Literature Review: Navigating Psychological Care as Queer or Gender-Marginalized Arab Americans

I feel like I am a bridge and I feel a responsibility to be a bridge.
A Qualitative Study of Middle Eastern/Arab American Sexual Identity Development (Ikisler, 2013)

Introduction

This review examines the psychological care experiences of queer and gender-marginalized Arab Americans, highlighting how their unique cultural and identity intersections in turn shape their access to and experience of mental health services. Throughout, I evaluate prevailing ecosystem challenges, assess current practices, and identify areas needing further research, with specific attention to intersectional knowledge, cultural competency gaps, and systematic racism. The invisibility of Arab American queers and women in the scientific archive has perpetuated misconceptions and misinformation about this minority within a minority. This review aims to equip practitioners working with this population with knowledge and recommendations to deepen their multicultural competence. Enhancing clinicians' competency in this area is essential because negative interactions with culturally incompetent counselors can lead to diminished quality of life, mistrust and unwillingness to disclose personal information, detrimental views of counseling, and premature termination for LGBTQ+ clients of color (Israel et al., 2008).

Background: What we currently know about Arab Americans

The status of knowledge on Arab Americans generally is quite limited; a recent literature review found that the majority of studies examining Arab American health have been published since 2009 and are undertaken among individuals living in ethnic enclaves due to the lack of an ethnic or racial identifier that could help identify Arab Americans from population-based studies (Abuelezam, El-Sayed, & Galea, 2018). The recent approval of the new MENA census category promises to provide more disaggregated data and more research opportunities in the coming years, but the implementation timeline of its addition and rollout remains unclear.

Despite this dearth of knowledge, existing research indicates a significant need for psychological care. For instance, Pampati et al. (2018) found Arab American adults' average depression score on the Center for Epidemiologic Studies' 8-item Depression Short Form (Radloff, 1977) to be 8.85 out of 60 — a nationally representative sample using the identical measure reported scores of 3.96 for African Americans, 4.38 for Hispanics, and 3.27 for non-Hispanic Whites (Mulia, Ye, Zemore, & Greenfield, 2008). Concerningly, research also shows that Arab Americans are much less likely to seek out help for mental health problems than European Americans (Baker et al., 2003; Dallo, Kindratt, & Snell, 2013) and even other racial/ethnic minorities (Lipson, Kern, Eisenberg, & Breland-Noble, 2018).

Though America's 3.5 million Arab Americans (Brittingham & De la Cruz, 2003) experience high levels of psychological distress and thus demonstrate a clear need for mental health services, community use remains low (Arab Community Center for Economic and Social Services, 1999; Al-Krenawi & Graham, 2000; Jaber et al., 2014; Lipson, Kern, Eisenberg, & Breland-Noble, 2018). Arab Americans demonstrate a justified reluctance to use professional services - one 2018 study of over 43,000 college students (Lipson, Kern, Eisenberg, & Breland-Noble,) found that 3 times as many Arab/American students reported not seeking help because they deemed providers "not sensitive enough to cultural issues" (12% of Arab/Arab Americans to 4% of the original sample). Other literature has shown that counselors rate their competence in caring for White Americans highest and Arab American clients lowest, with newspapers (known to propagate negative stereotypes of Arabs as violent or primitive) being their most frequent source of information about Arab Americans (Sabbah, Dinsmore, & Hof, 2009).

When it comes to seeking help, Arab American members of the LGBTQ community have been found to avoid health care services due to past negative homophobic reactions and anticipation of similar future experiences (Romanelli & Hudson, 2017). Last year, the first systematic review to assess mental health outcomes among LGBTQ individuals who are Arab or of Arab descent found that depression was the most common psychiatric disorder. Post-traumatic stress disorder was also common, with the majority of precipitating traumatic events being related to sexual orientation and/or gender identity (El Hayek et al., 2022).

Queer Arab American Identity + Invisibilization

This review acknowledges the confluence of cultural, social, and systemic factors that together shape the mental health landscape for queer and gender-marginalized Arab Americans and can leave these patients feeling unsupported within mainstream psychological care frameworks. One 2008 study based on 16 semi-structured interviews with queer Arab Americans found that four significant themes emerged across narratives, including: (1) rejection from families of origin for non-religious reasons, (2) the repression of one's sexuality and/or gender identity until later in life, (3) compromising and negotiating one's identity, and (4) a sense of belonging that came after finding or creating a space—whether physical or virtual—inclusive to queer Arab Americans. The participants also shared that they felt that the U.S. is as much anti-LGBTQ+ as the Arab world (Mansour & Mishtal, 2021).

One 2014 study focused on identity development among same-gender attracted Middle Eastern/Arab individuals living in the United States (US). From 12 interviews, fourteen themes emerged: Connection with Ethnic Community in US, *Blurry Racial Identity*, Ethnic Oppression, Ethnic Identity Development, Influence of Middle Eastern Cultural Values, *Rejection of Traditional Religion*, Sexual Identity Development, Experiences of Heterosexism, Gay Stigma in

Middle Eastern Culture, *Intersections of Sexual and Ethnic Identities*, Disclosure of Sexual Orientation to Family of Origin, and *Invisibility of Middle Eastern Sexual Minority Community* (emphasis added by author) (Ikizler). One quote from the interviews that particularly stood out was, “I don't think calling myself Caucasian is very fair to what has happened throughout my life, you know?”

A 2018 study using data from 20 in-depth interviews with second-generation Arab American women investigated how they understand cultural expectations that govern their lives and bodies, showing how they draw on traditional familial narratives of honor and reputation. Reputation is embedded in everyday language; their narratives unmask fears of scandal when they cross boundaries based on rigid gender expectations about sexual activity, marriage, and divorce (Aboulhassan).

A more recent 2024 study of 19 queer Arab American men (Abboud et al.) found that participants felt comfort and safety when they had access to an Arab queer community, whether virtually or in-person. They described building relationships, including romantic relationships, meaningful connections, and healthy support systems. Such research affirms the urgent need to establish affirmative spaces that not only recognize but celebrate queer identities, facilitating the sense of belonging and community necessary to wellbeing. Ultimately, the research covered in this section underscores the critical need for mental health practices that are not only inclusive but celebratory of queer Arab American identities. By creating spaces that actively recognize and address their unique challenges, we can combat this community’s ongoing invisibilization and foster a supportive community essential for their wellbeing.

Gender-Marginalized Arab Americans: Navigating Gender and Cultural Expectations

Stigma has a significant influence on Middle Eastern women’s mental health services utilization (Tahir et al., 2022). The mental health needs of Arab American women are frequently misunderstood or misinterpreted in Western mental health practice (Abu-Ras, 2007; Erickson & Al-Timimi, 2001). Mismatched treatment goals between Arab American women and Western mental health professionals may lead to further distrust and avoidance of professional mental health services (Goodman, 2002). Research consistently shows that the more knowledge a practitioner has of the cultural and religious backgrounds of Arab American women from a non-oppressive perspective, whether Arab American women are Muslim, Christian, or of another faith, the more effective the treatment will be (Abu-Ras, 2007; Al-Krenawi, 2005a; Erickson & Al-Timimi, 2001; Nassar-McMillan & Hakim-Larson, 2003; Schbley & Kaufman, 2006). Abu-Lughod (2002) emphasizes that given the Western society in which Arab American women reside, mental health practitioners must recognize, respect, and accept that the Western way of life may not be the life that Arab American women want.

According to Abdel-Salam's qualitative interview study with 11 women (2019), Arab American women often "feel hyper-aware and responsive to societal expectations, leading to feelings of invisibility and invalidation". This qualitative analysis highlights the tension between ethnic identity and gender expectations, with participants reporting believing that they did not fit American society's view of Arab American women. The findings suggest that gender-marginalized Arab Americans frequently grapple with dual identities that neither conform to traditional Arab norms nor completely assimilate into Western gender paradigms. Importantly, participants also conveyed feelings of invisibility and invalidation due to racial ambiguity, and lack of census recognition.

One 2012 literature review offers some best practices for providing mental health services for Arab American women, including: offering Arabic-speaking interpreters and telling the client the name of the translator prior to the session (in smaller communities, clients may want to ensure their privacy by making sure they do not know the translator socially); offering to provide mental health services in the client's home; providing the option of a practitioner who is the same gender; using appropriate terminology (such as listing Middle Eastern or Arab as an ethnic category on intake forms); addressing topics, such as sex or alcohol, after a firm, trusting therapeutic relationship is established; increasing the number of staff who are Arab in the mental health agency; and asking the client for permission to consult with someone outside the therapeutic relationship (Kakoti).

Looking Forward: Effective Practices and Recommendations

Culturally Competent Counseling

Hakim-Larson et al. (2007) emphasizes the need for culturally sensitive counseling that integrates Arab cultural norms and religious beliefs into the therapeutic process. Their work illustrates the necessity for a deep, empathetic engagement with the client's cultural and religious background, which can significantly influence both the presentation of mental health issues and the pathways to healing. The authors advocate for a holistic approach that incorporates these cultural specifics into the therapeutic process, thus enhancing the effectiveness and relevance of psychological interventions. Clinicians must be aware that pre-migratory stresses such as wars and traumatic relocation are often accompanied by post-migratory stresses including coercive Americanization and a concomitant loss of the social support of extended family systems from the countries of origin.

Counselors should be mindful of acculturation level, ethnic identity, family background. It is helpful to understand how a woman defines herself both ethnically and religiously to address interrelated therapeutic issues. A qualitative study examining common barriers according to therapists that work with a predominantly Arab American population cited acceptance of

partnership role with the therapist rather than a hierarchical relationship to be one of the central obstacles to providing treatment to this population (Nassar-McMillan & Hakim-Larson, 2003). To facilitate alliance with Arab American women, it may be useful to use a more directive or advisory role. (Mourad & Abdella Carolan, 2010). One 2018 meta-analysis of the literature of cognitive behavior therapy (CBT) with Arab adult populations experiencing anxiety, depression or post- traumatic stress disorder (PTSD) (nine studies, n = 536) showed that all studies (100%) reported a statistically significant reduction in psychological symptoms at post-treatment with large effect sizes for anxiety, depression and PTSD (Kayrouz et al.).

To effectively support this community, counselors should begin by examining their own biases and values; additionally, they need to consider how their cultural identities interact with the client's background and the broader sociopolitical environment. They should also clearly explain the counseling process and their own therapeutic methodologies, assess the client's levels of acculturation, ethnic identity, and sexual identity while exploring the intersection of these identities, and openly discuss the client's motivations for seeking treatment (Chaney, Dubaybo, & Chang, 2020).

Addressing Trauma with Specificity

Thompson et al. (2020) propose a new model for trauma counseling that better accommodates the continuous and cumulative nature of trauma experienced by many Arab Americans. This model specifically adapts CBT to be more inclusive of ongoing and layered traumatic experiences, highlighting the importance of a tailored approach to trauma therapy (Current, Continuous, and Cumulative Trauma-Focused Cognitive Behavior Therapy, 2020).

An ecological perspective toward intervention recognizes the relevance of multiple influences and contexts on intervention with a given population. Ecological issues in psychotherapy with Arab American women would include both macro system issues such as historical events, internal and external culture, societal beliefs and stigmas and micro system issues such as family dynamics and community participation (Mourad & Abdella Carolan, (2010).

The following recommendations from a 2001 article (Erickson & Al-Timimi) titled *Providing Mental Health Services to Arab Americans: Recommendations and Considerations*, speak to the importance of treating each patient distinctively and offer the following guidelines:

- Assess the extent to which client difficulties are related to issues of assimilation or acculturation. Do not assume clients are satisfied with their level of acculturation if they do not raise it as a concern. Similarly, do not assume that clients born in the United States or without a discernible accent or distinctly "Arab" features or clothing do not struggle with issues of acculturation.

- Avoid the tendency to use individuation from family as an indication of or a goal for psychological "healthiness." Instead, assess clients' goals for their relationships with their family members and use this as a guide for treatment.
- Avoid a tendency to pathologize somatization behaviors.

Conclusion

This literature review has highlighted the intricately woven psychological realities of queer and gender-marginalized Arab Americans. It calls for a nuanced, culturally competent approach in mental health services that not only addresses the overt symptoms but also engages deeply with the underlying cultural, familial, and identity-driven dynamics. It would be helpful to know how variation in acculturation by gender influences individuals' decision to come out to family members, comfort with sexual identity, general psychological adjustment, and other mental health indicators. Future research must continue to explore these intersections, aiming to refine and validate therapeutic interventions that are both effective and culturally congruent, ensuring that these communities receive the comprehensive and empathetic care they deserve.

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