

TOWARD CULTURALLY SENSITIVE INTERVENTION WITH ARAB FAMILIES IN ISRAEL

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ABSTRACT: Over the past three decades, Arab society in Israel has been undergoing processes of transition. These processes are manifested by changes in the economy, education, the status of women, family structure, and by socio-cultural changes and transformations in patterns of coping with social problems. There is a serious lack of empirical research on the implications of this process for the value systems of Arab society and families in Israel and a dearth of relevant intervention-oriented literature. This article outlines the basic cultural values in the Arab society in Israel in an attempt to illuminate the relevance of these values for family structure and for direct interventions with Arab families in Israel.

KEY WORDS: Arab families in Israel; cultural sensitivity in therapy; Arab families in transition.

The Arab society in Israel is in a state of transition. This process is reflected in various areas such as economy, education, culture, and women's status in the family and society that shape family structure, life and activity (Al-Haj, 1987; 1989; Kanaana, 1975). Cultural traditions are gradually being replaced by imported customs, and several stereotypes have begun to lose their value. For example, there has been a decline in prearranged marriages, and the system of dowry has started taking different shapes and forms. It is clear that the

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values, structure and roles of the Arab family in Israel are also changing significantly (Al-Haj, 1987; 1989). Despite the indications of transformation and change in Arab society in Israel during the past three decades, there is a lack of concrete empirical evidence defining the implications of these processes for the Arab society in general and the Arab family system in particular.

Despite the steady increase in literature on various aspects of family life in Arab societies in Arab countries and in Israel, these sources have hardly dealt with methods and techniques of intervention with families. Thus family mental health practitioners (i.e., family therapists, family social workers, psychologists) working with Arab families rely on Western literature which is adapted to the unique needs and structure of families in post-industrial societies. Hence it can be assumed that this literature does not provide the specific knowledge and intervention skills needed for successful and effective intervention with Arab families.

This article describes some of the basic cultural values of the contemporary Arab society in Israel, including those that are still rooted in that society and those which are in the process of transition. Emphasis is placed on the relevance of these values to the Arab family structure and direct intervention with families in this society.

CULTURAL VALUES AND THEIR IMPLICATIONS FOR THE INTERVENTION PROCESS

A value orientation has been defined as a generalized and organized conception influencing interpersonal relations, individual attitudes toward nature and the environment, time orientation, and preferred patterns of activity and coping (Kluckhohn, 1962). As a national minority undergoing a process of transition, Arab society in Israel has a unique value orientation which shapes the perspectives, behavior, and attitudes of individuals and families. In addition to considering the conflicts, anxieties, defense mechanisms, coping patterns, and goals accompanying the transition processes, family mental health practitioners are expected to take these values into account and use them as a basis for beginning the intervention process. The following will examine the relevance of the primary cultural values of Arab society for the family and their implications for intervention processes.

Interpersonal Relations

In Arab society, it is important to maintain harmony between individuals and their environment. One way of maintaining harmony is to accept the hierarchical relations in Arab society and the family (Al-Haj, 1989; Barakat, 1985a; Gaith, 1986; Ibrahim, 1985). Harmony with the environment also means that preservation of family ties and collectivist behavior take precedence over individualistic orientations and behavior. Arab heritage is based on shared loyalty and strong family and kinship bonds.

Contemporary Arab society has continued to rely on a kinship network that goes beyond linear genealogical ties or blood relations. Rosenfeld (1981), Avitzur (1987) and others argue that many Arab families have developed various alternative networks for preserving kinship relations. These networks are based on close ties between multiple family units, flexible household boundaries and lifelong bonds for three or more generations. According to Rugh (1984), elasticity and flexibility of family boundaries has proven to be organized, tenacious, active, continuous and often unconditional.

The Arab family protects both the individual and family and usually provides for their needs by preserving this broad network of family relations. Friends and other social contacts are considered secondary to the needs of the family and to the primary commitment to the family. Thus one's self image, esteem, excellence, security, and identity are evaluated on the basis of their relationships with family. Both at times of stability and crisis, a family's reputation and honor take precedence over other considerations. Moreover, interdependence within the nuclear family and between members of the extended family are emphasized through financial support, child care, household chores, and social support (even protection) as well as other patterns of mutual support (Al-Haj, 1987; Barakat, 1985a; 1985b; Rosenfeld, 1981; Rugh, 1984). Denial of support or threats to discontinue family support can damage the individual's self-confidence, cause worry and anxiety about the possibility of coping with the demands of life, and bring fear of ostracism by other members of the family.

Intervention implications. These dimensions have clear implications for intervention with Arab families in Israel. First, these relations obligate the practitioner to adopt a holistic, ecological perspective toward intervention rather than a limited reductionist perspective which only takes the individual or nuclear family into account. This compre-

hensive perspective should consider the individual and the nuclear family, as well as the relationships between individuals, their extended families, and others in the environment. Hence family mental health practitioners should adopt an intervention plan which includes aunts and uncles, grandparents, older siblings, clergy, and other members of the community who may be significant to the targeted family.

Individual Attitudes Toward Nature and the Environment

Despite changes in Arab society, spiritual and religious orientations are still considered alternative channels for achieving harmony with the environment (Gaith, 1986). For example, despite increasing use of welfare and mental health services in Arab society, emotional difficulties as well as personal, interpersonal and family conflicts are perceived as "sins" caused by failure to adhere to Divine commandments and live up to the expectations of God (Dermulkinian, 1993; Haj-Yahia, 1985). In light of recent social and economic changes, there is increasing evidence that individuals and families in Arab society in Israel are attempting to improve their socioeconomic status (Al-Haj, 1989). At the same time, however, Arabs are also making efforts to achieve spiritual fulfillment and maintain harmony with the natural surroundings. Thus many Arabs today are caught between two worlds—the world one lives in and the world that consists "good spirits" (God, angels and saints) versus "bad spirits" (e.g., Satan, the evil eye). All of these worlds influence human behavior (Haj-Yahia, 1985). Thus, in order to be protected by the "good spirits" the individual is expected to do "good deeds," that is, to help others, to be unselfish toward members of one's nuclear and extended family and toward members of the community.

The need to control one's world is not a supreme value in the Arab society. This society is thus still guided by a strong belief that God controls human destiny (Barakat, 1985a; 1985b; Haj-Yahia, 1985; Kanaana, 1982; Rugh, 1984). According to the cultural values of Arab society, there is no room for conflict and dissension either between individuals and their environment or natural surroundings or among family members. In other words, a "regular, normal life" is characterized as conflict-free, and distinguished by harmonious relationships, equilibrium and homeostasis. Hence it is believed that family problems develop when the family unit or individuals in the family

fail to maintain homeostasis and harmony with the environment and the external world.

Intervention implications. Israeli family mental health practitioners trained at universities in their own country or elsewhere in the Western world usually undergo a process of professional socialization based on values that contradict those of Arab society. According to the Westernized approach, "it is possible to control nature," no problem is beyond solution, and although equilibrium and harmony are preferred situations, conflicts are still an integral and legitimate part of daily life. Hence, practitioners working with Arabs in Israel may find themselves in conflict with the traditional values of those families. This conflict may be manifested on both personal and interpersonal levels. Practitioners must acknowledge these value differences and find a "middle road" approach in which they can deal with conflicting values which also considering and respecting the views of the family members.

Arab practitioners face a special dilemma. On the one hand, they are members of a fatalistic society that preserves the status-quo and emphasizes equilibrium and harmony. On the other, they have been trained and socialized to accept concepts such as change, growth, control of personal destiny, and even the principle that "it is healthy and sometimes even desirable that interpersonal and family equilibrium be accompanied by conflict." Thus practitioners working with Arab families in Israel are expected to reconcile these value differences while also encouraging change, initiative and productivity.

Time Orientation

Despite increasing admiration for the younger generation and willingness to involve the younger members of society in local and community leadership, and a new willingness to sacrifice traditional values in order to achieve a better future (Al-Haj & Rosenfeld, 1990), Arab society in Israel continues to attribute positive values to cultural and historical roots, and emphasize the past, which represents respect for adults and elderly members and values their wisdom and experience (Barakat, 1985a; 1985b; Ibrahim, 1985; Kanaana, 1982).

In contemporary Arab society, a time orientation emphasizing the present also prevails. The Arab family has become increasingly immersed in the present and less concerned with planning for the

future (Ahlawat & Zaghal, 1989; Al-Haj, 1989; Barakat, 1985a; Rugh, 1984). Since life is perceived as a cyclical process in Arab society (Kanaana, 1982), imposed intervention plans may be perceived as disrupting the natural course of life. Hence concrete, immediate solutions to family problems (here and now) are perceived as more practical and effective than future-oriented solutions.

Intervention implications. It is assumed, therefore, that Arab families prefer solutions oriented toward the here-and-now, and are most likely to cooperate with family mental health practitioners who help them achieve such solutions. Moreover, solutions that over-emphasize the historical development of the family and individual members of the family, or solutions that are too philosophical and abstract may be rejected, and the family will not willingly cooperate in achieving such solutions (Saleh, 1989; Soliman, 1991). These approaches do not dispute the importance of reinforcing pride in the family and family history, of helping the family maintain positive aspects of its heritage, or of enhancing the family's insight regarding those aspects of its heritage and its ability to learn from them. Similarly, even though emphasis has been placed on the here and now in therapeutic intervention with Arab families, it is assumed that future-oriented intervention will not always be rejected out of hand by the family if it is not abstract and remains concrete and task oriented. Thus the aims of such intervention should be practical, operational, and attainable while also remaining congruent with the goals and values of the family in particular and Arab society in general.

Finally, family practitioners who begin intervention with nuclear families in the Arab society will soon find that they cannot ignore the extended family and community. It is particularly difficult to disregard elderly members of the family who are considered experienced and wise. Thus it is possible to involve older family members and benefit from their instrumental resources, their life experience, their extensive formal and informal ties, and their social acceptability and respect. Nuclear families under the care of family mental health practitioners will usually not oppose involvement of elderly family and community members as long as such intervention conforms with the wishes and expectations of the family (Al-Haj, 1989). Of course, involvement of elderly members of the family and community, including clergymen, must also correspond with professional values and ethics.

Preferred Patterns of Activity and Coping

Arab society emphasizes self-discipline and believes in the ability of individuals to control their emotions and assume responsibility for their own affairs, despite the belief that individuals and families cannot be expected to be able to control their own destiny (Barakat, 1985b; Rugh, 1984). Individuals are required to be calm, collected, and patient. One is supposed to refrain from protesting at times of crisis and distress, even if such situations are difficult and occur frequently. Patient coping at difficult times is accepted and viewed as preferable to hasty, impulsive behavior (Shokri, 1988; Saleh, 1989; Soliman, 1991). In certain cases it is believed that in order to attain full maturity and "know how to get along in life," a person must experience suffering and misfortune, "for only then can individuals and families learn to cope with such situations" (Haj-Yahia, 1985, p. 9). Similarly, it is important for Arabs to define themselves in terms of their "inner characteristics," "family affiliation," and "family status" (Haj-Yahia, 1985, p. 19). These measures bolster the individual's self esteem and help him or her be recognized and accepted by others in the community (Prothro & Diab, 1977).

Arab society values the ability of individuals and their families to successfully cope with economic and social difficulties which the society has been experiencing in recent years. Despite rigid definitions of gender roles in the family in Arab society, flexibility has been shown when women are needed to participate in alleviating family problems, particularly financial difficulty. For example, over the past two decades Arab society has begun to accept penetration of women into the labor market as long as the main objective is to improve the family's economic situation (Faris, 1993; Ibrahim, 1993).

Arab society also places considerable value on education, hard work, and personal achievement (but not necessarily competitiveness) as means to enhance coping. In light of the changes occurring in Arab society, there has been increasing emphasis on education as a means for coping with the socio-cultural changes taking place in Arab society and with situations of financial stress.

Intervention implications. The Arab society in Israel respects the desire of individuals "to build and establish themselves," "to progress on their own," and "to be independent" as long as the individual's desires do not conflict with the interests, goals, and desires of the family. Intervention is welcomed by clients as long as it maintains the

unity of the family and emphasizes the goals, desires, and interests of the family unit as opposed to those of individual family members. Any help or support rendered to individuals is also welcomed as long as it does not conflict with the needs and goals of the nuclear and/or extended family. Practitioners caring for Arab families often have difficulty coping with situations in which there is conflict between the interests of the family versus the interests of the individual.

Moreover, professional intervention with Arab families can empower the family if the family practitioner emphasizes education and advancement of the children in the family as a goal in itself. Hence reinforcement of belief in the value of education can encourage Arab families to seek help from family practitioners and engage in professional therapeutic relations willingly, as long as the family feels that the practitioner respects their beliefs and is willing to help them in the process of fulfilling their goals. For example, Arab families often seek help with economic problems or problems related to their children's future. In certain cases, children are removed from school at a young age in order to contribute to the family income. The practitioner can help the family by explaining that it is not necessary to jeopardize the education of the child or any other family members in order to improve the family's financial situation.

The practitioner should help the parents distinguish between their own problems and the problems of their children. The parents should strengthen their sense of mastery over the life of the family without inhibiting their children's goals and aspirations. The entire family should be shown how to use their personal and environmental resources, particularly in order to help youth who are debating whether to continue their education or to begin working at an early age.

THE STRUCTURE OF THE ARAB FAMILY IN ISRAEL AND ITS IMPACT ON THE INTERVENTION PROCESS

Research has shown that family ties in traditional societies undergoing processes of transformation are more cohesive and extensive than family ties in modern societies (Ahlawat & Zaghal, 1989; Al-Haj, 1989; Barakat, 1985a; 1985b; Landau, 1981; Shokeid, 1993). These include close relationships with extended family and family friends, which constitute a vital support system, particularly for those family members who are in distress or undergoing a crisis. Such relationships have an ongoing effect and long-term implications for the indi-

vidual's views, value system and behavior. Consequently they also affect the success of intervention with the family. This support system is often the only natural source of help for the family. At the same time, it can inhibit the progress of the client or prevent the family from solving problems. In order to understand the process of change experienced by the Arab family it is necessary to recognize its structure and composition.

Courtship and Marriage

Even though the tradition of arranged marriage is rapidly disappearing in the Arab society in Israel, the process of selecting a marital partner is still determined by key members of both families (usually the parents). When a man seeks to marry a certain woman, his parents are expected to speak to the prospective bride's parents on his behalf in order "to ask for her hand." The prospective bride's mother is usually the first one to be approached, followed by her father. In some cases, serious courtship will not even begin without the mutual consent and blessing of both families (Barakat, 1985a; 1985b; Rugh, 1984). As soon as both partners receive the consent of their families they announce their engagement. This is usually celebrated in a special family event. If the families of origin disapprove of the marriage, the engagement will lead to coerced social isolation and ostracism. This is a source of stress, concern, and anxiety which can be passed on intergenerationally and have a detrimental effect on their offspring as long as they are not forgiven by their families of origin.

Avitzur (1987) argues that contemporary marriage customs have maintained the traditional pattern. The groom's parents ask for the hand of the bride (usually with his consent and based on his choice). The celebration customs are traditional, but basic changes have occurred in the nature of marriage as an institution in Arab society. According to testimonies collected by Avitzur, there are very few cases in which the parents choose a husband for their daughter. If this happens, it is almost always with the daughter's consent. According to Avitzur, the decision to marry is often made by the couple, without the knowledge of the parents and the community.

Today, many couples know each other before they marry. They meet outside of the village or away from their home environment, and when they decide to marry the family of the groom approaches the bride's family and "asks for her hand." If the prospective bride's parents or other relatives have another mate in mind, they will not hesi-

tate to mention his name. Although parents rarely force their daughter to marry the partner they had in mind, such cases do exist. In any event, women in Arab society cannot marry without the consent of their parents and even the consent of brothers and other relatives. If they dare, they risk total ostracism and forced social isolation (Avitzur, 1987). Although encounters between men and women are forbidden before engagement in Arab society, everyone knows they happen and in certain locations (e.g., in urban areas), there is a "silent agreement" that such encounters can take place outside of the village or city, where the young couple have opportunities to meet at work or at school.

Once the couple have received the blessing of their families, nuptial ceremonies usually reflect the mutual consent of both families to the marriage. These ceremonies also provide an opportunity for the couple to receive social and financial support from the nuclear family, friends of the family, and mutual friends of the couple. Although the bride's family usually covers some of the expenses for the marriage ceremony and setting up the new household, most of the financial burden is carried by the groom's family (Kanaana, 1982).

Intervention implications. These cultural aspects are no doubt relevant to the role of family practitioners dealing with Arab families in Israel. The practitioner can primarily function as a mediator between the betrothed couple, or either one of the partners, and their families of origin. This mediation can be productive in clarifying fears and sorting out personal conflicts or conflicts of interest. Clearly, this function is particularly essential when one or both of the families of origin are opposed to the marriage.

In Arab society, marriage usually occurs at a relatively young age (at age 25 for men on the average and age 20 for women; Haj-Yahia, 1991). It can thus be assumed that both partners need advice and guidance about the interpersonal, familial and socio-economic aspects of married life (Soliman, 1986). The family practitioner can play an important role, particularly in the engagement and premarital period, by organizing and offering relevant educational and enrichment programs. Such programs can be run in cooperation with clergy, who are involved in the engagement process and officially responsible for carrying it out in accordance with religious law and customs.

Conjugal Relations

In the Arab family, the status of females has always been lower than that of males (particularly older brothers or brothers who are

close in age) and lower than that of her husband and his parents. Arab women are still expected to be dependent on their husbands, to satisfy their husband's needs, and to maintain the household (Avitzur, 1987; Ibrahim, 1993; Shokeid, 1993). The husband usually fulfills the dominant instrumental roles as main provider and protector, whereas the wife fulfills the expressive role as housewife (Barakat, 1985a; 1985b; Ibrahim, 1985; Rugh, 1984).

The changes in the status of the women in the Arab family over the past two decades can be viewed as quantitative (i.e., more women are educated and work outside of the home). However, these alterations can hardly be considered basic qualitative changes that completely alter the woman's status in the family or relationship with her husband (Ibrahim, 1993). The woman's role as mother and wife continue to be traditional and nonegalitarian (Al-Haj, 1987; 1989; Ibrahim, 1985; Rugh, 1984; Shokeid, 1993). The husband, however, is not required to deal with housekeeping and child care. In many sectors of Arab society, it is still believed the "the woman's place is in the kitchen" and the man's place is out of the home, at work (Barakat, 1985a; 1985b; Shokeid, 1993). No doubt this distribution of roles enhances the power of women behind the scenes, notwithstanding apparent support for the authority of the husband. Arab women consider their role as mother more important than their role as marital partner. Assuming that children establish the marriage and cement the marital relationship, motherly love is considered more powerful than a wife's love for her husband (Barakat, 1985a).

Avitzur (1987) claims that the picture regarding the status of the Arab women and their relationships with their husbands "is not as bleak" as it has been portrayed. He argues that the Arab family in Israel is in the midst of a rapid process of transition which has not been completed yet. Thus the nuclear family often has to reconcile two conflicting forces: those that encourage modernization and those that pull the family toward traditionalism. No doubt this struggle has caused stress in the family and generated conflicts between marital partners, or even between couples on one side and both sets of parents and extended family on the other. Avitzur also argues that in contrast to the past, and unlike relationships between older couples, most husbands in the younger generation consult with their wives about almost everything.

The influence and role of the young wife in decision-making is increasing. This has been affected by socio-cultural and socio-political developments, and mainly by the fact that wives have gained increasing influence and have begun to contribute more toward the family

income due to changes in the structure of employment in Arab society (Avitzur, 1987). If the wife earns a salary, her contribution to the family income is felt. If she remains on the family farm, she coordinates the work in the fields, decides how to distribute the seeds and how money should be spent, whereas the husband is solely concerned with work outside of the home. The role of the wife in the family income and in managing the family farm has raised her social status. Even if some Arab husbands are not conscious of the need to involve the wife in family decisions, most young couples find that objective circumstances of modern life leave no choice but to involve the woman (Avitzur, 1987; Ibrahim, 1993; Shokeid, 1993).

Intervention implications. Despite these changes in the nature of conjugal relations in Arab society in Israel, it is still argued that equality between marital partners (even among young couples) is not a priority in Arab society or in the Arab family. Hence family practitioners face several challenges in their work with Arab families in Israel. The main challenge is to encourage egalitarianism and delegitimize male supremacy in the conjugal relationship. The attempt to meet this challenge might be accompanied by resistance and conflict, since Arab society is patriarchal and does not readily accept the introduction of such concepts.

Another challenge is to encourage women to work outside of the home and pursue a career. This not only enables the woman to contribute toward the family income but also to attain self fulfillment. As mentioned, Arab society does not allow conflicts between marital partners, and when such conflicts arise the wife is supposed to submit to her husband's demands and subordinate her own needs and aspirations to those of her husband. In particular, practitioners must emphasize that conflicts between marital partners are legitimate, that conflict is an integral part of marital life and can be resolved on the basis of mutuality (i.e., by "win-win" solutions, in which both partners win, rather than by the wife submitting to her husband's demands—a "win-lose" solution in which the wife loses).

Notwithstanding the increased cohesiveness of the nuclear family in Arab society in Israel (Al-Haj, 1989; Barakat, 1985a; Shokeid, 1993), the role of the extended family cannot be ignored. Hence family practitioners engaging in direct intervention with Arab families must take the following into account: the couple's relationships with their families of origin; the family's expectations of the couple; and family and social pressures to conform with those expectations, often at the expense of the couple's personal (or interpersonal) needs. Practi-

tioners must help the young couple achieve a balance between maintaining self respect and pursuing their own needs and goals on the one hand, and satisfying the needs of the extended family, or at least their parents and immediate relatives (e.g., cousins, uncles, aunts) on the other.

Parent-Offspring Relations

The parental functions in the Arab family correspond with the norms and cultural codes of conjugal relations (Al-Haj, 1989; Ibrahim, 1985; Rosenfeld, 1981; Rugh, 1984). The role of the father is to punish, control, and discipline, while the role of the mother is to support, educate and raise the children. Children are supposed to obey to their parents, to submit to their demands, and to fulfill their expectations. Love and affection are expressed openly when the child is small. The mother devotes time and energy to the children and the father plays with them. The father is thus congenial toward his young children while he is strict and aggressive toward the older siblings, particularly toward his daughters (Barakat, 1985b; Prothro & Diab, 1977; Rugh, 1984; Sharifzadeh, 1992).

One characteristic which the Arab family considers positive is the involvement of members of the extended family in child-rearing. Members of the extended family often help parents fulfill the basic tasks of disciplining and taking care of children. This give parents an opportunity to fulfill other duties. Since the father is usually the provider in the Arab family, he is often away from home. Thus other males in the family (e.g., older sons, brothers, uncles, grandparents) share the task of educating and taking care of young children (Barakat, 1985a; 1985b; Gaith, 1986; Rosenfeld, 1981) in the father's absence. Consequently, Arab children usually grow up among adult family members, and it is very rare to find babies who are left with caregivers, baby-sitters, or other unfamiliar adults.

In Arab society, parents do not befriend their children, nor are they expected to do so. They gain their children's respect through various complementary transactions (Prothro & Diab, 1977; Rosenfeld, 1981; Rugh, 1984; Sharfzadeh, 1992). Notwithstanding the recent changes in Arab society in Israel, parents maintain the traditional expectation that their children be obedient and disciplined. Today, sons no longer depend on their fathers for food, employment or financial support. Conceivably, they could leave home before marriage if they wished. However, in practice this does not happen often.

Despite their financial independence, many married and unmar-

ried sons in the family are not socially or politically independent. For example, young men cannot decide for themselves whether to study in Israel or abroad, where to buy a plot of land to build a home, or when and whom to marry. Oftentimes, married and unmarried sons and daughters have difficulty deciding how to cast their vote in municipal elections without consulting their father. They are expected to follow their father's advice on such matters. Failure to follow parental advice and live up to their expectations is often taken as disrespect and even as an attempt to rebel, and may arouse anger and discontent. As mentioned, this may even lead to ongoing conflict and even to ostracism (Gaith, 1986; Shokri, 1988).

With regard to daughters, expectations for obedience and discipline are even more rigid. Despite the improved status of Arab women in Israel in recent years, they have not yet attained independence in many areas. For example, in Arab society it is not acceptable for an unmarried woman to live away from her parents' home unless she is going to a school out of town or, in extreme cases, if she is working in another city. As mentioned, young Arab women are not supposed to meet men openly. In extreme cases, secret meetings with men may be accepted reluctantly but by no means are they condoned. Most important, if such spontaneous meetings occur, they must lead to marriage and the man's parents must initiate a meeting with the prospective bride's family in order to ask for her hand. Even after marriage, Arab women are expected to conform with their parents' expectations. In extreme cases, when a young woman faces a conflict between the demands and expectations of her parents versus those of her husband, she is expected to comply with her parents' wishes. Otherwise she risks cutting off contact with her family and social ostracism.

Intervention implications. These contentions have implications for intervention. For example, when family practitioners begin to work with parents and children in a family, they are faced with a dilemma. On the one hand, the practitioner seeks to develop egalitarian relations within the family and discourage blind obedience and rigid discipline. On the other hand, the expectation to obey one's parents is an integral part of Arab society and culture. This expectation contradicts the principle of egalitarianism and horizontal communication (taking into account the boundaries between the roles of parent and child).

Clearly, in the planning stages and actual process of intervention

it is necessary to take this problem into account. For example, when the family practitioner seeks to create a violence free environment for raising children and enforce discipline that is not based on fear or blind obedience, care must be taken not to damage relations with the family. In the process of creating such an atmosphere, the practitioner should be particularly sensitive to the need of the parents to control the family and enforce discipline. At the same time, the practitioner should not convey approval of these or other patriarchal dimensions of family life. While practitioners can recognize the importance of keeping babies at home, they should not underrate the importance of involvement of other males from the extended family or from the immediate environment while the father is away from home.

Sibling Relations

Relations between siblings in Arab families are hierarchical. Older brothers are more dominant than their younger brothers or sisters, regardless of the sister's age. Parents believe that sons (particularly older sons) can maintain the family's reputation and continuity while also perpetuating the memory of ancestors. Thus, the birth of sons is often preferred. Despite the changes taking place in Arab families, parents continue to delegate the task of child care to older siblings. The eldest son in the Arab family serves as a role model, and not only takes care of his younger siblings during childhood but continues to show paternalistic concern for them even in later stages of life (Barakat, 1985a; 1985b; Gaith, 1986; Prothro & Diab, 1977; Sharifzadeh, 1992).

The friendship and cooperation between young siblings, regardless of gender, declines during adolescence and is replaced by complementary functions based on traditional gender roles. Girls are expected to help with household chores, and boys often work outside of the home or take care of their sisters. Even though Arab families educate their sons to develop assertiveness and concern for others, males are usually expected to be dominant and active while females are usually expected to be passive, submissive and obedient to other family members (Ibrahim, 1985; Rugh, 1984; Sharifzadeh, 1992). All children, regardless of age or gender, are taught to treat others with respect, to cooperate with other family members, to emphasize interdependence and to develop self-control, particularly control of aggressive tendencies. Parents disapprove of hostile relations or competition between siblings. Consequently, siblings learn to give each other emotional, instrumental, and financial support.

Intervention implications. The intervention plan must consider the significance of gender, age and position of siblings in the family. Care should be taken not to blindly and unconditionally adhere to intervention models developed in Western and post-industrial societies.

Factors affecting the boundaries of family relations in Arab society in general and relationships between siblings in particular include the economic power of each sibling (particularly sons and parents), residence with other relatives (particularly nuclear family, e.g., grandparents, uncles and aunts), the geographic proximity of each sibling's home, and the extent of legitimacy given by siblings to involve other siblings in various dimensions and aspects of their lives and in various processes that take place in the family. Additional factors that affect relationships between siblings are age, gender, and order of birth.

While the family practitioner focuses on development of egalitarian relationships between siblings and discouragement of dominance and blind obedience, care must be taken not to discourage respect for older siblings, and respect showed by sisters towards their brothers (regardless of age). Although these relations are hierarchical, they constitute an effective way to maintain harmonious relations in the family without unnecessary conflict. Moreover, if the practitioner intends to improve the status of sisters in the family, to enhance their ability and desire to fulfill themselves, or to provide them with assertiveness skills, care must be taken that these goals are not interpreted as an attempt to turn sisters against brothers or against their families. Any such interpretation may inhibit the intervention process and even damage the life of the girl. If, for example, the practitioner collaborates with one or more of the siblings in setting intervention goals that focus on independence and personal or individual needs, these goals should not undermine the importance of interdependence, cooperation and support between siblings. Individualism in the Western sense is not condoned by Arab families, and exclusive emphasis on individualistic goals may endanger the intervention process as well as those siblings who express individualistic aspirations. Thus siblings constitute a source of economic, personal and social resources. The importance of this source cannot be underrated or ignored in the intervention process.

SUMMARY AND CONCLUSION

In light of the cultural uniqueness of Arab society in Israel and recent transitions and changes in this society, it can be assumed that while some aspects of family intervention models can be applicable and helpful to Arab clients, they may also be ineffective, impractical, and sometimes even detrimental. Although there may be some similarities between Arab families and other families in Israel, there are still profound differences. These differences are reflected in the patterns of coping with problems of political discrimination, unemployment, poverty, difficult physical and mental health conditions, difficulty adjusting to changes in Israeli society, problems of social integration into a majority society, and difficulty coping with a hostile or antagonistic environment, as well as patterns of coping with personal and family problems.

The effectiveness of family mental health practitioners largely depends on their awareness of and sensitivity to traditional values in the intervention process. Without a doubt, the personal and professional background of the family mental health practitioner are also influential. For example, differences in gender and age or generation gaps between the practitioner and family members may, in some cases, arouse conflicts, resistance or opposition to the intervention. Consequently the entire family or individual members may feel that the practitioner is not cognizant of or sensitive to their unique cultural values.

Most Arab and Jewish family practitioners caring for Arab families in Israel were trained in Israel. Their education was based on curricular material developed in Western, post-industrial societies. The gap between the value orientation of Arab society in Israel and Western values can serve as an additional source of personal and interpersonal conflict, and cause problems for Arab practitioners in Israel. Hence there is clearly a need to raise the awareness of Arab practitioners regarding personal changes they experience following their exposure to Western culture and the influence of these changes on their professional relations with clients. Similarly, in addition to providing them with universal knowledge, it is important to equip them with theoretical and practical knowledge relevant to Arab families.

The article does not aim to present a comprehensive model for work with Arab families. Continuation of efforts toward creating and developing theoretical knowledge and intervention models for more

effective direct practice with Arab families in Israel is needed. This knowledge must be concerned both with Arab culture as well as with the changes taking place in that culture.

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