TH THROUGH 6TH SESSIONS)

In these three sessions, Lobna consistently focused in blaming herself for disappointing her family and her fiancé for not remaining in college. While weeping she said, “I am a hopeless case,” “I do not deserve your efforts to help me,” “I do not deserve to live.” On the other hand, she glorified the help and support of her family and expressed shame in making them sad and of spending their money and time because of her treatment. She felt shame for abandoning studies after they had paid thousands of shekels for college fees.

At this point, she mentioned the strict education she has received but immediately cared to normalize it by saying, “All the parents in our village treat their children this way.” To remove the responsibility of her family she added, “My sisters passed through the same education, but they do not abandon their studies.” When she was asked to explain why, she blamed herself and attributed her anxiety to “weakness of personality.”

The self-blame was part of Lobna’s “identification with the oppressor” that was accompanied with her turning anger toward herself. During one of these sessions, she arrived accompanied with her parents 30 minutes late. In the beginning of that session, she said that she “does not feel her body.” She added that before coming to the session, her father had beaten her sister. Lobna said that she then became angry and took a knife and stabbed herself lightly in her stomach. She then refused to come to the session as a revenge. At the moment of the stabbing she recalled saying in her mind, “Over my head and the heads of my enemies” (an Arabic proverb, based on Samson’s story [Judges 16:30], that people use in their daily life to express an undifferentiating anger). Only after she saw her father crying and begging did she feel pity toward him and agree to attend therapy.

She continued to justify her parents’ attitudes and treatment. My empathy to her pain was faced with rejection and an overemphasis on self-blame. Only in the 6th ses-

sion, after I said "It seems that you have suffered a lot" did she look at me and say "Do you mean it?" She then added, while weeping, "Does that mean that I am okay?"

STAGE 3: RECOVERING REPRESSED PAIN AND ANGER (7TH AND 8TH SESSIONS)

At this point, Lobna was ready to face her history of abuse concerning her academic achievement. She described several events that she had mentioned before, but this time she was in touch with her pain and anger without protecting her family as she had previously done.

She had been told that when she was born her mother wept because the family had badly wanted a boy after her older sister was born mute. During her childhood, she heard the people in her community trying to justify her parents having seven daughters by saying "At least Lobna is good at school." After I confronted her with her persistent avoidance to blame her parents, she immediately and emotionally recounted several abusive events while in tears. When she had received less than excellent grades at elementary school, she recalled her mother slapping her and locking her in the bathroom for several hours. Another time her mother beat her with a shoe and did not stop until Lobna repeated "I am a donkey and must sit beside the donkey students." (In Arabic, *donkey* also means dump.) Yet another time her mother said to family members in a demeaning style that Lobna deserved to marry a Bedouin tribesman because of her poor grades (Bedouins are considered subordinate to other Arabs).

She remembered several abusive events with her father that concerned learning and school. When Lobna was 8 years old, the family was watching a videotape of a wedding in which Lobna was seen dancing happily. Her father mocked her and said in front of the audience, "This is the girl that scored a 55 at school and still dares to be happy and dance." She was shocked and ran crying to her room. This kind of experience shed light on her resistance to relaxation training, because it established her belief that as long as she is unsuccessful she does not deserve to relax and be happy. In addition, receiving such abusive treatment from her parents while achieving good but imperfect grades helped me understand Lobna's discarding attitude of successive approximation toward college. I reflected this understanding to her.

At age 9 years, she tried to hide an imperfect test score from her parents. Her father knew about the exam. He became angry and asked her to go home and bring him the exam. Terrified, she went home and brought it. When he saw her grade he slapped her in her face in front of all his customers. Several days later she heard one of the children saying to other children in school, "This is the girl who was slapped by her father."

Lobna mentioned all of these events impulsively with a stream of tears as if a barrier were suddenly removed. When I reflected on her feelings, she said that she "feels nothing." Despite the stormy emotions that accompanied her recall of abusive memories, it seemed that she was still dissociated from her feelings. In the next sessions, she was able

to get closer to her pain and anger and realize clearly the relationship between her parents' abuse and her anxiety.

In the 8th session, she recalled another event that connected her studies with loss and anger. It was when she was in the 11th grade. She loved one of the young teachers in the school. He was very supportive and gave her special care. She developed emotions and romantic feelings toward him, but they never discussed their feelings. After graduation, he told Lobna's cousin, who was his friend, that he wanted to visit the family to ask for her hand in marriage. Without asking Lobna, her cousin told him that the family wanted her to attend college and would not accept his offer. Lobna was not told this story until after the teacher married. When she found out she became sad and angry, but it was already too late. At this point, it became clear to her that the emphasis of her family on study has cost her dearly.

STAGE 4: PSYCHOTHERAPY IN COMPETITION WITH CULTURE (9TH THROUGH 17TH SESSIONS)

At this stage, it became inevitable to deal with Lobna's past experiences of abuse. As a therapist, I intended, on one hand, to be aware of her authentic feelings of pain and anger and, on the other hand, to empower her and make her realize that she is no longer a small vulnerable child. Instead, I tried to convince her that she is able to express her authentic feelings and to revise her way of coping with stress and anxiety.

During this stage, she was married. She started to experience direct pressure from her husband and his family. They all expressed disappointment that she had quit college. They told her that they had agreed to the marriage because "A doctor like her husband deserves an educated wife." Every member of her husband's family, especially her mother-in-law, expressed this opinion. Her husband was not supportive. On the contrary, he was very demanding and abusive. He expressed, in various ways, his shame of her quitting college. She tearfully described how he had slapped her during their honeymoon when she expressed her feelings of stress as a result of his mother's pressure. Later, he forced her to fill out the forms so that she could return to college, and he paid the necessary fees. He then warned her not to quit again. Lobna did not allow me to discuss these issues with him because it would have been seen as a form of betrayal for which she could be punished.

Based on cross-cultural counseling literature (Dwairy, 1998; Sue & Sue, 1990), the treatment in this stage was eclectic and included several strategies.

CLIENT-CENTERED THERAPY

Acceptance, regard, and genuine empathy were the main climates in which therapy took place (Rogers, 1961). In addition, I reflected her feelings and the meaning of the events: For example, "You do not seem to be angry at your parents, but rather at yourself"; "You describe your parents as good parents and blame yourself"; "You loved your father

for his support and at the same time you hated him for his abusive behavior"; "As a child your studies were associated with fear and punishments and as a juvenile (young woman) after high school your studies were associated with ignorance from your family and with the loss of the teacher you love"; "As a child you felt that you didn't deserve to be happy as long as you received imperfect marks; after your marriage you felt undeserving of your husband unless you graduated."

INTERPRETATIONS

To make Lobna's unconscious feeling conscious, I approached her with several interpretations: "Your anxiety today has to do with the abuse you received throughout your childhood"; "As a female child among seven daughters you felt that only by virtue of being successful you deserve life. Ever since then your studies became a matter of life and death"; "When you are angry toward your father you feel guilty and you turn that anger toward yourself"; "Your anxiety and avoidance of study may be a kind of passive resistance toward your parents' plans."

The therapeutic relationship in the sessions reflected Lobna's relationship with her parents. On one hand, during these sessions, she was very aggressive and rude toward me. When I reflected on her aggressiveness, and associated it to the anger she holds toward her parents, she expressed regret, apology, and fear of being abandoned. Discussing negative transference with Lobna was helpful in making her realize how she deals with her anger. On the other hand, she expressed positive feelings toward me. Because of modesty in Arabic culture, I ignored those positive feelings (Dwairy, 1998).

COGNITIVE THERAPY

Based on Albert Ellis (Ellis & Grieger, 1985), I helped Lobna identify her inner thoughts in order to explain her anxiety. I helped her identify "must" and "awful" thoughts (I "must" succeed in everything, otherwise things will be "awful.") and directed her to change these thought patterns to more rational and flexible ones.

To construe her experience cognitively, I employed some transactional analysis terms: "Despite your age, you still experience feelings of anxiety and helplessness that Lobna the small *child* experienced; she is still there in you and you don't realize that you are bigger and stronger and that your parents are no longer able to abuse you like before"; "The *adult* Lobna badly wants to go to college and succeed, but Lobna the *child* is still afraid"; "You may be able to go back to college if the *adult* Lobna, who is strong and realistic, can understand the fear of Lobna the *child* and support her instead of hating her." In addition, I encouraged her to develop a conversation between the two Lobnas to facilitate inner communication and integrity.

Lobna resisted therapy in this stage as well. Our sessions were stuck. Typically, in the first half of each session Lobna was very anxious and depressed, clinging to self-blame and identification with the oppressor. After confrontations with her denied feelings and

associating her with past abusive events, she became in touch with her pain and anger and experienced feelings of empowerment, hope, and sympathy to herself and left the session feeling relieved. At the next session, she would again begin with self-blame and anxiety, then move toward confrontation and then relief.

I reflected this scenario to her and interpreted her resistance: "You still want to resist and punish your parents passively by your anxiety"; "You are afraid to fulfill the wishes of your abusive parents"; "You punish them through punishing yourself"; "You may need anxiety as a way to passively resist your parents." In addition, it became clear at this stage of therapy that Lobna was under two opposing systems: (a) psychotherapy that facilitates acceptance of the self and free choices on one hand and (b) family pressure to meet their needs to have a graduated woman on the other hand.

FAMILY INTERVENTION

Because the family plays an active role in Lobna's life, and it affects her emotional state, and based on my previous awareness as to the importance of working with the family, especially with people who adopt collective unindividuated selves (Dwairy, 1998, 1999a), I tried to work with Lobna's family. Because Lobna clearly objected to family therapy sessions, I met the parents, uncle, and the husband separately several times. All of them continued to present a supportive and understanding attitude and claimed that they do not pressure Lobna. Only one of her uncles told me secretly that all of them are pressing her to graduate so as to fulfill the marriage agreement made with the husband's family. Lobna consistently refused to let her family know that she had revealed to me the abusive treatment of her family, husband, and his family. As a traditional Arab woman, revealing family affairs to a foreigner, even a therapist, is seen as a betrayal edging on sin. In addition, she refused to discuss her abusive past with her family. Therefore, only indirectly was I able to address Lobna's abusive experiences. I explained to her parents and to her husband that Lobna's anxiety was associated with her family's and her husband's desire for her to graduate, and I encouraged them to be helpful by making her realize that they accept her as she is and will accept any decision that she makes. Each family member responded that this is exactly what he or she does, but that it is the other side who is pushing her.

Family intervention was impossible due to the rooted Arab cultural value of keeping "dirty laundry" secrets within the family. During this stage, therapy was in tough competition with Lobna's cultural environment: her family, husband, and husband's family. On one hand, her culture made her feel as though she does not deserve life as a female unless she compensates them through graduation from college. On the other hand, she was forced to cover all of the abuse and keep it a secret within the family.

In the 17th session, Lobna told me that she surrendered to a new pressure and became pregnant. She said that in her village, if after 2 months of marriage the wife does not become pregnant, all the villagers suspect the worth of the wife.

The voice of therapy got lost within a social environment that insisted that Lobna study and made her feel worthless unless she graduated. After several sessions with ups and downs, I became convinced that Lobna's situation would not improve until at least her husband became involved in therapy. In the 17th session, I assertively discussed this with her. She agreed but when I asked her husband to join us, she left like a child running away from parents. Her husband agreed to be part of couples therapy, and said that he would make another appointment after he discussed it with Lobna at home. Since that session I did not hear from them. When I called after 2 weeks, her husband told me that they would call later to make an appointment.

FOLLOW-UP: A CULTURAL SOLUTION

In a follow-up after 6 months, Lobna was expecting. Despite her emotional condition, pregnancy gave her some status within her husband's family, who were eager for a grandson. This made her anxiety fade. She seemed content with her pregnancy. Her family, husband, and husband's family are proud of her. They refrained from pushing her to return to college because they wanted her to be a full-time mother. For them motherhood is more worthy than college. Lobna avoided discussing her problems of studies with me. Her husband told me that both of them still feel uncomfortable when this issue is discussed in social settings, and that they both agreed to avoid this issue and focus on the issues of motherhood and building their family.

Two weeks after Lobna gave birth she called me to tell me that she had given birth to a son. She sounded excited, happy, and preoccupied with motherhood and family congratulations. Many female relatives surrounded her and helped her.

8 COMPLICATING FACTORS

Lobna's anxiety was a result of the pressure and abuse of her social environment in childhood. From a behavioral-cognitive, theoretical perspective, her abusive treatment made Lobna afraid of studying by virtue of association (classical conditioning), punishments (operant conditioning), and inner demanding thoughts ("must" and "awful" thoughts). Based on psychodynamic approach, Lobna experienced neurotic conflict between her anger and guilt. She "identified with the oppressor" and repressed her anger toward her parents, on one hand, because of guilt that was caused by her strict traditional value system (super ego); on the other hand, because of the continuous pressure and blaming that she was unable to confront. Her anxiety and avoidance of college were her passive methods that she used to resist her family's pressure and to enact revenge.

Therapy intended first to equip Lobna with new coping mechanisms through relaxation, desensitization, and exposure. When these attempts faced resistance, therapy moved deeper to explore her present and past inner experiences. Once she disclosed her abusive past, therapy intended

1. to make her realize that she was a victim of abuse,
2. to be aware of her inner feelings of pain and anger that resulted from that abuse,
3. to move away from identification with the oppressor toward identification with herself,
4. to turn her blame toward her social environment rather than onto herself, and
5. to allow her to be herself and choose freely what she wants in life.

To accomplish self-awareness and self-fulfillment, Lobna needed to be free from current external pressures, which would have allowed her to make her own free choices. Only once this condition was met could her anxiety be considered as a neurotic transference from past abuse. Only then would therapy within the intrapsychic arena help her realize that she is no longer under pressure and that she is strong enough to make her own choices. Because the familial pressure still is in force, parallel to individual psychotherapy, I worked with the family and husband to lift the pressure that they were creating. Within the limitations that Lobna forced on my work with the family, my efforts failed to create a new intrafamilial order. My attempts to set new intrapsychic order failed as well.

In Lobna's case, three main factors stood as barriers in the way of therapy.

Current familial pressure. Lobna continued to get the message that she does not deserve to enjoy life and marriage until she graduates from college. After her marriage, she received the same message from her husband and his family. She felt as though she ought to fulfill her family's commitment to her husband; as a doctor, he deserved a wife who had graduated from college.

Unindividuated personality. The sociocultural climate in which Lobna was raised did not enable her to develop an independent personality (Dwairy, 1997b, 1998). Instead, Lobna was completely dependent on her family. Her dependency was psychological, social, and economic. She evaluated herself through their eyes and adopted their values and worldview. She did not possess an independent self or a super ego; she was not able to free herself from their effects and to make free personal choices. Therefore, Lobna's choices were determined by external factors rather than by internal personality constructs.

Collective/authoritarian values. Lobna, as well as her family, adopted the collective/authoritarian values that preserve familial unity. Obedience and respect toward her family prevented her from resisting the family expressing anger toward them. The need to save "the name" (or the reputation) of the family from outsiders prevented Lobna from facing her family and from discussing their abusive treatment with me.

Table 1 shows the contradicting messages of psychotherapy versus family culture. Having a collective self, Lobna was faithful to her family culture.

Fortunately, the same culture that abusively pushed Lobna toward study to compensate for the lack of sons in the family relieved the pressure on Lobna once she became a mother. Because Lobna possessed a collective self, she responded to the cultural pres-

TABLE 1
The Messages of Psychotherapy in a Contradiction With Family Culture

<i>Psychotherapy</i>	<i>Family Culture (collective self)</i>
You are a victim of pressure and abuse.	You are guilty.
You may identify with yourself.	You should identify with your family.
You are able to make free choices.	You should meet the expectations of your family.
You are unconditionally worthy.	You are worthy only if you meet the expectations: graduation or motherhood.
Your pressure existed in the past when you were vulnerable, but now you are big and strong.	Pressure continues in the present and you are still vulnerable and dependent.
Your anxiety and conflict are transferred from the past to the present.	Your anxiety has to do with lack of effort on your part.
Your anxiety is a passive way of resisting your parents' pressure.	You should be guilty because your anxiety aborts your family's wishes.
You can be aware of your anger and express it.	Anger toward family members is forbidden.
You need to discuss your relationship openly with your family.	You need to keep family affairs within the family and save the family's reputation.

sure as well as to the cultural relief of pressure much more than to therapy that contradicted her culture.

As a psychotherapist, I summarize this therapy as a competition between Lobna's family and culture on one side and therapy on the other. It ended in total defeat of therapy. Despite this, Lobna found a way to remove her anxiety within her familial and cultural context.

9 TREATMENT IMPLICATIONS OF THE CASE

Psychotherapy is never culture free. It often depends on individualistic values that contradict collective/authoritarian values. In many times, cultural sensitive therapy succeeds (Dwairy, 1998, 1999b; Paniagua, 1994; Pedersen et al., 1996; Sue & Sue, 1990), but in extreme collective/authoritarian cases, such as Lobna's, psychotherapy is rendered helpless by cultural values and solutions. Undoubtedly, psychotherapy is not the right tool by which to change the cultural identity of the client and the family. First, patients are not strong champions to accomplish change; rather, they are the weakest members of their society. Second, when a family recognizes a threat to its unity and culture that comes from therapy, they typically quit that therapy.

Each culture has its own way to deal with problems. These methods each have their own rationale and were established long before the emergence of psychotherapy. Psychotherapy should be respectful and cooperative toward culture and fit within the cultural system whenever possible. It should learn how collective/authoritarian cultures understand problems and how they deal with problems. It may employ some cultural values and beliefs to help facilitate change. When cooperation seems impossible, as it

happened in Lobna's case, psychotherapy should withdraw respectfully and let cultural intervention occur.

10 RECOMMENDATION TO CLINICIANS AND STUDENTS

Two possible recommendations can be drawn from this case.

Better prediction: Was it possible to predict the way therapy would have progressed? Lobna's atypical resistance was obvious from the first session. Within her family, such anxiety was functional. It helped Lobna passively resist and revenge her family without confrontation. Therefore, she was not ready to get rid of her anxiety. Lobna's dependence and identification with her family was too vital, and she was not willing to endanger her relationship through confrontation. Therapy failed because of three extremes: extreme identification, extreme resistance, and extreme pressure of the family. The effects of extremes were underestimated. Therefore, therapy failed. More attention should have been given to these to estimate the effects of these three factors. To do so, there is a need for special diagnostic tools.

Therapist's authority: Was it possible to employ progressive forces within the family? As a final attempt I could have enforced extended family therapy in which all the parties were present: Lobna, her parents, sisters, uncle, husband, and his family. Within this setting, there is a chance to reveal pressure that exists and to lift it, without evoking guilt in Lobna or in other family members that normally would have resulted from revealing family secrets to foreigners. Within such a setting, joining progressive forces within the family and creating a new dynamic within the family would become possible (Dwairy, 1998). Without such a setting, it seems impossible for Lobna to confront her family, and she will continue to cling to anxiety as a passive form of confrontation.

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