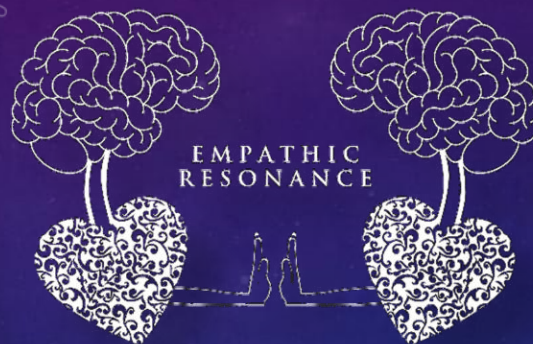


ARABS & CHILD MENTAL HEALTH: ON EMPATHY, BIAS, ACCULTURATION & USING CULTURAL LANGUAGE IN THERAPY



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OVERVIEW

- Arabs and Child Mental Health: Cultural Considerations and the Relationship Between Empathy, Bias, and Stress
- Arabs and Child Mental Health: Acculturation Issues and Cultural Language in Family Therapy
- Arabs and Child Mental Health: Effects of Negative Stereotypes and Negative Media Portrayal on the Mental Health of Children and Families of Arab Descent

OVERVIEW MAP

Background

- I. Effects of Bias, Stereotypes, Stress on Empathy, Perspective Taking and Critical Thinking
- II. Acculturation, Statistics, Groups and Settings
- III. Arab Stereotypes & Media Effects on Child Mental Health
- IV. Culturally Informed Care
 - A. Culturally Informed Care: Views on Psychiatry, Psychiatrists & Psychotropics
 - B. Culturally Informed Care: Disorder Manifestations
 - C. Culturally Informed Care: Values, Taboos and Barriers to Care
 - D. Culturally Informed Care: Speaking the Cultural Language

BACKGROUND

- Personal Mission
- www.empathic-resonance.org
- Holistic & culturally informed services with focus on advocating for and promoting empathy, perspective taking and critical thinking
- Includes therapy, public awareness and social media engagement
- Cultural identity should not be ignored in favor of any other identity component when formulating a treatment plan
- Proposal: to leverage existing culturally specific aspects in service of therapy and care

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Medical Education & Training

University of Chicago Medicine
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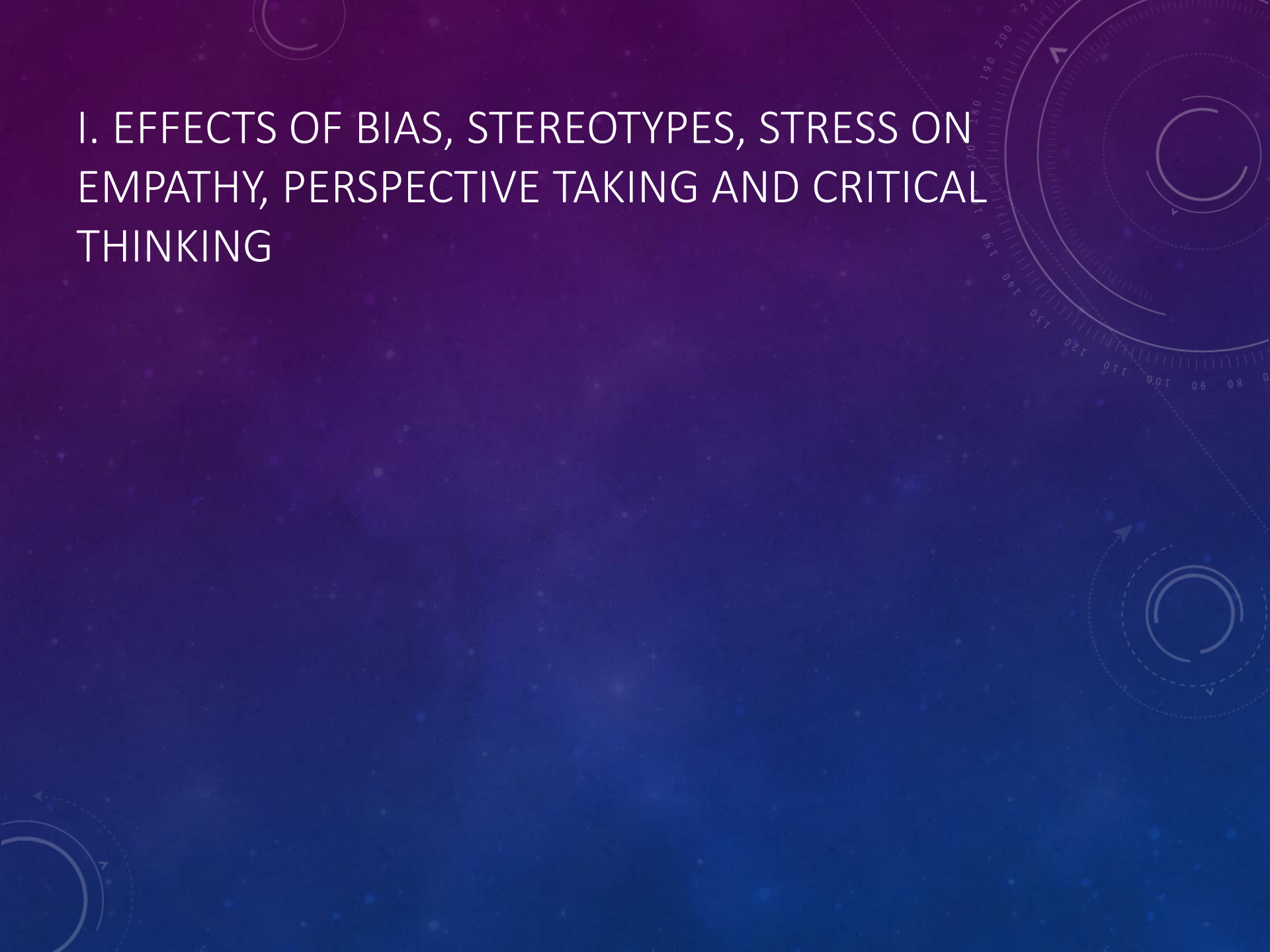
King Saud University College of Medicine
Doctor of Medicine

Riyadh, Saudi Arabia
08/1996 - 06/2002

CORE MISSION IS TO ADVOCATE FOR & PROMOTE EMPATHY

- **What:** Our vision is to advocate for and promote empathy through public awareness, education, humanitarian work, social media engagement and mental health consultations & services.
- **How:** Targeting empathy as a core element of both therapy and education for everyone. Integrating a wide range of psychotherapeutic techniques with medication management ensures a completely individualized and holistic approach to care which is critical to our services.
- **Why:** We sincerely believe a finer mastery of empathy will go a long way in healing us both as individuals and as fellow humans. “Empathy is a path to understanding oneself in the context of others.”

I. EFFECTS OF BIAS, STEREOTYPES, STRESS ON EMPATHY, PERSPECTIVE TAKING AND CRITICAL THINKING



I. EFFECTS OF BIAS, STEREOTYPES, STRESS ON EMPATHY, PERSPECTIVE TAKING AND CRITICAL THINKING

- Definitions & Putting names to concepts

WHAT IS THIS?



PATTERN RECOGNITION

Apophenia:

- **Definition:** Apophenia refers to the general human tendency to perceive meaningful patterns or connections in random or unrelated data. It can occur in many different contexts, such as seeing patterns in numbers, events, or coincidences, even when no real relationship exists.
- **Origin:** The term "apophenia" was coined by psychiatrist Klaus Conrad in 1958, originally referring to the way people with schizophrenia might assign meaning to random stimuli. It has since been broadened to describe this cognitive bias in general populations.

PATTERN RECOGNITION

Pareidolia:

- **Definition:** Pareidolia is a specific type of **apophenia**, where the mind perceives familiar patterns, particularly faces or figures, in vague or random stimuli. It usually refers to visual experiences, but it can also apply to sounds.

COGNITIVE EMPATHY (UNDERSTANDING OTHERS' EMOTIONS)

- Definition: The ability to understand and predict another person's emotions, thoughts, or perspective without directly experiencing their emotions.
- Example: Knowing that a colleague is frustrated based on their facial expressions and tone of voice without feeling frustrated yourself.

AFFECTIVE EMPATHY (SHARING OTHERS' EMOTIONS)

- Definition: The ability to feel or emotionally resonate with another person's feelings, experiencing their emotional state as if it were your own.
- Example: Feeling sad or distressed when seeing a friend cry, sharing in their emotional experience.

EMPATHY DEFICITS IN SOME MENTAL HEALTH DISORDERS

- Autism Spectrum Disorder (ASD):
 - Deficiency: Impaired cognitive empathy (difficulty with Theory of Mind and perspective-taking) .
 - Affective empathy can still be present but is often misaligned with social understanding.
- Borderline Personality Disorder (BPD):
 - Deficiency: Difficulty with mentalization and cognitive empathy, often leading to misinterpretations of others' intentions .
 - Affective empathy may be heightened, resulting in intense emotional experiences in social interactions.
- Anti-Social Personality Disorder (ASPD):
 - Deficiency: Intact cognitive empathy (understanding emotions for manipulation) but impaired affective empathy, showing little emotional concern for others .

MORAL CIRCLE EXPANSION

- The **Concentric Circles of Moral Concern** model is a concept in **moral psychology** that describes how individuals extend empathy, compassion, and moral consideration to others, starting from themselves and radiating outward.
- It illustrates the idea that people tend to care more about those who are closer to them (emotionally or physically) and less about those who are farther away, both relationally and geographically

Anthi, Jacy; Paez, Eze (2021). "Moral circle expansion: A promising strategy to impact the far future". *Futures*. 130: 102756.
doi:10.1016/j.futures.2021.102756

REALISTIC CONFLICT THEORY

- Realistic Conflict Theory posits that when two groups seek the same limited resource, this results in conflict, negative stereotypes and discrimination.
- On the other hand, it also posits stereotypes and conflict can be reduced in situations where groups seek to obtain a “superordinate goal”, that is, a mutually desirable goal that can only be obtained by the participation of both groups
- Labeling people as “out” group creates a subordinate goal of “defeating the enemy”

Jackson, Jay W (1993). "Realistic Group Conflict Theory: A Review and Evaluation of the Theoretical and Empirical Literature". *Psychological Record*. 43 (3): 395–415

SOCIAL IDENTITY THEORY

- Social Identity Theory posits that conflict can arise simply by the act of categorizing oneself as belonging to one group while categorizing another as belonging to another group.
- The focus here is mostly on social identity as opposed to resources

Turner, John; Oakes, Penny (1986). "The significance of the social identity concept for social psychology with reference to individualism, interactionism and social influence". *British Journal of Social Psychology*. 25 (3): 237–252. doi:10.1111/j.2044-8309.1986.tb00732

EFFECTS OF BIAS, STEREOTYPES, STRESS ON EMPATHY AND CRITICAL THINKING

- Proposing Conceptual Frameworks:
- Apophenia (finding patterns in random data) & Pareidolia (faces)
- Brains as pattern recognition machines saving energy at baseline, prone to “categorizing”
- At rest: more time to contemplate, perspective taking
- Stress: Fight or flight, need for faster decisions and mental shortcuts
- Cognitive Empathy vs Affective Empathy
- Taking theories of the individual and applying to groups (Tavistock), “Out groups & in Groups”, “realistic conflict theory”, “social identity theory”
- “Concentric Circles of Moral Concern”, “expanding empathy circle” (humanity)
- Proposed relationship between circles of moral concern, stress and empathy

EFFECTS OF BIAS, STEREOTYPES, STRESS ON EMPATHY AND CRITICAL THINKING

- Bias as “the opposite of empathy”: interferes with perspective taking
- Defense mechanisms, cognitive distortions and bias interfere with the ability to hold a neutral viewpoint or one that aligns with reality
- Empathy is a gateway to altruism, which can generate a sense of wellbeing, improve self esteem, reduce stress, and foster reciprocity and social support
- Clinical Perspectives: “Empathic Resonance Modulation Therapy”
- Empathy-centered with goal of increasing cognitive empathy and modulating affective empathy
- Draws on concepts from MBT, CBT, DBT, IPT, Positive Psychiatry, Family therapy (circular questioning and role playing), psychodynamic interpretation, coping skills, guided imagery and breathing

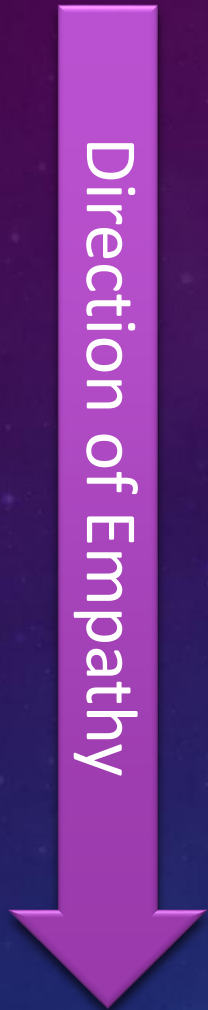


“The Empathy-Distress Cycle” © Firas A. Nakshabandi, M.D.
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<https://www.empathic-resonance.org/the-empathy-distress-cycle.html>

↑ Stress

↓ Stress



Direction of Empathy



Non-Humans

Humanity

Nation or
Ethnicity

Community

Family

Self

Direction of Empathy

“Spheres of Empathic Concern Model” © Firas A. Nakshabandi, M.D.
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EFFECTS OF BIAS, STEREOTYPES, STRESS ON EMPATHY AND CRITICAL THINKING

- Proposal: expand empathy to include all humans and decrease stress

SOME RELEVANT TYPES OF BIAS

Confirmation Bias

- **Definition:** The tendency to search for, interpret, and remember information that confirms pre-existing beliefs or stereotypes.
- **Relevance:** People may selectively focus on news or anecdotes that confirm negative stereotypes about Arabs, reinforcing prejudices.
- Note: Relationship to “Filter Bubble”, “Echo Chamber”, “Social Media Algorithms”, “الخوارزمي”

SOME RELEVANT TYPES OF BIAS

Availability Heuristic

- **Definition:** Overestimating the likelihood of events based on their availability in memory, often due to **media** coverage.
- **Relevance:** Negative portrayals of Arabs in the media lead to the false assumption that violence or extremism is more common in Arab communities than it actually is

SOME RELEVANT TYPES OF BIAS

Stereotype Threat

- **Definition:** The risk of confirming negative stereotypes about one's own group.
- **Relevance:** Arabs, especially students or professionals in the West, may underperform due to anxiety about confirming negative stereotypes associated with their ethnicity

SOME RELEVANT TYPES OF BIAS

Just World Bias

- **Definition:** The cognitive bias that assumes the world is inherently fair, and people get what they deserve.
- **Relevance:** This bias leads to the belief that if Arabs face challenges like conflict, poverty, or discrimination, it is because they are somehow morally or culturally deficient, rather than considering historical or geopolitical factors

SOME RELEVANT TYPES OF BIAS

Fundamental Attribution Error

- **Definition:** The tendency to attribute others' actions to their character rather than external circumstances.
- **Relevance:** Arabs may be viewed as inherently violent or aggressive based on individual actions, rather than considering broader political, social, or economic contexts.

SOME RELEVANT TYPES OF BIAS

Out-Group Homogeneity Bias

- **Definition:** The perception that members of an out-group are more similar to each other than members of one's in-group.
- **Relevance:** Arabs are often generalized as a monolithic group, ignoring the vast cultural, ethnic, and religious diversity within Arab countries

SOME RELEVANT TYPES OF BIAS

Ethnocentrism

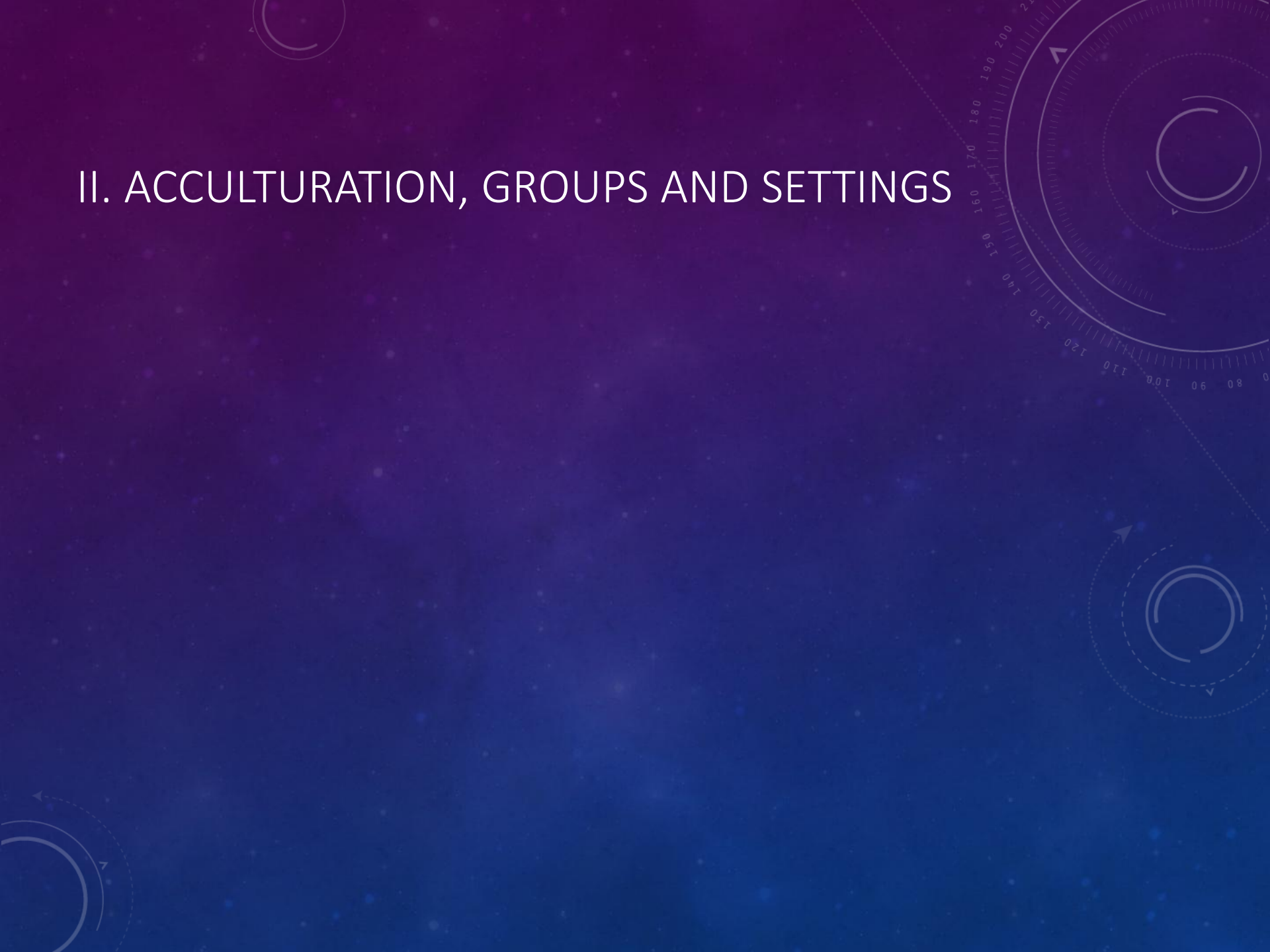
- **Definition:** Judging another culture solely by the values and standards of one's own culture.
- **Relevance:** Western observers may misinterpret Arab customs, traditions, or politics, viewing them as "backward" or "inferior."

SOME RELEVANT TYPES OF BIAS

Implicit Bias

- **Definition:** Unconscious attitudes or stereotypes that affect understanding, actions, and decisions.
- **Relevance:** Many individuals unconsciously associate Arabs with terrorism or extremism, influencing their behavior in social, professional, and law enforcement contexts.

II. ACCULTURATION, GROUPS AND SETTINGS



ARABS DEFINITION AND STATISTICS

- The term **Arab** refers to a person belonging to the ethnic group primarily from the **Arab world**, which includes 22 countries in the Middle East and North Africa (MENA), united by the common use of the **Arabic language**
- While Arabs share linguistic, cultural, and historical ties, they are a diverse group in terms of religion, politics, and customs
- **Language** is an integral part of the culture and identity
- 473.27 million inhabitants worldwide
- 3.7 million in the U.S. (According to the Arab American Institute)
- The majority of Arab Americans are native-born, and 85% of Arabs in the U.S. are citizens
- [Arab world - total population 2013-2023 | Statista](#)
- [Demographics — Arab American Institute \(aaiusa.org\)](https://aaiusa.org)

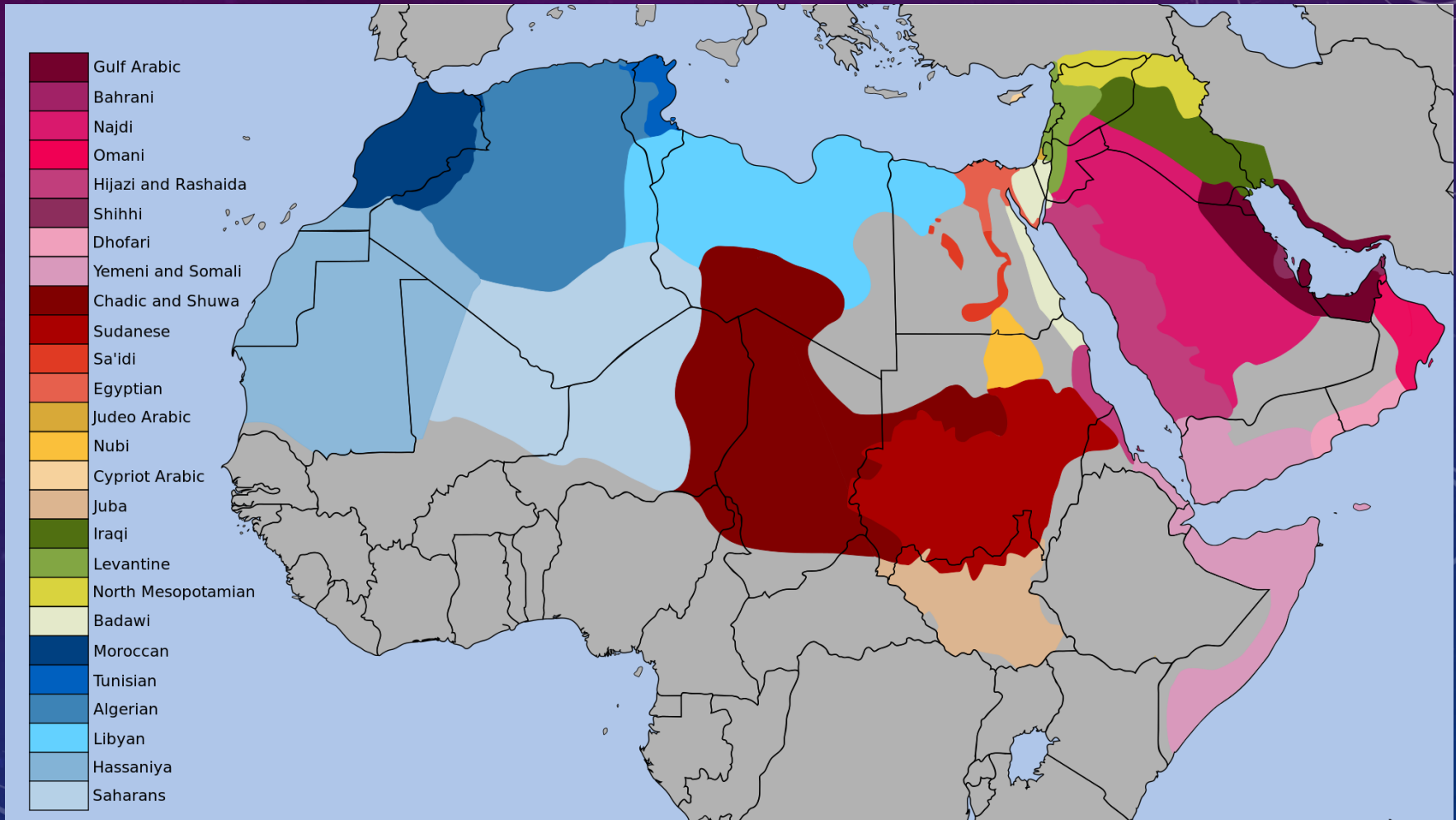
ARAB VS MUSLIM



OTHER RELIGIONS

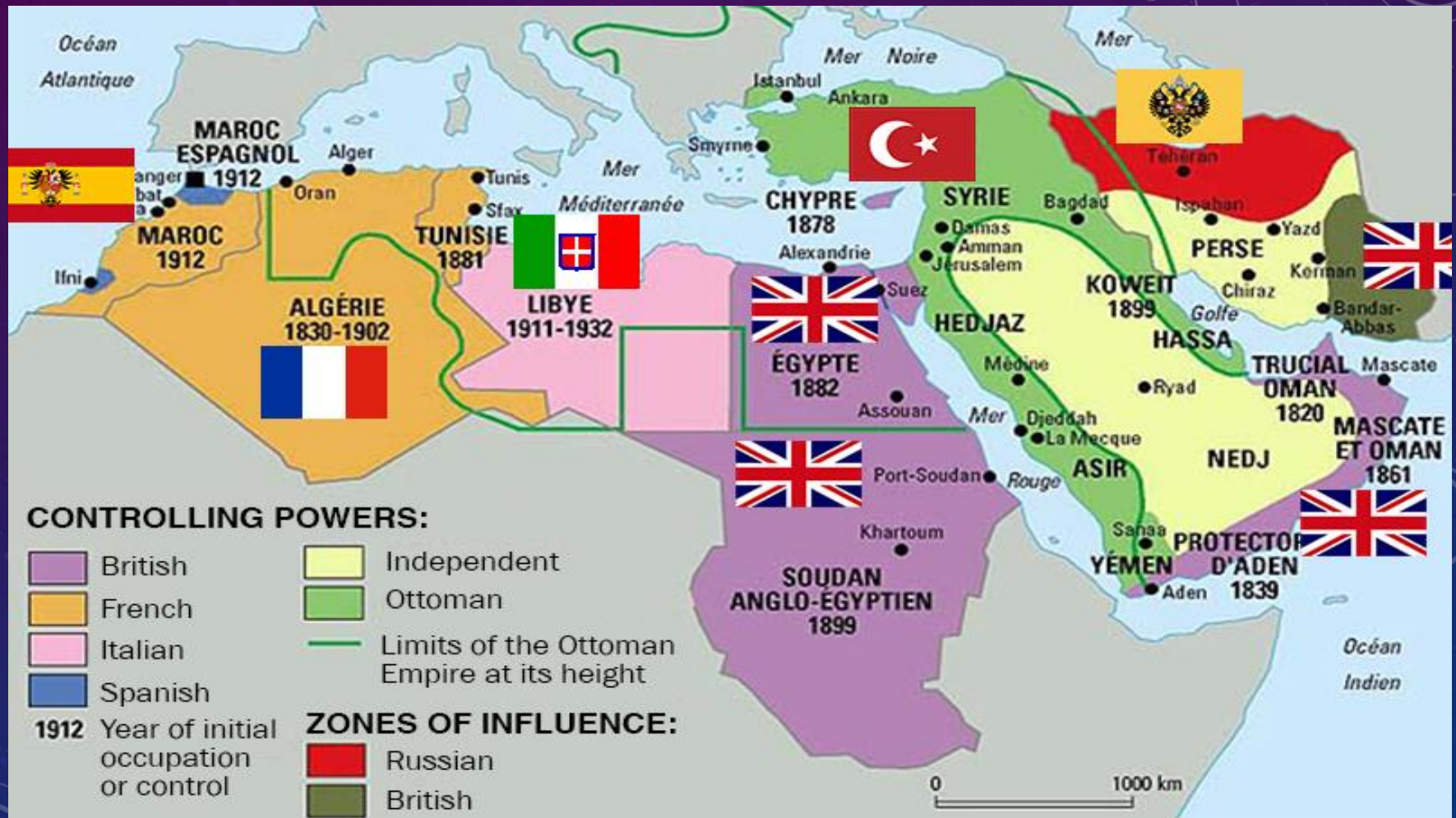
- **Christianity:** Significant Arab Christian populations exist, particularly in countries like **Lebanon, Egypt, Syria, Jordan, and Palestine**. These Christians belong to various denominations, including **Eastern Orthodox, Roman Catholic, and Eastern Catholic** (Maronite, Coptic, Melkite) churches.
- **Druze:** A distinct religious group primarily found in **Lebanon, Syria, and Israel**, with beliefs that incorporate elements of Islam, Christianity, and other philosophies.
- **Judaism:** Historically, there were significant Jewish communities in Arab countries such as **Iraq, Morocco, Yemen, and Egypt**, though many have emigrated, particularly to Israel.
- **Bahá'í Faith:** There are small Bahá'í communities in several Arab countries, particularly in **Yemen and Egypt**.
- **Yazidism:** Practiced by a Kurdish-Arab minority, primarily in **Iraq**.
- **Zoroastrianism:** A historically significant religion with a small presence among Arab populations, mainly in **Iraq**.

ARABIC DIALECTS

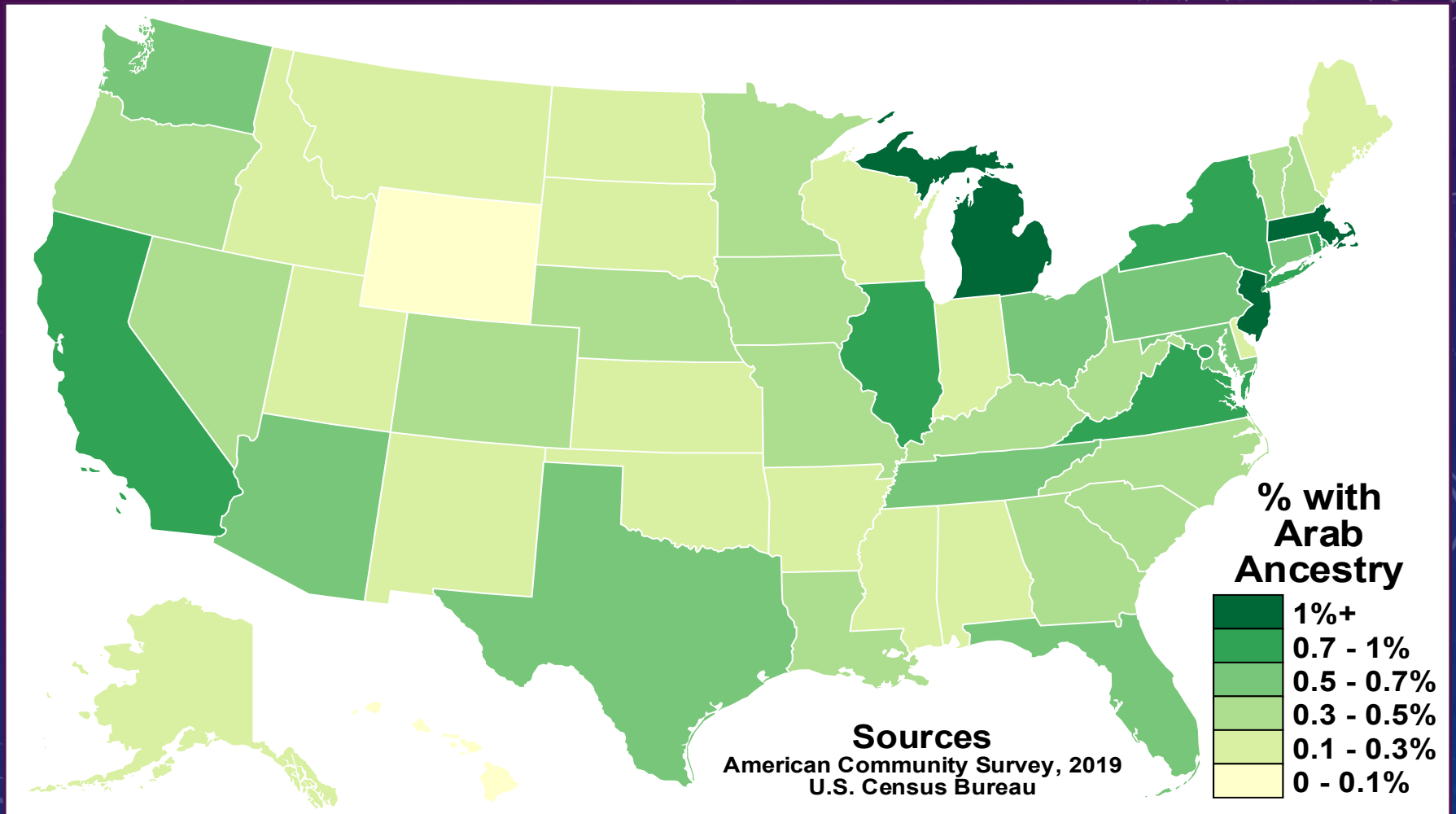


[40 maps that explain the Middle East \(vox.com\)](https://www.vox.com/40-maps-that-explain-the-middle-east)

ARAB WORLD IN 1914



ARAB ANCESTRY IN THE U.S.



ACCULTURATION: 3 WAVES OF IMMIGRATION TO THE U.S.

1st Wave (Late 1800s – 1920s)

- **Origins:** Mainly from **Greater Syria** (Lebanon, Syria, Palestine).
- **Motivation:** Economic opportunity, escaping Ottoman rule.
- **Key Group:** Predominantly **Christian Arabs**.

2nd Wave (1940s – 1960s)

- **Origins:** **Lebanon, Egypt, Palestine, Syria**.
- **Motivation:** Political upheaval (wars, Israeli statehood).
- **Key Group:** Mix of **Christians and Muslims**.

3rd Wave (1970s – Present)

- **Origins:** Broader Arab world (**Iraq, Yemen, North Africa**).
- **Motivation:** Wars, political persecution, and economic instability.
- **Key Group:** More **Muslim-majority**, includes refugees.

ACCULTURATION

- The fourfold model is a bilinear model that categorizes acculturation strategies along two dimensions.
- The first dimension concerns the retention or rejection of an individual's minority or **native culture**
- The second dimension concerns the adoption or rejection of the dominant group or **host culture**

ACCULTURATION

- **Assimilation** occurs when individuals **adopt** the cultural norms of a **dominant** or host culture, over their original culture. Sometimes it is forced by governments.
- **Separation** occurs when individuals **reject** the **dominant** or host culture in favor of preserving their culture of origin. Separation is often facilitated by immigration to ethnic enclaves.
- **Integration** occurs when individuals can **adopt** the cultural norms of the **dominant** or host culture while maintaining their culture of **origin**. Integration leads to, and is often synonymous with **biculturalism**.
- **Marginalization** occurs when individuals **reject both** their culture of origin and the dominant host culture.

ACCULTURATION

One important distinction when it comes to risk for acculturative stress is degree of willingness, or migration status, which can differ greatly if one enters a country as a voluntary immigrant, refugee, asylum seeker, or sojourner:

1. *Voluntary immigrants*: those that leave their country of origin to find employment, economic opportunity, advanced education, marriage, or to reunite with family members that have already immigrated.
2. *Refugees*: those who have been involuntarily displaced by persecution, war, or natural disasters.
3. *Asylum seekers*: those who willingly leave their native country to flee persecution or violence.
4. *Sojourners*: those who relocate to a new country on a time-limited basis and for a specific purpose. It is important to note that this group fully intends to return to their native country.

CULTURAL VARIATION

- Recognize very broad spectrum of variation
- Level of acculturation
- SES
- Bedouin to rural / Tribal to Cosmopolitan
- Country to region to family
- Generational shift
- ***Cultural identity should not be ignored in favor of another aspect of identity**

III. ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL



THOUGHTS? FEELINGS?



III. ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL HEALTH

- Stereotype Vs Generalization
- Reel Bad Arabs
- Arab Archetypes
- Semantic Pejoration
- Microaggressions
- Algorithm Bubbles

III. ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL HEALTH: GENERALIZATION VS STEREOTYPE

- Cultural Norms / What is generally expected within a society or culture
- Generalizations are neutral, relative descriptions of a group's dominant preferences. Generalizations support more complex perceptions and experiences of cultural differences and commonalities.
- Stereotypes are evaluative, overgeneralized personal traits assigned to a group. Stereotypes support less complex perceptions and experiences of cultural differences and commonalities.

Source: <https://idiinventory.zendesk.com/hc/en-us/articles/360057816194-Difference-Between-a-Broad-Stereotype-and-a-Cultural-Generalization>

III. ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL HEALTH (ODAY)

- Reel Bad Arabs: How Hollywood Vilifies a People (Jack Shaheen)
- [Reel Bad Arabs: How Hollywood Vilifies a People \(youtube.com\)](#)

SOME ARAB “ARCHETYPES” / STEREOTYPES

- “Tribal Sheikh” murderous and irrational
- “Belly Dancing Concubine” traitorous, seductive and jealous
- “Oil Billionaire” materialistic, not worthy of wealth
- “Token Terrorist” part of mindless hateful mass with no individualism
- “Immigrant Arab” National Security risk spreading “Sharia” law
- “The Repressed Hijabi” submissive with no identity of education
- Token “Good” Arabs are almost always portrayed as having given up aspects of their Arab identity (abandoning their religious practices, being more “Western”)

“SEMANTIC PEJORATION”

Semantic pejoration is the process by which a word's meaning changes over time, acquiring more negative or derogatory connotations than it originally had

- **Allahu Akbar** (الله أكبر) – God is great
- **Madrasa** (مدرسة) – school
- **Sharia** (شريعة) – Islamic law
- **Jihad** (جهاد) – struggle or effort
- **Fatwa** (فتوى) – religious ruling or opinion
- **Infidel** (كافر) – non-believer
- **Haram** (حرام) – forbidden
- **Ummah** (أمة) – community

MICROAGGRESSIONS

- **Definition of Microaggressions**
- Subtle, often unintentional, discriminatory remarks or behaviors directed at marginalized groups.
- Reflects stereotypes, bias, and prejudices.
- **Types of Microaggressions:**
- **Microassaults:** Explicit derogatory comments.
- **Microinsults:** Subtle remarks that demean someone's identity.
- **Microinvalidations:** Negating or dismissing someone's lived experience or identity.

MICROAGGRESSIONS

- **Examples:**
- **“Where are you *really* from?”**
 - Implies Arabs don’t belong in Western societies.
- **“You speak such good English!”**
 - Assumes Arabs cannot be fluent or educated.
- **“Complementing” Arabs for not being (insert stereotype: terrorism, medieval, oppressed women..etc)**
 - Comments like “You seem so openminded,” or “you’re so brave for not wearing a head scarf”
- **Mispronouncing Arab names repeatedly**
 - Not making the effort to learn or respect the individual’s cultural background.

SOCIAL MEDIA ALGORITHM BUBBLE

- “Parallel Worlds”
- Echo Chamber / Confirmation Bias
- A.I. learning bias

ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL HEALTH

- Children can end up feeling ashamed, inferior, and maybe even belligerent and aggressive
- They may hide their identity or overcompensate to combat negative perceptions
- Negative self image effects on mental health
- Stereotypes can be especially harmful in the absence of positive cultural images
- If identity hidden may make it harder for broader culture to identify what “normal” is
- Source: https://www.teachingforchange.org/wp-content/uploads/2012/08/ec_arabstereotypes_english.pdf

ARAB STEREOTYPES AND MEDIA EFFECTS ON CHILD MENTAL HEALTH: HOW TO TALK TO KIDS ABOUT CONFLICT

- Do **NOT** use words like “bad people” or “Evil people” in conflict, if anything focus on actions rather than people

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Disaster_Resource_Center/Home.aspx

NEWS FROM THE ARAB WORLD

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This Saudi hospital performed the world's first robotic heart transplant

King Faisal Specialist Hospital and Research Center performed the surgery on a teenager suffering heart failure.

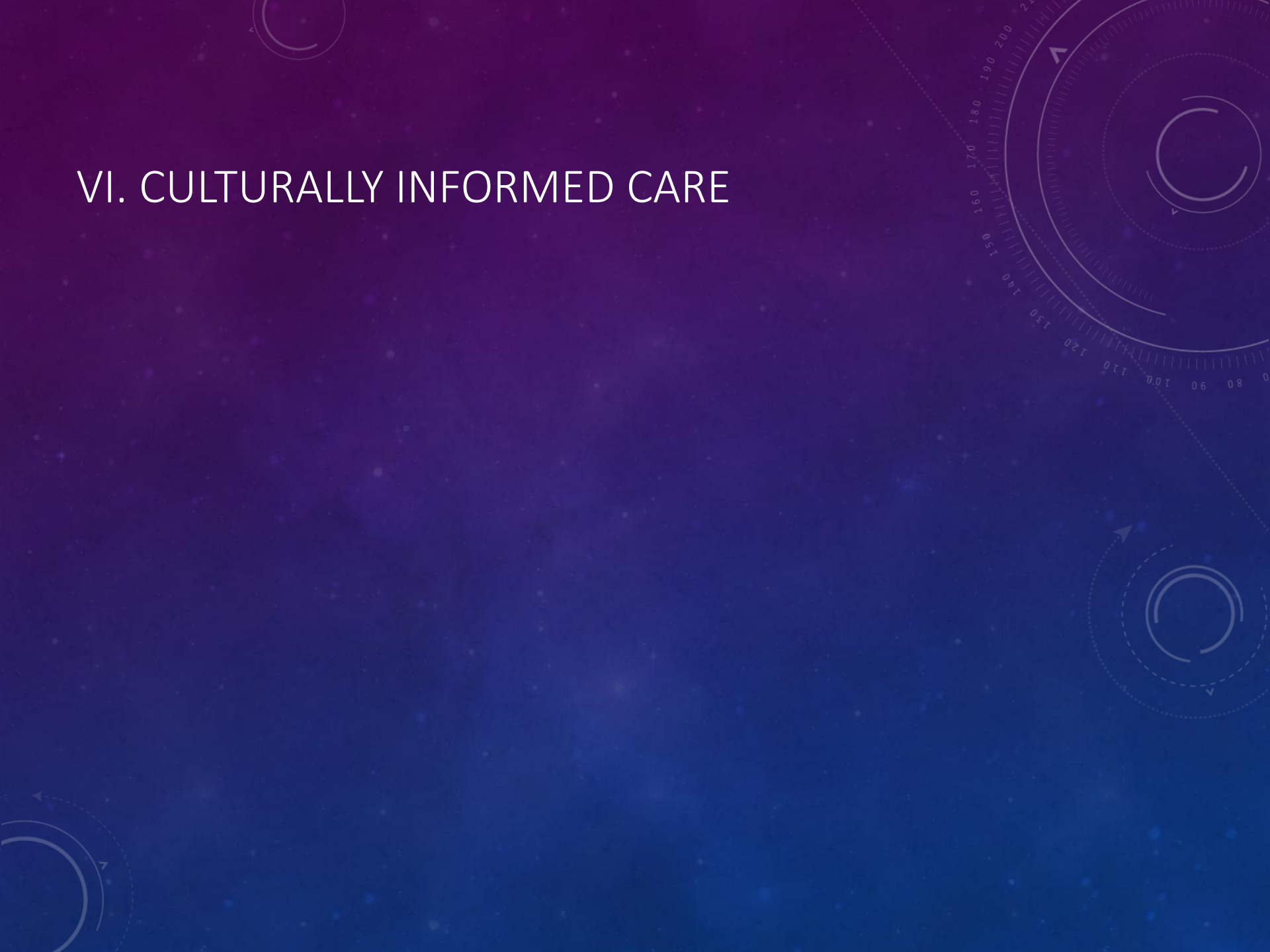


Illustration: Umang Sawkar/WIRED Middle East



Dr. Feras Khaliel

VI. CULTURALLY INFORMED CARE



VI. CULTURALLY INFORMED CARE

- A) Views on Psychiatry, Psychiatrists & Psychotropics
- B) Disorder Manifestations
- C) Values, Taboos & Barriers to Care
- D) Speaking the cultural language

CULTURALLY INFORMED CARE: A) VIEWS ON PSYCHIATRY, PSYCHIATRISTS & PSYCHOTROPICS

- Psychiatry
- Psychiatrists
- Psychotropic Medications

MISCONCEPTIONS ABOUT PSYCHIATRISTS

- Mystical / mysterious
- Hypnosis / involuntary control / manipulation
- Analysis (like a palm reader might)
- Mind reading / “psychics”
- Dream Interpretation
- Can be infected by other people’s “craziness”
- Pursue psychiatry to “treat themselves/ they’re actually the crazy ones”
- Only see “crazy” people
- Only trying to make money off people by peddling drugs
- Also expected confusion about the role of different mental health professionals

MISCONCEPTIONS ABOUT PSYCHIATRISTS (RESULTS)

- To compensate many have found themselves competing with “Traditional” Faith Healers (who market themselves as being the only true healers) or “Modern” Life Coaches (who market themselves as seeing “normal” people), or will have to informally adopt a religious figure/mental health provider hybrid role
- Some have found themselves on social media with the potential for worsening matters competing with misinformation generated by “influencers”, leaning into it and oversimplifying or worsening the spread of misinformation
- There can be a general expectation of a psychiatrist to take on a more directly prescriptive & assertive “tell me what to do” role, a collaborative approach if not properly explained can be viewed as being “unsure”
- *“You’re the doctor, you tell me!”*

MISCONCEPTIONS ABOUT PSYCHIATRY

Mental health issues are:

- a sign of weakness or lack of faith
- caused by possession/ evil spirits/ jinn/ witchcraft/ evil eye..etc
- Psychiatric treatment means acknowledging being "crazy"
- Mental health issues can be resolved solely through religious practices or traditional medicine
- Are “Made-Up Western ideas” or conspiracies by “Big Pharma..etc.”
- In a sign of something “inherently wrong” with someone’s character
- Seeking help is shameful due to social stigma
- “you should see a psychiatrist” is a big insult
- ***Spiritual not Mental** الاخذ بالأسباب

MISCONCEPTIONS ABOUT PSYCHIATRY

- Western medicine or ideas are inferior to or incompatible with traditional medicine / religious approaches
- Asking about something increases risk of it happening and “implants the idea” (e.g. suicide..etc)
- Asking about something is offensive (gender or sexual orientation)
- Asking about “personal issues” is intrusive or taboo (relationships, whether romantic or family or friends, personal health..etc)
- Can hesitate to “talk bad about people behind their back”
- ADHD doesn’t need treatment and is just a kid being a kid (big family, can be chaotic)
- Physical discipline needed “in moderation” (*“it happened to us and we’re fine”*)

MISCONCEPTIONS ABOUT PSYCHIATRY (RESULTS)

- Expectations for quick fixes in general
- Preferences for ER visits, low follow up rate if things are not in crisis mode
- Generally, ER visits are more frequent also due to a preference for seeking “Medical” help
- Somatization or using somatic wording can be seen as more “acceptable” (e.g. “Chest tightness, Dizziness..”)
- Expectations to “fix” LGBTQ issues
- Overstretched, rushed and crowded mental health services
- There may be a lower emphasis on psychoeducation and more of a directive role

MISCONCEPTIONS ABOUT PSYCHOTROPICS

Psychotropics are:

- **Addictive**
- Dangerous
- Control the mind
- Weaken the spirit / faith
- A sign of weakness
- “Big Pharma” conspiracies / “Doctors trying to get rich”
- Inferior to traditional or religious remedies

Note: Faith healers may actively tell a patient to discontinue all psychotropics due to the above, and so it doesn't “interfere” with their treatments

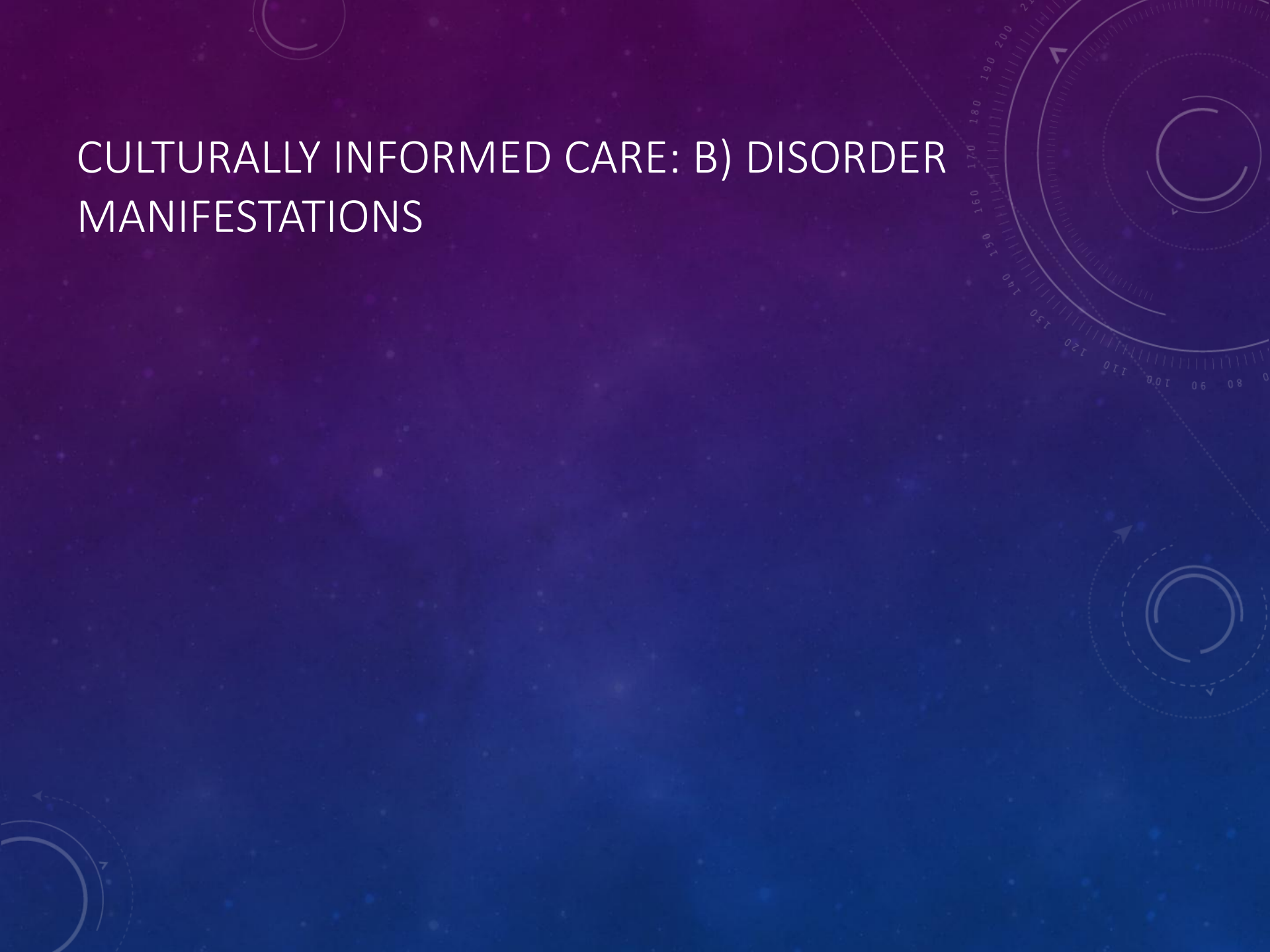
MISCONCEPTIONS ABOUT PSYCHOTROPICS (RESULTS)

- Resistance
- Non-Compliance
- Inconsistency
- Herbal Remedies that might interfere with metabolism or may be harmful

THINGS PEOPLE SAY THAT MIGHT NOT ALWAYS BE HELPFUL BUT MAY BE SOCIALLY EXPECTED (NOT FOR THERAPISTS)

- “don’t upset yourself” لا تزعل نفسك
- “it’s not worth it” ما تسوى
- “strengthen your faith” قوي ايمانك
- “it’s all a test and will be rewarded” اجر وثواب
- “it’s simple” بسيطة
- “others have it worse” غيرك أسوأ
- “Stop being lazy/disrespectful/disobedient..”

CULTURALLY INFORMED CARE: B) DISORDER MANIFESTATIONS





CONTEXT: ON JINN, WITCHCRAFT & THE EVIL EYE

- The Genie of the Mind: Jinn, Witchcraft & Psychiatry
- <http://www.empathic-resonance.org/blog-2.html>
- <http://www.humanisticpsychiatry.com/wp-content/uploads/2017/12/JHP.Fall-2017.pdf>

THE GENIE OF THE MIND: JINN, WITCHCRAFT & PSYCHIATRY

- The word “Genie” is an anglicized form of the Arabic word “Jinni” (جِنِّي), which is the singular form of the plural “Jinn” (جِنّ)
- The root word (جَنَّ) from which the word Jinn derives means “that which is concealed”
- A derivative of the same root is used to form the word “Majnoon” (مَجْنُون), which is Arabic for “Insane” or “he whos mind is concealed or enshrouded”
- Incidentally, the Arabic words for Heaven (جَنَّة) and Embryo (جَنِين) also share the same root word, implying concealment

THE GENIE OF THE MIND: JINN, WITCHCRAFT & PSYCHIATRY

- As the origin of the word suggests, these beings are “concealed” and are often thought of as existing in a parallel but unseen realm where they cannot typically be detected by humans, however, they can interact with them and cause them harm
- The linguistic relationship between the words “Jinn” and “Majnoon” (i.e. insane) are particularly interesting because of the prevalence of the belief among Arabs & Muslims that the origins of some illnesses, particularly mental illnesses, can be attributed to Jinn in one way or another

THE GENIE OF THE MIND: JINN, WITCHCRAFT & PSYCHIATRY

- Jinn are viewed as agents of black magic (Sahir, سحر), as they carry out maleficent deeds either independently or on behalf of a witch or sorcerer (Sahir, ساحر).
- They may also be implicated in the Evil Eye (Hasad, حسد), which according to Islamic tradition is caused by envy and “a malevolent wish for the evanescence of blessings from others” (original translation of تمنى زوال النعمة من الآخرين).

THE GENIE OF THE MIND: JINN, WITCHCRAFT & PSYCHIATRY

- This understanding is particularly important for practicing psychiatrists seeing Muslim patients, as in many Muslim majority countries, families are much more likely to seek treatment, particularly for mental illnesses and epilepsy, from faith healers than they are from medical professionals.
- Less informed or less experienced psychiatrists can easily find themselves in a position at odds with a patient's beliefs or treatments prescribed by a faith healer, even when the treating psychiatrist is also Muslim.
- Much of the initial work will focus on psychoeducation, collaboration with the family and alignment with existing healing practices that are not viewed as harmful.

THE GENIE OF THE MIND: JINN, WITCHCRAFT & PSYCHIATRY

- Specific problems can arise, however, when addressing certain practices such as exorcisms involving beating and cutting patients, and even outright instructions by faith healers not to take prescribed psychiatric medications so as not to “weaken the spirit” of the possessed battling his literal demons.
- There is already a great deal of stigma associated with mental illness within Muslim communities, where it may be viewed as a weakness or punishment for a lack of faith.
- Psychiatrists are often mistrusted, as are their medications, which are commonly thought of as being either harmful or addictive.
- <http://www.humanisticpsychiatry.com/wp-content/uploads/2017/12/JHP.Fall-2017.pdf>

CULTURALLY INFORMED CARE: B) DISORDER MANIFESTATIONS

- ADHD (cultural norms, threshold, discipline over support)
- Autism (boys “rude, intellectually disabled”, girls “well mannered”..)
- Depression (chest tightness, change in religiosity..)
- Bipolar (change in religiosity, “Almahdi”, “VIP”, poetry, disinhibition in the context of society)
- OCD (prayers, ablutions, religious doubts..)
- Anxiety (somatic complaints..)
- Panic Disorder (heart attack..)
- Phobia (jiinn, cats & dogs..)
- Social Anxiety (in some conservative circles not going to place of worship..)
- General Anxiety

CULTURALLY INFORMED CARE: B) DISORDER MANIFESTATIONS

- PTSD (“psychosis”)
- Suicide (phrasing, taboo & stigma)
- Schizophrenia (Jinn vs. aliens, intelligence agency..)
- Hallucinations / Delusions (Jinn, witchcraft...)
- Delusional Disorder (Jealousy, Persecutory..)
- BPD (increased religiosity, “Almahdi”,
- Substance Abuse (Captagon, Tramadol, Khat, Sheesha v.s. Alcohol, taboo and access to care..)
- Domestic Abuse
- Gender & Sexuality
- Sleep Paralysis الجاثوم (sitting on chest, compare incubus/succubus)

POSSIBLE MANIFESTATIONS

Other Issues:

- Sibling gender differences, expectations, protectiveness..
- “emotional blackmail”
- Being a “Disobedient Child” عقوق
- Marriage issues
- General Boundary Issues
- Eye Contact
- Personal Space
- “Acting Western”
- Men should not show emotion and are tough / Women are overly emotional but caring



Effects of Arab Culture on Child & Adolescent Development: A Psychiatric Perspective

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¹Harvard Medical School ²VA Boston Health Care System



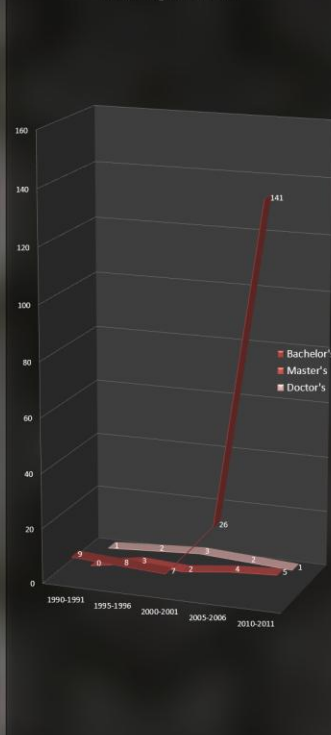
BACKGROUND

- In the aftermath of the 9/11 terrorist attacks, degrees in Arabic Language conferred by a postsecondary institution at a Bachelor's level in the U.S. have gone up from 7 in 2001 to 141 in 2011¹
- The Arab Region comprises 22 Arab countries where Arabic is spoken as the primary language, with a combined population of 359 million in 2010²
- One third of the population is below the age of 15 and one fifth between the ages of 15 and 24, this amounts to 54 percent of the population being below the age of 25 in the Arab World²
- In contrast, 29 percent of the population of developed countries is below the age of 25²
- There is a shortage of psychiatrists in the Arab region
- As an example, one of the richer countries, Saudi Arabia, has 2.91 psychiatrists per 100,000³
- Egypt has 0.54, Yemen has 0.21, and Sudan has 0.06³
- By contrast the U.S. has 7.79 and England has 17.65 psychiatrists per 100,000 (WHO Mental Health Atlas 2011)³
- People who identify themselves as Arab hail from a diverse ethnic, racial, and national background
- There are 1.2 Million people who reported Arab ancestry according to the 2000 US Census Bureau. The Arab American Institute Foundation estimates it to be at 5.1 million. This large discrepancy is an example of the difficulty in identifying who is an Arab
- For the purpose of this review, the word Arab will encompass the population of people who speak Arabic as a primary language as well as those who identify themselves as Arab either by emigrating from Arab countries or by being born to Arabic speaking parents
- The majority of psychiatry practiced today has its roots in the West
- While some authors have written opinion pieces regarding Arab culture and how these may affect the development of children & adolescents, few have relied on evidence based data in support of their claims
- The purpose of this review is to elicit possible links between Arab culture and the development of the child & adolescent based on published articles in the psychiatric community, with the hope that these insights may guide the mental health clinician to better serve the Arab child and family

METHODS

- A PubMed search was conducted with the key words "Arab", "culture", "child", "adolescent", "effects", "affect", "psychiatry", and "mental health" in various combinations, and returned articles were scrutinized for relevance to the topic
- The most inclusive search with only the two words "Arab" and "psychiatry" only returned 360 articles
- This dropped to 93 when the word "child" was added"
- A search of "effects of Arab culture on Child psychiatry" only returned 3 articles
- Subdivisions were generated by theme and discussed based on the relevant articles. Contributing opinions by the author were then added

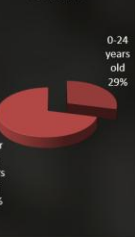
Degrees in Arabic language and literature conferred by postsecondary institutions, by level of degree 1990-2011



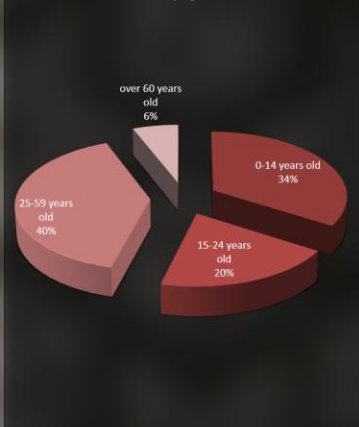
Percentage of Population Under Age 25 in the Arab World



Percentage of Population Under Age 25 in Developed Countries



Age Distribution of Population in the Arab World by Age



RESULTS

- The articles yielded were subdivided by theme resulting in the following categories: Gender Differences, Family Behavior, Parenting Style, Polygamy & Consanguineous Marriages, Patriarchal Structure, Soothing, Effects of Westernization, Suicide and Psychometric testing & Social Norms.
- Some parameters such as suicide risk do appear to be more clearly decreased in the Arab population
- Other parameters such as the effect of Polygamy have returned mixed results regarding effect

CONCLUSION

- Some cultural issues seem to have a more noticeable impact than others
- There seems to be a clearer decrease in suicide risk in the Arab population compared to non-Arabs examined in most studies
- Issues such as gender differences, parenting style and polygamy appear to have an effect that is more closely dependent on the perception in the examined community about how far the issue deviates from social norm rather than the issue itself
- The diversity of people identifying themselves as Arab or who are identified by others as Arab presents a challenge in collecting data relevant to the topic.
- There may be enough over-arching themes uniting certain groups where drawing a conclusion with clinical applications may be possible, while being mindful that each patient is the primary source of data for clinical purposes, and each patient is unique regardless of ethnicity
- The scarcity of well-designed studies is another challenge, and more studies pertaining to this field will help bridge the gap in cultural knowledge and understanding

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1. U.S. Department of Education, *National Center for Education Statistics*, (2013), retrieved March 12, 2014 from http://nces.ed.gov/ipeds/data/ipeds_tables/d13_325.59.asp
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3. World Health Organization, Department of Mental Health and Substance Abuse (2011). *Mental Health Atlas*



Cultural Issue

- Gender Differences
- Family Behavior
- Parenting Style
- Polygamy & Consanguineous Marriage
- Patriarchal Structure
- Soothing
- Effects of Westernization
- Suicide
- Psychometric Testing & Social Norms



Defining
EXCELLENCE
in the 21st Century

CULTURAL ISSUES CHILDREN (UNPUBLISHED PAPER)

EFFECTS OF ARAB CULTURE ON CHILD & ADOLESCENT DEVELOPMENT: A PSYCHIATRIC PERSPECTIVE

- Gender differences
- Family behavior
- Polygamy and Consanguineous Marriages
- Patriarchal Structure
- Soothing
- Effects of Westernization
- Suicide
- Psychometric Testing and Social Norms

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CULTURALLY INFORMED CARE: C) VALUES, TABOOS & BARRIERS TO CARE

- Generalizations vs Stereotype
- Values (“Incompatible” vs. “stratification”)
- Taboos
- Barriers to care
- Challenges to Psychiatrists

CULTURALLY INFORMED CARE: GENERALIZATION VS STEREOTYPE

- Cultural Norms / What is generally expected within a society or culture
- Generalizations are neutral, relative descriptions of a group's dominant preferences. Generalizations support more complex perceptions and experiences of cultural differences and commonalities.
- Stereotypes are evaluative, overgeneralized personal traits assigned to a group. Stereotypes support less complex perceptions and experiences of cultural differences and commonalities.
- [Source: https://idiinventory.zendesk.com/hc/en-us/articles/360057816194-Difference-Between-a-Broad-Stereotype-and-a-Cultural-Generalization](https://idiinventory.zendesk.com/hc/en-us/articles/360057816194-Difference-Between-a-Broad-Stereotype-and-a-Cultural-Generalization)

VALUES

“Incompatible” Vs. “Alternative Stratification”

- Society over Individual “needs of the many outweigh the needs of the few”
- Honor & Pride
- Respect & Dignity
- Generosity & Hospitality
- Answering a call for help
- Loyalty
- Repaying debts
- Cleanliness

VALUES

- Family
- Mother is especially highly regarded
- Respecting tradition
- Respect for authority
- Respect for seniority
- Non confrontational communication
- Negative interpretations: “Incompatible with Western Values”, “Hate Freedom”, “No sense of humor”
- In Reality: Values are universal, stratification and prioritization may be different
- Think of “shifted overlapping bell cruves”

VALUES

- Most concepts can be viewed as having the potential to be interpreted positively or negatively “dual natured”
- (stubbornness vs. perseverance, confidence vs. arrogance, curiosity vs. intrusiveness, assertiveness vs. aggression..)
- Viewing values as such may help finding common ground to align with therapeutic goals

CHALLENGES FROM MENTAL HEALTH PROVIDER PERSPECTIVE / CULTURAL BARRIERS TO CARE

1. Stigma and Shame
2. Honor and Family Reputation
3. Religious and Spiritual Interpretations
4. Limited Awareness and Misinformation
5. Gender Dynamics and Patriarchy
6. Confidentiality Concerns
7. Language and Communication Barriers

CHALLENGES FROM MENTAL HEALTH PROVIDER PERSPECTIVE / CULTURAL BARRIERS TO CARE

- 8. Structural and Economic Barriers
- 9. Social dynamics: Judgmental / Exclusionary / Gossip In smaller communities
- 10. “expect a quick fix” / seeking medical / ER help
- 11. On expectations of the doc to “take the lead”, may view collaboration as being unsure if not explained properly
- 12. “normalized male jealousy” in face of behavioral issues and personality disorders
- 13. More conservative female may expect chaperon present if alone with male
- 14. “traditional is better”, herbal remedies, spiritual remedies
- 15. Not as many validated culturally specific or language specific psychometric tests

CULTURALLY INFORMED CARE: D) SPEAKING THE CULTURAL LANGUAGE (ALAA)

- Non-Verbal communication, Eye Contact, Personal Space
- Gestures & Offensive Body Language
- Prayer / “talking to self”
- Balancing need for direct questioning with sensitivity in phrasing (Alaa)
- Leveraging existing cultural concepts in service of treatment and therapy
- Demo / Family Session

CULTURALLY INFORMED CARE: D) SPEAKING THE CULTURAL LANGUAGE

- **Recognize culturally dominant value and leverage in treatment**
- **Can be thought of as “translating” from “therapy talk” to “cultural talk”**
- Taboo topics and questions (suicide, gender, relationships, dating, physical touch and eye contact)
- Incorporating the cultural language to tailor culturally informed and specific care
- Cultural Identity can not be ignored especially if treating an issue that may appear in conflict with other aspects of identity

HOW TO CUSTOMIZE THERAPY TO LANGUAGE AND CULTURE

The Basics:

- non-judgmental, open minded and empathetic
- If you don't know, ask!
- Ask the patient or educate yourself (like attending these lectures)
- Learn how to leverage existing concepts in the culture in service of treating the patient (i.e. Speaking the cultural language)
- Do not be dismissive of concerns that may seem “incorrect” or “ridiculous”
- “Cultural Humility” vs “Cultural Competence”
- Remember one of the many barriers to care is a fear of a non-Arab being judgmental, demeaning or simply not able to grasp nuance beyond general misinformation about the culture

HOW TO CUSTOMIZE THERAPY TO LANGUAGE AND CULTURE

Cultural Humility:

- An evolving approach encouraging health professionals to self-reflect, engage dynamically, and respect patients' diverse cultural backgrounds.
- Cultural humility is a continuous, interactive process focusing on mutual respect and understanding
- Contrast with cultural competence, which aims for knowledge mastery of cultures and implies an “end point” where one is “fully competent”

SOME CULTURALLY SPECIFIC HAND GESTURES

- “Wait / be patient” (like picking fruit)
- “What/why/how/ who” pronation to supination, “hand question”
- **Caution: Near Head means questioning sanity**
- Ok sign (not ok) “meant as a threat / you are in trouble “ (vs. OK)
- Head nod up and click sound “no”
- “Eat it” / “In your face”, “palm smash” (vs. Japanese)
- Touching index fingers together and rubbing back and forth: closeness
- “finger down the check” (Pretty)
- NOT common/ Western Movies: touching heart, lip and forehead then bowing

POTENTIALLY OFFENSIVE BODY LANGUAGE

May be seen as offensive depending on context:

- Not standing to greet someone: Poor form
- Looking at your watch: (especially while someone is talking to you): rude
- Foot pointed at someone: disrespectful
- Cross legged: disrespectful
- Pointing at someone with an index finger: confrontational
- Handing / receiving with left hand: rude
- Chewing gum: unprofessional / rude

OTHER NONVERBAL COMMUNICATION:

- Eye contact between men and women may encompass a lowered gaze as a show of respect and modesty, prolonged direct eye contact between men and women may be seen as intense or intrusive
- Personal Space
- Physical Touch
- Members of the same gender holding hands is not uncommon and does not indicate intimacy
- Food is Sacred, serve a lot, do not disrespect or sully
- Elders/parents may be kissed on the forehead as a sign of respect
- “Scent Communication” Perfume is a way to express individuality and seen as a form of refinement and cleanliness

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- خشوع
- قدر
- ابتلاء
- الحمد والشكر
- لا يكلف الله نفساً الا وسعها
- الاخذ بالاسباب
- التوكل
- الصلاة
- الوضوء
- النية
- عمل الخير

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- بر الوالدين
- أَعُوذُ بِاللّٰهِ مِنَ الشَّيْطَانِ الرَّجِيمِ
- بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِيمِ
- صلة الرحم
- احتساب الأجر
- الغيبة والنميمة
- المواظبة على الصلاة
- الزكاة
- إن شاء الله
- الإخلاص

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- رد السلام
- الصيام
- الزهد

SPEAKING THE CULTURAL LANGUAGE

- Spiritual engagement: Mindfulness (DBT / ACT) خشوع
- Predetermination in the context of free will (Existential therapy / CBT) قدر
- “tests and trials” in addressing adversity (Psychodynamic / TFCBT) لا / ابتلاء
يكلف الله نفساً إلا وسعها
- Thankfulness (mindful of blessings / Positive Psychology / CBT / ACT) الحمد
والشكر
- “taking the means” (for example for seeking care and treatment) الاخذ بالاسباب

SPEAKING THE CULTURAL LANGUAGE

- Reliance (on a higher power) (acceptance/ ACT/ riding the wave (DBT) التوكل
- Inshallah (part of language, optimism and intent) انشاء الله
- Rituals of worship for anger management/panic (grounding technique) الصلاة / الوضوء
- Intention (doing with intention rather than being done to you, sense of agency and ownership) النية
- The Middle Ground (DBT) خير الامور اوسطها
- Charity / good deeds (altruism is therapeutic, improve self image and feel social connection and value) عمل الخير

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- Prayer as opportunity for “relaxation, meditation and Reflection”
- Bismillah: centering
- Fasting: self discipline, empathy, gratitude
- Quran recitation: calming effect
- Social connections: especially “Good Company” in context of support networks
- Zuhd (simplicity): decrease attachment to material things
- *A lot of concepts have made their way to western medicine via interest in Bhuddism but many concepts already exist in Arab / Muslim populations

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- A3ooth billah min ashaytan alrajeem (OCD “thought stopped / swat away the fly”, Panic attack grounding)
- I7tisab alajr: incorporate with niyya: hardships are a test, patience will be rewarded: source of affirmation
- Family Values/ 9ilat arra7m: tight knit, collective responsibility, support network, (?toxic relationships and boundary management)
- Being a “good child” (albir bilwalidain), expectations on both child and parent
- “nameema” (talking behind people’s backs)
- Respect of elders

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **خشوع (Khushoo)**: Cultivating mindfulness and deep focus, similar to mindfulness-based therapies, helping individuals manage anxiety and improve emotional regulation.
- **قدر (Qadr)**: Accepting life's events as part of a divine plan, fostering resilience and reducing anxiety through concepts akin to acceptance in ACT (Acceptance and Commitment Therapy).
- **ابتلاء (Ibtilaa)**: Viewing trials as tests from a higher power can promote cognitive reframing, similar to finding meaning in suffering (Logotherapy), aiding in emotional resilience.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **الحمد والشكر (Hamd & Shukr):** Practicing gratitude aligns with Positive Psychology, promoting well-being, resilience, and emotional strength.
- **لا يكلف الله نفساً إلا وسعها (God does not burden a soul beyond its capacity):** Helps individuals cope with challenges by believing that struggles are within their capacity, promoting hope and perseverance.
- **الآخذ بالأسباب (Taking the necessary means):** Encourages proactive problem-solving and responsibility, similar to the empowerment in CBT (Cognitive Behavioral Therapy).

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **التوكل (Tawakkul)**: Combining trust in a higher power with personal effort can reduce anxiety, aligning with stress-reducing techniques in ACT by balancing acceptance and action.
- **الصلاة (Salah)**: Prayer serves as a form of spiritual mindfulness, providing mental clarity, stress relief, and a sense of connection, comparable to mindfulness meditation.
- **الوضوء (Wudu)**: Ritual cleansing can act as a grounding technique, promoting emotional regulation and a sense of renewal, similar to relaxation practices in therapy.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **النية (Niyyah)**: Setting intentions aligns with goal-setting in therapy, helping individuals focus on positive behavior change and fostering a sense of purpose.
- **عمل الخير (Doing Good Deeds)**: Acts of kindness boost emotional well-being, similar to Positive Psychology's focus on altruism and compassion in improving mental health.
- **بر الوالدين (Kindness to Parents)**: Maintaining strong family bonds provides emotional support, similar to family therapy practices that focus on improving relationships.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **أعوذ بالله من الشيطان الرجيم (Seeking refuge from Satan):** Acts as a cognitive coping mechanism to counter negative or intrusive thoughts, similar to thought-stopping techniques in CBT.
- **بسم الله الرحمن الرحيم (In the Name of God, the Most Merciful):** Beginning tasks with a spiritual focus can enhance mindfulness and intention, similar to grounding practices that reduce anxiety.
- **صلة الرحم (Maintaining Family Ties):** Strengthening family connections provides social support, which is crucial for emotional well-being, similar to the role of community support in therapy.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **صلة الرحم (Maintaining Family Ties):** Strengthening family connections provides social support, which is crucial for emotional well-being, similar to the role of community support in therapy.
- **احتساب الأجر (Expecting Divine Reward):** Reframing difficult experiences as spiritually rewarding aligns with cognitive reappraisal, reducing distress by finding meaning in hardship.
- **الغيبة والنميمة (Avoiding Gossip and Slander):** Focusing on positive speech and behavior aligns with cognitive-behavioral techniques aimed at reducing negativity and improving social relationships.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- **المواظبة على الصلاة (Consistency in Prayer):** Regular practice of prayer fosters routine and discipline, which can enhance emotional stability and self-regulation, akin to therapeutic routines.
- **الزكاة (Zakat, Charity):** Acts of charity promote well-being and social connection, similar to the therapeutic benefits of altruism and pro-social behavior in Positive Psychology.
- **إن شاء الله (InshaAllah, God Willing):** Acceptance of outcomes fosters cognitive flexibility and reduces anxiety about future uncertainty, akin to ACT's focus on accepting uncertainty.

INCORPORATING PSYCHOTHERAPY ELEMENTS IN CULTURE / SPEAKING THE CULTURAL LANGUAGE

- الإخلاص (**Ikhlas, Sincerity**): Cultivating sincerity aligns with authenticity and self-awareness in therapy, promoting emotional well-being and integrity in actions and relationships.
- رد السلام (**Responding to Salam, Greetings of Peace**): Encouraging positive social interactions strengthens relationships, similar to therapeutic practices that promote healthy communication and connection.
- الصيام (**Fasting**): Empathy, family connectedness, mindfulness, discipline, self control, “intermittent fasting” benefits (expectations)

SPEAKING THE CULTURAL LANGUAGE: PROSOCIAL BEHAVIOR & ALTRUISM

- Benefits:
- Increased sense of well-being
- Reduces stress
- Improve self esteem and self image
- Fostering social connections
- Creating a sense of purpose

FROM PATIENT: WHY ARAB THERAPIST

- Why was it important to find an Arab therapist?
Because I knew an Arab therapist would understand, and I'm not talking about a lack of understanding due to language differences. I'm referring to cultural and religious barriers, the kind that would require me to spend hours upon hours explaining in order to break down.
- When I first started therapy, I was an angry and exhausted teen. I was furious with myself, with the world, and of course, with my parents. I could barely contain that rage, disappointment, and hopelessness in my day-to-day life. The last thing I wanted to do was to unpack the baggage that comes with being an Arab for someone who was supposed to help me understand myself.
I guess what I'm trying to say is that it's a heavy burden to try and educate someone about cultural competence and safety within your own culture. And back then, I was barely keeping my head above water. I needed a therapist who inherently understood what it meant to be an "Arab." I needed someone with a deep understanding of the complexity and intersectionality that comes with being Arab

FROM PATIENT: WHY ARAB THERAPIST

- What criteria should a non-Arab therapist meet for me to feel comfortable with them?

They should have a good understanding of Arab culture and its complexities, recognizing how it shapes Arab individuals. It's important that they are aware of their own biases and misconceptions about Arab people, especially Arab women. It's even better if they have first hand experience, like living in a Middle Eastern country.

But to draw from my own therapeutic experience one of my most impactful therapy moments happened because my therapist is an Arab man. I had negative beliefs about men in my culture because of past experiences, and his calm and collected demeanor consistently challenged those beliefs.

CASE

- I would like to have 15-20 minutes of a simulated family session with a pretend "Arab" family where we can highlight cultural issues and how to address them. I have a family that might be a good template: An Arab father has a son with ADHD, his 7 year old son often says to dad "I hate you" to dad which he finds hurtful "after everything I do for him, he doesn't respect me", he believes he is being influenced by Western values, father's own father was physically abusive to him and there is a history of PTSD, and he sees himself as being "so much kinder than dad and getting none of the respect I gave him".

CASE

- Authoritarian parenting styles
- Fear of "calling DCFS" +/- "limited spanking"
- Attitudes about "addictive or harmful nature" of medications
- Expectations of a quick fix
- Parents are "infallible"
- Use of guilt as a means of control
- Not wanting to talk about people "behind their back"
- Boundary issues
- Concerns about confidentiality, gossip in a community and prospects for marriage
- Extending hand to shake member of opposite sex
- (we can throw in some hand gestures as non verbal communication if desired)

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