

SOCIO-CULTURAL AND POLITICAL ASPECTS OF SOCIAL WORK WITH ARABS IN ISRAEL

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The profession of social work is rooted in Western ideology and infused with Western interpretations of social problems and solutions. This system has limited relevance in non-Western cultures, despite attempts at transplanting and adapting practice. The Arab people of Israel, who exist as a disadvantaged non-Western minority, serve as an important example of the cultural disconnect between Western social work practice and the needs of traditional non-Western populations. In this narrative the author describes the author's experiences involving the Arab cultural phenomena of honor killings, polygamy, blood vengeance, and Koranic healing to illustrate current deficiencies within the field of social work. I elucidate how we may blend local knowledge with Western processes to address these phenomena. By amalgamating the strongest facets of Western social work practice with local practices—we create an integrated approach. Through an understanding of the Arab people of Israel and their customs, a more culturally-appropriate and integrated approach can be administered in Israel and within the current framework of social work.

The following Arabic saying reflects some of this paper:

"Alshakwa Lager Allah Medallah"
(Translation: Complaining to somebody except God is humiliation.) This explains the reluctance of Arab people to express economic, psychosocial, and familial problems, and hence, their reticence to use social work services.

Although the profession of social work is practiced in many different cultures and contexts, its Western roots frequently result in a fundamental disconnect between social workers and their clients from traditional cultures. Professionals must be cognizant that the current social work model is embedded within a Western tradition, which alienates many indigenous populations and unintentionally serves to further marginalize, rather than advance, their status. While the field of social work has made great strides in becoming more holistic and inclusive of global practices and customs, much work remains to be done towards fostering more culturally-responsive practices, amplifying culturally representative voices and understanding the appropriate use of the local context within global social work practice with indigenous peoples (Crabtree, 2008; Walton, Medhat & Nasr, 1988). Ibrahim Ragab (1990) uses the

Arabic word *Ta'seel* (to seek direction from the roots, to restore originality or to become genuine) to describe an approach that seeks authentic, locally grounded determinants of practice, suggesting that there are useful assumptions, methods and theory that can be applied from both indigenous cultural practices and conventional practices within the helping professions.

The Arabs in Israel could serve as the ideal case study in examining the indigenous versus globalized aspects of social work. Israel is a country with a complex dynamic characterized by the collision of Western and traditional cultures. Social, cultural and religious phenomena, such as polygamy, honor killing, blood vengeance and the use of indigenous healing to address psychosocial and familial problems, are a significant part of daily life and customs for Arab Israelis. While these practices have largely been ignored by Western-driven social work education and research, they represent a significant challenge for social workers in the Israeli context. This manuscript recounts my personal experiences to illustrate that there is a significant gap within the current system of social work, namely, a failure to appropriately address these Arab practices. While it is impossible to become fully competent on all aspects of diverse

cultures, it is necessary to have basic knowledge of cultural phenomena. The narratives depicted in this manuscript aim to help prepare professionals to navigate cultural divides and diminish or even eradicate misunderstanding and misrepresentation of indigenous knowledge and practices.

Indigenization and Islamization of Social Work with Arab people

The local (community) and global (social work) can co-exist and coalesce towards a new and unique dynamic. Ragab (1997) elaborates on the principles of Al-Faruki and addresses the Islamization of social work, an effort to “recast knowledge as Islam relates to it, i.e., to redefine and reorder the data, to rethink the reasoning and relating of the data, to reevaluate the conclusions, to re-project the goals—and to do so in such a way as to make disciplines enrich the vision and serve the cause of Islam” (Al-Faruki, 1982, p. 15 cited in Ragab, 1997). Islamization demonstrates the progression of local knowledge within the global field of social work, and is of particular importance for the Arab in Israel. Islamization is a response to indigenization and the Western model of social work, a reactionary and different model which gives the minority Muslim communities a voice in the global process. Islamization represents a methodological approach to “Islamic legacy and modern knowledge” (Ragab, 1997 p. 3). This approach is a direct reaction to the Western model, and serves to add voice and agency to the minority Arab population within Israel. The principles of professional intervention with honor killing, blood vengeance, polygamy, and traditional healing, as discussed in this paper and in my other work, are part of this enterprise.

Within this manuscript I highlight the example of the Arabs in Israel in order to illuminate the disconnect between Western models of social work and effective social work practice with non-Western groups. I also share personal accounts of events which have challenged me as a person and as a professional, causing me to examine my value system and beliefs. Before exploring these experiences, however, it is important to examine the Palestinian Arabs (who will be

called Arabs throughout this paper) within Israel in order to set the context for appreciating socio-cultural and political influences.

The Palestinian Arab in the Israeli context

The Israeli State is composed of two cultures – the native indigenous Arab population, currently a minority in Israel, and the Jewish majority. The Arab population comprises about 20% of the population of Israel (Shmueli & Khamaisi, 2011; Chernichovsky & Anson, 2005; Baum, 2006). In many instances, the Arabs of Israel are the victims of ongoing political, cultural and economic discrimination (Lowrance, 2006; Jamal, 2007; Amara, 2003; Abu Baker, 2003). Many Palestinians are not given equal opportunities for employment; a practice justified by the Jewish majority by citing security concerns (Lowrance, 2006). This lack of employment and under-representation in policy making and leadership positions has relegated Arabs within Israel to the bottom of the social and economic ladder. Large economic and social gaps exist between the two ethnic groups of Israel, and the Jewish Israelis are aligned at the top of every category (Al-Krenawi & Graham, 2011; Abu-Saad, 2006; Lowrance, 2006).

The Arabs within Israel are a stratified group with a diverse population, consisting of Christians, Muslims and Druze (Al-Krenawi & Graham, 2011; Lowrance, 2006). While the vast majority of the Israeli Arab population is Muslim (82%), 9% of Israeli Arabs are Christians and 9% are Druze (Nir, 2003). The Israeli Druze, members of a distinct Muslim sect, live almost entirely in northern sections of the country and number a little over 122,000 (Al-Krenawi & Graham, 2011). The Druze hold a higher standing than Muslim Arabs in Israel and are trusted enough to serve in the military, which is regarded as a privilege within Israel (Al-Krenawi & Graham, 2011). The population of Christian Arabs in Israel is approximately 175,000, comprising more than 2% of the total population of Israel (Al-Krenawi & Graham, 2011). The majority of

Arab Muslims in Israel are Sunni (Al-Krenawi & Graham, 2011).

Rouhana (2007) has studied Palestinian perspectives on equality in Israel, Arab participation in the functions of the State and their views on Jewish statehood. Findings attest to the resounding dissatisfaction of many Arabs. Most of the respondents reported that, in contrast to Arabs, Jews were given preferential treatment, reaped more benefits, were treated far better by the police and government, received better employment (particularly higher positions), and were represented in higher levels politically, socially and economically (Rouhana, 2007). There are also two separate school systems within Israel, one for Arabs and one for Jews. As Arabs are not represented in high positions in the Ministry of Education, there is a corresponding lack of resources and funding for the Arab education system, while high unemployment results in fewer opportunities and limited means to raise additional funds for the Arab system (Jamal, 2007; Abu Baker, 2003).

Compounding these inequalities is the threat of political violence; based on World Health Organization political violence defined as a form of collective violence by a civil society or state group towards an individual, group or community based on the latter's ethnic, geographic, racial identities (WHO, 2009). While the Jewish population of Israel may be exposed to more political violence (Al-Krenawi, 2010), it is the Arabs who suffer a double trauma because of their social, political and cultural disadvantages. In my research, I discovered that the political situation is very difficult on all populations of Israel, but is particularly problematic for Arab youth, who experience a wider variety of psychological symptoms than their Jewish counterparts, such as PTSD, heightened anger and severe anxiety (Al-Krenawi, 2010). I was among the first to compare the impact of political violence on youth of both Jewish and Arab ethnicity. Due to this double trauma and disadvantaged position, Arab adolescents (and Arabs in general) are in a more vulnerable position than their Jewish counterparts (Al-Krenawi, 2010).

The other problem lies in the misrepresentation, ignorance and lack of

“cultural recognition” (Jamal, 2007) of Arabs in Israel. Many Arabs perceive Zionism as a racist ideology, one that favors the Jewish Israeli. The great economic divide—the average Arab income is about 60% of the average Jewish income in Israel (Jamal, 2007), and 45% of the Arab population in Israel live below the poverty line, compared to 16% of the Jewish Israeli families (Sikkuy Report, 2004 cited in Al-Krenawi & Graham, 2011)—heightens this distrust and contempt for the Other. The marginalization and misrepresentation of Arabs in the media, within the Israeli education system (Abu-Saad, 2006) and in the public sphere serve to further exacerbate cultural disconnects and discord (Jamal, 2007).

Socio-Cultural Phenomena of the Arab People

As Arab myself, the socio-cultural practices of the Arab people of Israel have always been prominent themes for my academic work. I have been among the first social workers to study social, cultural and religious practices such as honor killing, blood vengeance, polygamy and the use of traditional healing system. Having conducted extensive research on all these areas, I firmly believe that we, as social workers, must work towards the indigenization of social work by addressing these cultural practices and examining local beliefs. I believe that closer examination of these phenomena will open a dialogue between Western and traditional non-Western world views. Hopefully, this process will lead social workers around the globe to become more creative in their work with clients from different ethnic backgrounds.

Honor Killing

Honor killing refers to the killing of women by their male relatives or a male concerned about preserving family honor or prestige. “Crimes of honor” not only refer to killing, but can include physical abuse, verbal threats and psychological violence, and are a response to the sexual behavior of a female family member (Al-Krenawi & Graham 1997; 2008; Kulwicki, 2002; Hasan, 1999). Honor killings and crimes have a long tradition and follow specific rules

outlined by *Sharia* (or Islamic) law (Hasan, 1999). Terminology exclusive to these processes exist; terms like “cleansing” and “washing” are applied to the blood of the accused female (Kulwicki, 2002; Hasan, 1999).

Honor killings have occurred and continue to take place in various areas of Israel such as the Negev, West Bank, and Gaza Strip and the mixed cities (Tel-Aviv and Haifa), as well as throughout the Middle East in Egypt, Syria and Jordan (Kulwicki, 2002). While outlawed by the legal system, social acceptance of these crimes is apparent. The police commonly ignore these actions, categorizing them as “family disputes” (Hasan, 1999). The media do not cover such offenses, and a majority of these crimes, along with abuse of all forms, are never reported (Hasan, 1999; Kulwicki, 2002). Muslim cultural practices and customs frequently supersede legal action; often domestic violence, crimes of honor and honor killings go unpunished. Many community members perceive these killings to be “just” and essential in restoring family honor (Hasan, 1999; Kulwicki, 2002). While this may seem appalling or barbaric to many Western practitioners, this is a reality in the Middle East. Social workers must strive to become knowledgeable about these practices. These crimes need further coverage and, as social workers, we need to address honor killings in our practice and within the research literature. To fully comprehend how honor killings are perceived and why they are performed, we must first examine the structure of Muslim families and the values of Arab culture.

Arab culture exists as a highly collectivist entity (Al-Krenawi & Graham, 1999a; 2001; 2009), whereby the family is valued ahead of the individual and the greater good of the family is of crucial importance (Al-Krenawi, 1999). A central tenet of Islam and Arab culture involves *sharaf*, or honor (Kulwicki, 2002). The individuals of all families represent the honor of the family, so therefore, if *ayb* or shame (Kulwicki, 2002 Al-Krenawi & Graham, 2004) befalls any family member, then it taints and disgraces an entire family. The family unit is of the utmost importance in Middle Eastern culture, accentuating morals,

character and values over all else (Hasan, 1999). Within Arab society, the *Hamula* (extended family) and the *Ahl or Ailah* (the nuclear family) are the most important family units (Al-Krenawi, 1999). A violation by any member of the *Hamula* brings shame to the entire family.

Women are regarded as inferior to men in Muslim culture (Al-Krenawi & Graham, 1999; 2001; 2011; Hasan, 1999). Men hold the power in both patriarchal structures (with men in control of women due to a cultural and economic dominance) and patrilineal structures—women attached to the males of her family, husband, brother, father—and the system is predicated on female domestic subservience to males (Kulwicki, 2002). Arab women are dominated by men and are expected to be loyal and sexually “pure.” Muslim culture values female sexual purity and forbids premarital sexual relations, pregnancy when unwed, adultery and any sexual behavior which brings shame (*ayb*) to the family (Hasan, 1999; Kulwicki; 2002; Al-Krenawi & Graham, 1997; 1999). Female honor, “*ird*” and “*sharaf*,” are to be preserved and if “*zina*” or a sexual violation of the honor of the family is discovered, then honor killings may be invoked to restore family honor (Kulwicki, 2002; Al-Krenawi; 1999; Hasan, 1999). With much of the honor and prestige of the family tied to the physical sexual condition of the female body, *diyafa* (bravery, kindness) and *hamasa* (courage) are vital (Kulwicki, 2002). In Arab culture, weakness signifies an invitation for violence and attack; a fear which stems from the desert tradition of the Bedouin under nomadic conditions (Al-Krenawi, 2002). Male relatives who fail to respond to female sexual misconduct are considered to be cowardly and dishonorable, and are perceived as accepting public disgrace of their family’s name (Al-Krenawi & Graham, 2009).

This practice, which originated in ancient times to ensure security and preserve moral standards (Al-Krenawi & Graham 2009; 2001; 1999b), must be challenged through legal action (Hasan, 1999); we must not ignore these events. Responses must, however, be grounded within the socio-cultural context; we must be aware of the Arab cultural structure,

the importance of family and the hierarchal/patriarchal nature of this group.

Below I share an experience that I had concerning honor killings and how to prevent this phenomenon. This case made me question my own beliefs and training as a Western professional. In this instance, in order to resolve my conflict, I had to reconcile my professional training and ethics with existing cultural norms and values.

Honor Killings: A Case Study

A young, unmarried, pregnant Arab woman was referred to me by a non-Arab general practitioner, as I was the only social worker in a small Arab village. The doctor informed the seventeen year old (who will remain nameless in order to protect her identity) that she was six months pregnant. She understood honor killings, Arab traditions, and the severity of her situation; her concerns brought her to me. The woman also understood the grave severity of her condition, and feared that her family would kill her if they were to learn of her pregnancy.

At this point in my career, I did not have any professional experience with this issue and experienced many conflicting emotions. My Bedouin values caused me to feel angered by her actions and, at our first consultation, I momentarily lost touch with my prior training and commitment as a professional. I expressed anger towards her for allowing this situation to develop, as well as anger for the father of this child, who also would have understood this delicate predicament. This created a clear ethical dilemma for me, as my cultural/religious values conflicted with my professional expertise and training. I soon calmed down, however, and realized that I must act as a professional social worker and remain cognizant of the cultural context and the importance of our Bedouin beliefs. I needed to empathize with and support her, a being complicit in her protection would elicit severe repercussions if discovered.

My anger and frustration increased when I realized that the father would not be part of the solution to this problem. This meant that I would have one fewer option at my disposal: a mediation or resolution involving the father

of this child. Questions raced through my mind concerning the consequences of her family or my family finding out what was going on. What would happen to this young woman? Finally, what would happen to me, both professionally and in terms of my personal safety? The Arab culture strictly forbids premarital sex, and a child conceived out of wedlock brings shame and taints the *ird* of the family (Al-Krenawi, 1999). I knew her family would not be supportive if they learned of her condition.

My fears deepened when the young woman described her family situation. The majority of her siblings had not received a high school education, and her mother, from a polygamist marriage, was largely neglected by the young girl's father. This family was therefore very likely to be traditional and to value their honor more than her life. I considered many options; finally, in consultation with her physician, we tried to arrange an abortion. Much like premarital sex and unwed pregnancy, abortions are strictly prohibited by the Arab culture and within Muslim teachings (Al-Krenawi, 1999). This abortion, if discovered, would place the woman in grave danger. Although the young woman was under the age of consent and therefore would need her family's approval for the abortion, her general practice physician and I made a professional ethical choice and ignored this fact, feeling that her life was more valuable (Al-Krenawi, 1999). The situation was, however, further complicated when the ethics board of the hospital denied her request for an abortion. She was in her third trimester and an abortion could not be granted unless her life or the life of the baby was in peril (Al-Krenawi, 1999). While her life was in fact at risk, the medical system did not see her likelihood of being killed by her family as medical justification for the abortion.

Drastic action had to be taken. Not only would her life be in danger, but if her family learned of the truth and that I was helping her, they could end my professional career. Since the helping professions were still relatively new and unestablished within the Bedouin community, this would have been a fatal blow for other practicing social workers as well. I quickly contacted the physician and we

decided that the only suitable course of action was to take the girl to a shelter away from her family in order to ensure her safety. We told the shelter of her situation and they agreed that they would take her and keep her situation confidential. We informed her family that she had contracted a contagious disease and that she was in care. They were informed that we would update them on her condition several times a week, and we did. I met with her mother over the following three months and informed her of her daughter's health. Moreover, I informed the young woman of my actions, keeping her apprised of the falsehoods I told. It was decided that she would place the baby for adoption at birth; however, the adoption did not happen, as the baby died of complications three days after the birth (Al-Krenawi, 1999).

I had one last meeting with the young woman before she returned home, to ensure that our stories matched and that her family would not know what had truly happened. She assured me that she realized the gravity of the situation, and that she would never again engage in premarital sex. She kept her word and later married and had several children (Al-Krenawi, 1999).

This difficult situation was successfully resolved through careful consideration of the personal and professional issues raised by this complex scenario. A deep understanding of the relevant cultural values, norms and practices enabled me to resolve the ethical dilemmas I faced in order to effectively ensure my client's safety. The needs of this young woman required me to use an approach that was foreign to my social and professional norms and cultural practices. Although many ethical conflicts were created, I tried to address all of them, and was acutely aware of why I had to take the actions I had taken. I pushed the boundaries of my professional ethics and expertise in order to ensure the woman's survival. I had to act with only the help of the physician and did not have the luxury of involving my community. Confidentiality was maintained as I sought whatever methods were needed to protect and preserve this young woman's safety.

Blood Vengeance

Cultural norms and social order affect conceptualizations of women's sexuality and identity, as well as perceptions of violence. These norms and practices are seen as a cleansing or rectifying action in certain interpretations of Arab culture. This is best evidenced through a practice exclusive to the Arabs of the Middle East: blood vengeance (Al-Krenawi & Graham, 1997; Al-Krenawi, Slonim-Nevo, Maymon, Al-Krenawi, 2001). I define blood vengeance as "the obligation to kill in retribution for the death of a member of one's family or tribe" (Al-Krenawi & Graham, 2009, p.102). In the West, the closest comparable phenomenon is gang warfare (Al-Krenawi et al., 2001), although blood vengeance has more cultural significance and is regulated by the *hamulas*, or family units, with very strict rules, practices and customs. Guidelines for blood vengeance are outlined in *Sharia*, although it is officially outlawed by most countries of the world (Al-Krenawi & Graham, 2009).

The rules and rituals of blood vengeance are complex and intricate. The level of vengeance must correspond to the initial crime or perceived damage done to one's family. If a male is killed, this is viewed as a direct assault on a *hamula*, or *kahams*, "the group formed by all descendants of one ancestry to the fifth generation" (Marx, in Ginat, 1984, p. 80 in Al-Krenawi & Graham, 2009); hence the family must respond. Due to the patrilineal structure of Arab society, this attack on a male is seen as a direct attack on the family and disadvantages the family economically, socially and in a security capacity (Al-Krenawi et al., 2001). The only way to erase the shame of this dead male family member is to kill a male of the murderer's family (Al-Krenawi & Graham, 1997).

If it is a female who is a victim, then four males from the offending family must be killed. If the murderer is female, then a female must be the respondent from a tribe or family (Al-Krenawi et al., 2001; Al-Krenawi & Graham 2007; 2009). These actions are undertaken to avoid perceptions of weakness, which, in Arab culture, places families at psychological and physical risk of violence. The system involves

all family members and a murderer essentially places his or her whole family on "death row" (Al-Krenawi & Graham, 1997 2009). The threat applies to everyone involved, with someone having to pay for a murdered family member. Children are taught that no murder goes unpunished and that vengeance may last forever. If the murderer dies before vengeance can be attained, an innocent member of the murderer's family must be slain (Al-Krenawi, et al., 2001). Blood vengeance can, unfortunately, generate widespread blood feuds.

The term "*Thaar*" is Arabic for vengeance and can be translated to mean "to ask for his blood" or "to kill the killer" (Al-Munjed, 1975; Al-Krenawi & Graham, 2009). When a family member is killed, the avenger or person who takes just vengeance is referred to as "*Al-Thaar*" and is honored as a hero (Al-Munjed, 1975; Al-Krenawi & Graham, 2009). In Arab culture, people are taught from birth that revenge is not only a right, but a duty necessary to preserve family honor (Al-Krenawi et al., 2001).

These practices have occurred for many generations in the Negev, West Bank, Gaza Strip and in various countries throughout the Middle East (Al-Krenawi et al., 2001). Although blood vengeance lasts generations and kills many, it is often ignored by the courts and legal system, even in Israel (Al-Krenawi, et al., 2001). It is largely dismissed by legal authorities as a family feud by the legal authorities because it is perceived to be an Arab cultural phenomenon that is easier to avoid than grapple with (Al-Krenawi & Graham, 1997; 2009). In order to avoid being paralyzed by the cultural divide, it is necessary to develop an understanding of Muslim values and consider culturally relevant solutions to this social problem.

While Western perspectives view violent revenge through the lens of individual or relational pathology, these explanations do not apply to the Arab context of blood vengeance (Al-Krenawi et al., 2001). It is critical for social workers to understand the cultural role played by this phenomenon. In Arab society and culture, this practice was necessary in order to maintain security in the desert, where

resources were scarce, conflicts and injustices were common, weakness could be preyed upon and no courts, police or other type of protection or intervention were present (Al-Krenawi & Graham, 2008).

The practice of blood vengeance serves several functions: families view their security as predicated on the perpetuation of this practice, while social cohesion and identity are reinforced (Al-Krenawi, Slonim-Nevo, Maymon & Al-Krenawi, 2001). Despite the sense of abhorrence that may be felt by the social worker who observes the suffering caused by blood vengeance, the development of effective responses must be done with awareness of the functionality of such practices and the negative consequences for individuals who choose to abstain. "Obvious" legal solutions are also not likely to be successful, since perceived obligations for pursuing vengeance are not lessened by the threat of legal sanction. Culturally sensitive mediators are more likely to have success in developing solutions that are acceptable to the families as collective units, particularly if prominent male elders of the *hamula* and traditional mediators (*wasit*) are engaged in developing the solutions.

In the tradition of blood vengeance, *diya* or blood money can be used when the killer and their victims are of different *kahams* (Al-Krenawi & Graham, 2009). There is an *atwa*, or undisclosed waiting period, to determine if the blood money will be accepted. Tribal relations may also cause members of the same *kahams* to be exiled for years called *meshamas* (Al-Krenawi & Graham, 2009). There is additionally a custom known as "*Gharret el-Yadd*," or the Arab process of conflict resolution, "*Sulha*" (Hasan, 1999). Sometimes, but only if tribal relations are strong, a virgin female member, known as a *ghura*, may be sent to join the aggrieved tribe until she delivers a male child (Al-Krenawi & Graham, 2009; Hasan, 1999). This is considered to be just if one of her family members has killed a male from the tribe she has gone to.

I have undertaken research on blood vengeance and honor killings (Al-Krenawi, et al., 2001; 2009) and, unfortunately, I witnessed

a wide scale family feud that lasted over two decades in Ramla, a mixed city in the center of Israel. I have also, along with my colleagues (Al-Krenawi et al., 2001), studied the effects of this large scale blood vengeance on children. My argument for social workers is that we must not view this blood vengeance as random acts of violence, but rather as highly regulated, planned and implemented cultural warfare. In many instances, the sacrifice of individuals for the good of the collectivist ideal of the family is invoked. Individuals want to end the vengeance, yet are ridiculed and pressured by family members if they do (Al-Krenawi et al., 2001). While it may seem counter-intuitive for social workers to further promote social cohesion in families where pressure comes from the family unit to perpetuate such violence, my research has shown that a supportive family environment does, to an extent, mitigate the stress experienced by children who witness ongoing blood vengeance (Al-Krenawi et al., 2001).

The Practice of Polygamy

Polygamy is another cultural phenomenon that has been relevant to my experience as a social worker. In the course of my practice within the primary and psychiatric health care systems, many women from polygamous marriages were referred to me by general practice physicians. Some of the major complaints included somatization and family problems. After gaining significant practical experience working with members of polygamous families, I decided to include polygamy as one of my primary topics of research interest when I entered academia in 1995. Since that time, I have examined the psychosocial characteristics, family function and marital quality of women and children in polygamous marriages. Subsequently, I have extended my research beyond the Arabs in Israel to focus on the Middle East and Africa particularly, Jordan, Egypt, Nigeria, Syria, the West-Bank and Gaza. In this paper, I address polygamy in the Middle East to situate this topic within international public discourse.

Polygamy and its Psycho-Social and Economic Consequences

Polygamy remains widespread in the Middle East, Africa, and parts of Asia (Elbedour, Onwuegbuzie, Caridine, & Abu-Saad, 2002). Around the world, it has a unique psychosocial impact on the lives of women, men and children. Polygamous wives may live together in the same house or in separate households. Ideally, the family unit should make decisions that would benefit all of its members, but in fact family members differ in their access to resources, and sometimes decisions are made that favor certain members over others. This family structure forces cooperation between the wives in household chores or in the fields, while they are subject to the husband's authority and in constant competition for his love, attention, and financial resources. The husband's approach and treatment of the women and their children determines how the family will function as a unit. The husband may "divide and conquer" or be attentive and even-handed in the distribution of the various resources (Al-Krenawi & Slonim-Nevo, 2008).

Researchers from diverse disciplines, including health, anthropology, social work, psychiatry and psychology, have studied how polygamy affects women and their families. Women in polygamous households commonly experience elevated rates of intimate partner violence, socio-economic distress, low status and discrimination (Al-Krenawi, 1998). Polygamy can lead to co-wife jealousy, competition, and unequal distribution of household and emotional resources (Adams & Mburugu, 1994; Al-Krenawi et al., 1997; Al-Krenawi, Graham, & Abuelesh, 2001; Kilbride & Kilbride, 1990; Wittrup, 1990), generating acrimony between co-wives and between the children of the different wives (Al-Krenawi, 1998; Ware, 1979). Polygamous women also report worse family functioning, lower self-esteem, and lower levels of marital and general life satisfaction than their monogamous counterparts (Al-Krenawi & Graham, 2006; Al-Krenawi & Slonim-Nevo, 2008; Jankowiak, Sudakov & Wilreker, 2005). Life satisfaction levels are, however, mitigated by factors such as age (Jankowiak, Sudakov & Wilreker, 2005), acceptance of the

polygamous marriage by their sons and support received from their sons (Gwanfogbe, Schumm, Smith & Furrow, 1997).

Al-Sherbiny (2005) has documented a culture-specific condition in Egypt, which he termed the "First Wife Syndrome," that involved an array of psychological and physical symptoms experienced by the senior wives of polygamous relationships. Likewise, in a review of the relationship between cultural factors and the rates of symptoms of mental illness in Algeria, Al-Issa (1990) identified polygamous marriage as a potential contributor to mental illness in both mothers and children. Other researchers have identified a significant prevalence of female mental health problems in polygamous marriages (Abbo, Ekblad, Waako, Muhwezi, Musisi, & Okello, 2008; Ghubash, Hamdi, & Bebbington, 1992; Patil & Hadley, 2008). The impact of polygamy on mental health varies, however, and is affected by such factors as the number of unions in the family, how the culture and religion value polygamy, the wife order within the polygamous family, and whether polygamy is imposed on the senior wife or initiated by her (Elbedour et al., 2002).

Research has also identified some benefits for women in polygamous relationships, namely, opportunities for companionship and socializing with other women, as well as greater autonomy because of opportunities for sharing responsibility for childcare and other household obligations (Anderson, 2000). While polygamy could potentially ease economic burdens by facilitating collaboration and the joint pursuit of a family's economic well-being, most of the literature indicates, however, that the opposite is true (Campbell, 2005). In Ghana, for instance, women in polygamous regions tend to have less schooling and to experience greater economic hardship than their counterparts in monogamous regions (Agadjanian & Ezeh, 2000). Likewise, a study of polygamous women in the Gaza Strip and Jordan indicated that polygamous women, particularly senior wives, experienced elevated levels of economic distress (Al-Krenawi, Graham & Al-Ghariabeh, in press; Al-Krenawi et al., 2001).

Scholars have variously perceived women in polygamous marriages as incapable of relating to each other except through competition (Pogrebin, 1987 cited in Al-Krenawi, 1998), or as establishing cooperation and friendship in an effort to empower themselves against male control and domination (Al-Krenawi, 1998; Smith-Rosenberg, 1975). However, studies of polygamy across cultures suggest that women's attitudes towards polygamy may vary within and across societies (Adams & Mburugu, 1994; Dorjahn, 1988; Kilbride, 1994; Potash, 1989; White & Burton, 1988) and that their experiences and perspectives can only be understood within a particular socio-cultural, religious and personal context (Madhavan, 2002).

Islam and Polygamy

Guidelines for the practice of polygamy are outlined in the Koran, which limits the number of wives one man can marry to four. There are also strict rules outlining appropriate conduct within polygamous marriages; the husband must pay equal attention and care to each wife economically and socially (Al-Krenawi & Slonim Nevo, 2006). Nevertheless, in Muslim society, the status of the first wife is often lower than that of the second wife (Al-Krenawi, 2001), and her husband may even surprise her by marrying an additional wife without telling her in advance (Topouzis, 1985). In such traditional societies, first marriages are usually arranged by parents and stem from "political" considerations related to class and power relations in the family and extended family (Al-Haj, 1987; El-Islam & Abu-Dagga, 1992). In contrast, marriage to a second wife is often the result of free choice, whereby the couple unites out of love or as a manifestation of independence. Under such circumstances, junior wives enjoy preferential status compared to first wives in regard to economic resources, social support and the husband's attention (Al-Krenawi, 1998; Al-Krenawi, Graham & Al-Krenawi, 1997).

Polygamy has traditionally served several important functions within Arab society. The process was initially enacted to protect widows by offering them a social structure and power relation after their husband's death

(Al-Krenawi & Graham, 2009). Polygamy is also a key tool in the maximization of the production of offspring. Because, in Arab societies, boys are considered to bring prestige, honor and safety to families, polygamy has been used to produce as many male offspring as possible (Al-Krenawi & Slonim-Nevo, 2006).

Although no accurate data can be obtained, scholars contend that 20% of all Bedouin-Arab marriages are polygamous (Al-Krenawi & Slonim-Nevo, 2006). As helping professionals, we must become knowledgeable about polygamy as the women from polygamous relationships are more likely to experience increased stress, have more physical and mental problems and experience greater tension than their counterparts in monogamous marriages (Al-Krenawi, 1998). Lower education rates, higher rates of domestic violence and maladjustment of children of polygamous marriages (Eldebour et al. 2002) are all phenomena that we as social workers must understand. We must be aware of the cultural context and trauma associated with polygamous marriages for wives and for their children in order to find potential solutions.

Social workers who attempt to assist women and children from polygamous families must develop an understanding of the personal and cultural meanings associated with this practice, and consider how programs and policies must be adapted to ensure that the needs of polygamous clients are met. For example, family programs are currently modeled on monogamous marriages and therefore do not always meet the needs of polygamous families. Social workers should also be aware of the unique difficulties experienced by women in polygamous relationships, and understand potentially traumatic life changes that can occur, for example, when a woman's husband takes on another wife (Al-Krenawi & Graham, 2003c). School teachers, social workers, nurses and other helping professionals should also be informed about the difficulties that children experience within polygamous families, whereby competition over access to social and economic resources within the family may affect their academic, social and personal

development (Al-Krenawi & Graham, 2003c). Social workers should also learn how to work with women in polygamous marriages through creating opportunities for them to join coalitions and support each other; this way they may increase their influence and control within the marriage, for example by preventing the husband from marrying another wife. Another important strategy that should be used when working with polygamous families is to use the children's psychological problems as a way to access the family system; given that the well-being of children is likely to be a concern shared by both the husband and the wife, it is a potential avenue of connection and productive work with families (Al-Krenawi, 1998; Al-Krenawi & Graham, 2003c).

Indigenous Koranic Healing Systems

The cultural and religious phenomenon of traditional healers is not exclusive to the Arab people of Israel; rather, it is common among indigenous peoples around the world. This practice illuminates key differences between local and globalized approaches. Although Koranic healing is widely practiced in the Muslim world, many use both the Western medical system as well as traditional healers. To better understand why the Arabs consult traditional healers, several cultural beliefs must be examined.

Traditional Muslims often attribute health problems and certain mental health issues to supernatural powers and beings (Al-Krenawi & Graham, 2004; Popper-Giveon & Al-Krenawi, 2010). I have concentrated much of my previous research and studies in the Middle East on these beliefs, the consultation of Arabs with traditional healers and the local view of the Western healthcare method. Many mental problems or ailments are attributed to supernatural powers such as the *Jihn* or what we in the West would associate with demons or evil spirits, along with the *Nathla* or evil eye/magic and *Iblis* (viewed as the son of Satan) (Al-Krenawi & Graham, 2011; Al-Krenawi et al., 2002). The consultation of the traditional healers, or *Dervishes* (Al-Krenawi & Popper-Giveon, 2010), is often used to rid the mind and the body of these external forces.

In this paper, I want to focus on Koranic mental health healers.

I was the first to examine Koranic mental health healers, as I observed some of their clients, practices, assessments and treatments (Al-Krenawi & Graham, 1999b). Koranic healers called *Sheiks* or *Moalij Bel-Koran* base their healing on the *Hadith* (the teachings of Muhammad the prophet) and the Koran (Al-Krenawi & Graham, 1999b). These healers are always male, and are required to be educated (many in my previous studies were teachers), have very high moral values and a superior understanding of the Koran. Women cannot be Koranic healers, nor can they be treated in isolation by these healers; they must have a male relative present, and they must be covered in a *Hijab*. The Koranic healers are male, due to the patriarchal system of the Muslims, which does not inherently trust females, who are believed to be more susceptible to *Iblis* and the *Jihn* (Al-Krenawi & Graham, 1999b). This differs from other types of Muslim healers such as fortune tellers, who are usually female. (Popper-Giveon & Al-Krenawi, 2010).

Koranic healers approach mental illness and problems with a very strong religious worldview. They believe that *Iblis* and other evil spirits are punishment from god, or God's will enacted on human beings (Al-Krenawi & Graham, 1999b). The clients, as opposed to the Western system, are not referred; rather they hear about Koranic healers and willingly approach them with their problems. The healers create a treatment atmosphere which resembles the Western concept of exorcism: the healer acts between a mediator for God and the spirits (Al-Krenawi & Graham, 1999b). The healer diagnoses the client through dream analysis and contact with the spirits. These healers believe that the supernatural world and real world coincide and that mental illness is a sign of possession by the spirits. There are many treatments used by healers, for example, pouring water over the Koran to purify the spirits, feeding honey and black seed together to cleanse the body and soul, and, singing songs and citing verses (Al-Krenawi & Graham, 1999b).

The healers remain in contact with their patients and often refer them to the Western system simultaneously with their healing. The healers also record many of their sessions and give these recordings to Western professionals or workers to further educate social workers on their methods and client-healer relationship. They, similar to their Western counterparts, have extensive training (university education and extensive knowledge of the Koran), as well as developed ethical guidelines and procedures for their processes. The healers respect their clients and put them at ease by involving their families; this is not seen as taboo, and in fact, creates a strong support network. These healers are the most educated and occupy the highest standing in Muslim society (Al-Krenawi & Graham, 1999b). Social workers, and their clients, would benefit from referring their patients to these healers (Al-Krenawi & Graham, 1999b).

As social workers, we must understand the positive impact that the traditional system can have. It is more empowering and less stigmatizing than Western approaches. Healers share a common language and belief system with their clients, and implement treatments in a manner consistent with their clients' beliefs and expectations. Mental health conditions are, for example, seen as imposed by the will of God or the possession of demons, thus emphasizing an external locus of control that is intrinsic to the Arab world view. Traditional rituals serve to strengthen connections with family and community, and reinforce the client's sense of identity and normalcy. These practices can be juxtaposed with the Western system which treats the *Jin* as neuroses, dementia or other mental illness, and promotes an internal locus of control (Al-Krenawi & Graham, 2010).

Healers within the traditional system often refer clients to the medical system (Al-Krenawi & Graham, 2011), and we in the Western system, need to be aware of the importance of the traditional system. By understanding the cultural context and belief system of the Arab people, the notions of the *Jin* and *evil eye* are not as easily dismissed. This phenomenon of consulting traditional healers and methods is the epitome of local

knowledge in a global field. Because many clients use both systems concurrently, the process of integration between systems has already been initiated by Arab clients, thus modeling the blending of local and global interventions that is the key to effective work with indigenous people.

Discussion

The Arab population in Israel is disadvantaged politically, socially, and economically. This disadvantage translates into disproportionately more Jewish than Arab social workers and other helping professionals (Baum, 2006). Added to the cultural differences between Jews and Arabs is the perception, by Arabs, of Jewish social workers (who are conjoined with psychologists in the Arab view) as the enemy (Baum, 2006; Rouhana, 2007). This conflict and tension is always present when Jewish social workers work with Arab clients, although it is sometimes at an unconscious level (Baum, 2006; Al-Krenawi, 2005). Distrust, fear and anxiety emanates from this dynamic (Baum, 2006) and must be addressed if our profession is to evolve (Al-Krenawi, 2005).

Current political and cultural shifts will have significant ramifications for the Palestinian Arabs of Israel and for Arabs throughout the Middle East. Arab society is currently undergoing a modernization process, and is experiencing significant political, cultural and social adjustment. It is imperative that we, as social workers, are prepared to respond to the challenge to assist in this transition.

Consultation of helping professionals is one area where attitudes are slowly changing. Arabs still perceive the practice of consulting mental health practitioners as taboo and signs of weakness; the Arabs believe that they should deal with "God's will" on their own or consult the traditional system if they have psychological problems (Al-Krenawi, 1999, 2005). Stigma still exists toward this mental healthcare system, including social work. Many times, Arabs interpret social work practice as ignoring their views, and even worse, trying to change their views, eliminate their practices, and slowly affect their cultural identity (Al-Krenawi, 2005; Mass & Al-Krenawi, 1994).

Arabs view the Western treatment process as having a hidden agenda. They believe this hidden agenda will attempt to quell Arab identity, assimilate the Arabs into a Western mindset, and ultimately, destroy Arab culture. These practices by the Arab people are some of the last vestiges of a process of passive resistance in a continually changing landscape. When social workers comprehend the prism and lens by which Arabs view the process, then this stigma and reluctance will wane. Education regarding Arab familial and social structures and the cultural norms and practices of Arab clients is therefore necessary for the functional evolution of the profession. Effective service to Arab clients necessitates efforts to understand the local beliefs of our Arab clients and employ a culturally-appropriate approach. As social workers, our job is not to be moral judges, but rather to help the disadvantaged groups which have been neglected.

Problems evident within the current political system of Israel influence all levels of society. Arab professionals perceive themselves to be discriminated against and treated as secondary to the Jewish majority when it comes to social systems, social welfare, and funding policies (Rouhana, 2007). Policy development is not culturally informed or attuned to the needs of the Arab women and children affected by polygamous marriages, nor do they address those who have suffered through honor killings and blood vengeance. The Arab population is a special needs group, one which is at risk. There remains widespread ignorance towards their culture and practices to this very day within Israel. As social workers, we can attempt to diminish or eradicate this ignorance by understanding these cultural and religious strategies and integrating them in our intervention programs. Moreover, by incorporating and applying appropriate canons and elements of both traditional and global systems, we can advance a global model of intervention, resulting in more appropriate solutions and remedies for families, the individual and the community.

I have shared my experiences in an attempt to enlighten and expand the literature concerning social work practice in Israel

among Arabs, and to provide a voice for non-Western minority communities. My experiences pertain to Arabs in Israel, yet the ramifications of these studies and findings have a global impact. They apply to many societies which do not share the same values, norms and practices of those reflected within the Western model of social work. To gain the trust and credibility of our non-Western clients, we must learn about other ethnicities and their polemics. Cultural learning, sensitivity and appreciation are merely starting points in moving forward in building a proper cross-cultural model. If we are to truly serve our clients from different ethnic backgrounds, then we must approach them with accurate knowledge and methodologies which put them at ease and prevent alienation (Baum, 2006).

Israel presents a complex situation for social workers, yet we still strive to do our best by dealing with difficult situations and by remaining cognizant and respectful of the political situation which unfortunately divides the country's Jewish and Arab residents. We must continue to work through this difficult relationship. In order to flourish in this environment, we must bridge this divide and create trust, cultural understanding and attentiveness (Al-Krenawi, 2005). It is not sufficient to respect the backgrounds of other ethnic groups; we must strive to understand and learn their religious, cultural and social practices. This will help put to rest some of the difficulties and tension between client and practitioner (Al-Krenawi, 2005). Additionally, by becoming knowledgeable about the client's national and ethnic background, the process of social work becomes more creative (Al-Krenawi, 2005).

The overarching question that emerges through my research and that of others is, "How do we provide social work services for disadvantaged individuals?" The social worker and client each brings his/her own culture and worldview to intervention processes, resulting in a complicated dynamic whereby, many clients terminate treatment after one or two sessions, because they feel that the social worker does not understand them and therefore they will not be helped. We are all aware of the significance of the concepts of

trust and credibility in the intervention process; however, translating these ideas into practice with indigenous populations has remained problematic. The answer resides in a more globalized approach. This process combines the local/indigenous traditions, experiences and customs with the global/Western treatment methods.

In my work, I have consistently endeavored to raise the voices of the overlooked and disadvantaged Arab minority. My research mirrors that of many professionals who also represent disadvantaged minorities globally. I have studied social phenomena rarely addressed within our field, both in the literature and in practice. We must utilize the knowledge that I have presented and undertake culturally-inclusive research to influence policymaking in Israel. Policymakers must address the needs of the Arab people and provide the disadvantaged with equal funding and appropriate programs for the Arab minority within Israel. In moving forward, our Westernized profession can no longer ignore the diverse and rich Arab culture. Analogously, with the emergence of Islamization and indigenization as responses to a flawed Western model of social work, we are entering a new phase of more inclusive and holistic practice within our field – an integrated practice.

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