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ACCULTURATION AND REACCULTURATION INFLUENCE: MULTILAYER CONTEXTS IN THERAPY

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ABSTRACT. Clients who live within a minority culture while being influenced by a dominant culture usually bring to therapy the impact of their multilayered cultural experience. Migration literature point to separation and marginalization processes during the acculturation process as the main cause of relocators' psychosocial problems. In contrast to other studies that appreciate assimilation and integration within the dominant culture, this study shows that these processes often lead to disharmony and disintegration within the home culture, especially among those who remigrate back home or those who continue to live simultaneously within the sending culture and the receiving culture. Additionally, this study emphasizes that acculturation often happens as a multilinear and multidimensional process within the host culture and the sending culture. Therapists may help clients when they become aware of the complexity of the multidirectional process of acculturation and its various levels, such as the interfamilial, the intrafamilial, and the social. Three case studies will illustrate the theoretical framework. © 1999 Elsevier Science Ltd

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ARABS IN ISRAEL live under the influence of a cross-cultural experience as a result of the encounter of their own culture with the Jewish Israeli one. In addition, young Arabs, mainly males, often travel to foreign countries (e.g., United States, Western and Eastern Europe) searching for work opportunities or academic education. The vast majority of them return home after several years of acculturation. These cultural encounters affect all aspects of the Arabs' life, including their mental health and family relationships.

Different sorts of complaints, such as marital problems, nervous breakdown, depression, anxiety, suicidal thoughts, and low self-esteem, may be misunderstood and

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mistreated if we neglect the cross-cultural experience of such clients (see also, Dwairy, 1998; Falicov, 1988; Grinberg & Grinberg, 1989; Hardy, 1997; Sue & Sue, 1990).

Acculturation impact occurs by either (a) direct encounter, such as when a person lives within a culture that is not his or her original one; or (b) indirectly, via observing, internalizing, and mimicking characters from the media or persons from another culture, or by being impacted by another acculturated person.

Cross-cultural literature and immigration literature emphasize the psychosocial change that occurs when a person is influenced by a dominant or new culture (Landau-Stanton, 1990; Sluzki, 1979). This literature often neglects the influence of the acculturation when one remigrates to the original culture; consequently, the problematic of this dynamic is not discussed. This article will focus on the psychological and social problems experienced by individuals and families from the renewed encounter of reimmigrants with their homeland, or their relocation within the original culture. The process of deacculturation and reacculturation that communities and families operate on its members will be emphasized. Clinical case studies will illustrate theoretical background.

Living in different cultures is an experience that may enrich people's worlds and/or confuse them. One's reaction depends on the degree of harmony between the two cultures (Landau-Stanton, 1990), the cause and circumstances of relocation (Sluzki, 1979), psychological forces of the relocators, and the immigrant's social support system (Berry, 1990; Cornille & Brotherton, 1993; Landau-Stanton, 1990; Lonner & Ibrahim, 1996; Scott & Scott, 1989; Sluzki, 1979; Taylor, Hurley, & Riley, 1986). These factors are influential in situations of uprooting from, or reconnecting to, the original culture.

PSYCHOLOGICAL AND SOCIAL REACTIONS TO IMMIGRATION

Whether the decision to immigrate was voluntarily taken, very well-planned, or forced by political, economic, or health issues, or possibly some other reasons, several studies (Cornille & Brotherton, 1993; Drachman, Kwon-Ahn, & Paulino, 1996; Falicov & Karrer, 1984; Grinberg & Grinberg, 1989; Lantz & Harper, 1990; Sluzki, 1979; Taylor et al., 1986; Walsh, 1985) consider the act to be psychosocial trauma for all immigrants. This trauma occurs when an individual or a family is uprooted and detached from a familiar life and, often unwillingly, forced to adapt to a strange place and culture. It is believed that such trauma will not be observed immediately at the time of departure and separation from the homeland or the arrival to the host land. An accumulation of factors will eventually lead to social and psychological distress, which may appear as either psychosocial or physiological symptoms (Grinberg & Grinberg, 1989; Landau-Stanton, 1990; Lantz & Harper, 1990; Sluzki, 1979).

Grinberg and Grinberg (1989) describe immigration as an incubator where problems prior to immigration exacerbate. They believe that solid and stable psychological, marital, and familial relationships help immigrants to tolerate the vicissitudes of change in the host countries and cultures, while conflictual relationships sharpen the personal conflicts and accelerate the explosion. Problems arise when cultural changes happen too slowly or too rapidly. Within immigrant families, these changes frequently lead to changes in family structure and to gender role confusion. Living within a community that offers a support system and among other families who are in a similar stage may help the migrated individuals or families acclimate. Otherwise, members may start showing symptoms of transitional conflict.

While studies relate to the social and psychological well-being of immigrants, the subject of remigration to one's own culture is neglected. Although there is a tendency by immigrants to idealize life in their sending countries, the process of remigration is often as traumatic as immigration to a new country. The dynamics of social support systems vary between the case of migration to a new culture and remigration to one's original culture. In the case of immigration, community support is shown by providing information about the place, the larger systems, job opportunities, customs, and so on. The community leads the immigrant's first steps within the new place until he or she acclimates. When a person relocates to his or her original culture, acclimation to their home culture often means eliminating all changes they had adopted while they were away. Besides, relocating back home brings, in addition to the warmth of the family reunion, old unfinished conflicts.

Migration causes problems for the whole system connected to the migrated persons. When a person decides to migrate, he or she gives up stability to avoid an unbearable situation (Sluzki, 1979). When encountering another culture that challenges ones norms, behaviors, folkways, and other daily aspects of life, a process of acculturation takes place. This process may last for the rest of the immigrant's life. One may relate to remigrating back home as giving up the stability that one tried, through acculturation process, to reach.

ACCULTURATION

Acculturation is the process of change occurring when a person from one culture experiences first-hand contact with another culture. Several factors influence the acculturation status of individuals and groups, such as education level, employment, use of the media, extent of political participation, language proficiency, social relations, and support groups (Lonner & Ibrahim, 1996).

In the acculturation process, Berry (1990) distinguishes between an internal source of change, which occurs as a result of invention, discovery, and innovation, and an external source of change, such as education, colonial government, and industrialization. He emphasizes the influence of psychological acculturation, which refers to the process by which individuals change, both by being influenced by a continuous and first-hand contact with another culture and by being participants in the general acculturative changes under way in their own culture. The influence of the contact usually continues for generations to come.

During the process of acculturation, people may experience new phenomena that they constantly have to make decisions about, such as, in which language to speak, what to eat, and how to live daily life. People vary in the way they enter the acculturation process and in their degree of the process. For Arab people who live within collective societies, socialization process leaves very little for individual decisions (Dwairy, 1998). Therefore, acculturation that emphasized individuation often causes psychological distress.

Changes generated as a result of cross-cultural meeting may cause a great amount of stress. During the acculturation process, immigrants experience societal disintegration and personal crisis. The old social order, which immigrants were accustomed to, disappears, and some individuals may get lost in the change. With the change, there is often a particular set of stress behaviors that occur during acculturation that cause confusion, anxiety, and depression. The eventual outcome for any particular individ-

ual is affected by other variables that govern the relationship between acculturation and stress.

Some studies relate to the process of acculturation as a coping mechanism and developmental stage (Berry, 1990; Lonner & Ibrahim, 1996; Paniagua, 1994). Acculturation is perceived by Berry (1990) as a developmental process, and as different forms and phases of encounters between the ethnic group and the dominant culture. He states:

> The goals of acculturation are not necessarily toward modernity or any other single alternative. Acculturation can be viewed as a multilinear phenomenon, as a set of alternatives, rather than as a single dimension ending in assimilation or absorption into a "modern" society. (Berry, 1990, p. 244)

In addition, Berry (1990) observe four varieties of acculturation:

1. Assimilation: When an individual, through free will, seeks daily interaction with the dominant culture.
2. Separation: When people value perpetuating their original culture, wishing to avoid interaction with other cultures, including the dominant one.
3. Integration: When the minority group tries to maintain cultural integrity within the dominant group. Acculturation may be "uneven" (Berry, 1990, p. 245) across domains of behavior and social life; for example, one may seek economic assimilation in work, linguistic integration by way of bilingualism, and marital separation from the dominant culture by endogamy.
4. Marginalization: Where there is little interest in cultural maintenance and relations with other groups.

Berry (1990) claims that several factors mediate between the person and the acculturation experience, such as, the nature of the larger society, type of acculturating group, modes of acculturation, demographic and social characteristics of individuals, and psychological characteristics of individuals. Berry continues that people who feel marginalized and those who maintain a separation goal tend to feel very stressed. In contrast, those who pursue integration are minimally stressed, with assimilation leading to intermediate levels.

The clinical experience of working with Arab reacculturated persons shows that most psychosocial problems appeared when clients tried to assimilate or integrate within a dominant culture. This phenomenon will be discussed here later.

CULTURAL CONTEXT IN THERAPY

When therapists share the same cultural background with clients, or they are knowledgeable of that culture, they may mediate between their clients and the host culture and function as cultural observers (Budman, Lipson, & Meleis, 1992). Therapists' knowledge of the norms, cultural roles, rules, customs, and rituals is necessary for assessment and treatment. However, clients always need to be allowed to have the final word regarding their chosen values and norms. When working with clients from a different culture or with clients who have rich experiences with many cultures, it is recommended that therapists be aware of multiple cultural layers in which clients simultaneously live.

Ho (1995) believes that culture is translated by individuals from an anthropological concept to a psychological or individual-level concept by virtue of internalizing it. When learning clients' internalized culture, therapists avoid overgeneralization and stereotypes. In addition to being culturally sensitive, they may be able to practice client-specific counseling. Ho suggests a multicultural counseling model:

> As counselors, we need to be informed of anthropological description of modal and normative patterns of behavior. More important, we need to be concerned with individual differences, both qualitative and quantitative, in how people are actually exposed to, learn from, and are influenced by the culture to which they are exposed—that is, individual differences in enculturation. (Ho, 1995, p. 5)

Sue and Sue (1990) consider gathering significant knowledge about the culture of the clients as crucial when working with immigrants or minorities. These authors point to the importance of learning about the influences and conflicts of biculturalism. Therefore, it is indispensable to relate to the cross-cultural influence and to problems of acculturation or reacculturation when working with Arab clients in Israel.

FAMILY THERAPY MODELS

Developmental family therapy suggests a framework for perceiving the stress that immigrating families undergo. Ramifications of developmental model, suggested by Steinglass, Bennett, Wolin, and Reiss (1987) and the "structural developmental model" suggested by Carter and McGoldrick (1989). This theory believes that immigration, relocation, or other traumatic cause blocks the normal individual and family development (Carter & McGoldrick, 1989; Cornille & Brotherton, 1993; Landau-Stanton, 1990). McGoldrick (1982) believes that the act of migration adds an additional life stage to the normal developmental stages—one that must be negotiated by the family.

The act of migration influences the life of each person in the family. It affects the function and dynamics of individuals as well as family units. McGoldrick (1982) states:

> The readjustment to a new culture is by no means a single event, it is a prolonged developmental process of adjustment, which will affect family members differently, depending on the life cycle phase they are in at the time of the transition. (p. 17)

This theory believes that the role of therapy is to facilitate families' re-establishment and reorganization of their developmental momentum and to help them classify their cultural conflicts, especially the intergenerational ones (Carter & McGoldrick, 1989). Therapists diagnose and assist the developmental marker as it occurs in the family's life, examining its impact on each member of the family. Functioning as culture brokers, therapists coach families to select and categorize values and tradition that family members want to retain and those they want to relinquish. Therefore, they have to work in three ecological systems, the intrafamilial, the interfamilial, and the social (McGoldrick, 1989). Therapists must have an active role in helping families acculturate. Some studies consider family therapy a context that enables migrated families to assess their ethnic cultural values as well as the dominant culture's values. In therapy, families may negotiate their value system intentionally—retaining some values from the old culture and adopting some new values from the host culture—to facilitate development of changed family identity (Carter & McGoldrick, 1989; Cornille & Brotherton, 1993).

Culturally sensitive therapists adopt therapy strategies centered in the client's culture. Ho (1987) affirms that therapists have to learn from their clients about their culture in order to make the meeting between both parties a therapeutic encounter. Ho maintains that it is appropriate to search for cultural remedies for families problems rather than trying to impose therapy language or regularities that are strange to the family. In his approach, he takes into consideration "the ethnic minority's reality, culture, biculturalism, ethnicity status, language, and social class" (p. 11).

Studies show that the major causes of the problems in migrated individuals and families are disharmony and tension between the value systems of the homeland country versus the host country. Tension may also appear in relationships between family and larger systems, such as schools and health-care systems (Cornille & Brotherton, 1993; Stein, 1985).

The role of a family therapist in cases where the family derails from its developmental cycle as a result of a traumatic event, such as migration, is not to return the family to its old track. Rather, the therapist's challenge is to create a context for change for the family, to help family members to decide which track may provide the best solution for problem-solving and what may assist growth. Systemic interventions that create a context for developmental change offer some alternative realities (Wright & Watson, 1988).

Family in Context Model

Family therapy scholars have searched for approaches in which they can perceive families in their own cultural contexts (Boyd-Franklin, 1989; Falicov, 1988; Ho, 1987; McGoldrick, Pearce, & Giordano, 1982; Sue & Sue, 1990). Bronfenbrenner (1979) developed the approach of a "person in context," which shares many principles with the ecosystemic approach. He believes that human systems are organized to include multiple complex layers of individuals, families, communities, and societies that interact and interchange constantly with each other.

In line with Bronfenbrenner's (1979) model, Falicov (1988) suggests studying the family in context. She believes that the most salient factors in cases of instability, such as in cases of immigration, are cultural issues. Families often experience cultural dissonance in a number of personal, social, and institutional types of encounters. The family's attempts to contact others socially become points of cleavage instead of points of consonance.

According to this model, therapists who work with ethnic, religious, national, or other minority groups, have to inquire about several aspects in the immigrant family's past and present life experiences. Among the major elements questioned are the history of immigration, previous ecological setting, the reasons for immigration, the experiences of separations and reunions, families' necessity for adaptations, quality of reception of the host community and culture, and the immigrants' support networks.

Therapists also have to relate to the current ecological context by asking questions about families' socioeconomic conditions, employment situation, quality of relationships between parents and children, quality of relationships with extended family and friends network, relationship with the school system, and the adaptation to cultural norms of the surrounding community. In all cases, therapists have to be aware of their own ethnocentrism in understanding, assessing, and treating immigrant families (Falicov, 1988).

Immigration, as a type of major change in family life, may create a second-order change that leads to variations in the nature of the family relationships (Walsh, 1985). In traditional societies, family values and norms are maintained for generations,

sometimes for centuries, sustained and supported by religion and culture. This tendency supports stability and continuity. When a sudden change occurs, as in the case of immigration, "fundamental values and assumptions are challenged and the continuity of the [family] system is threatened" (Walsh, 1985, p. 249).

Cornille and Brotherton (1993) consider problems that the family had a previous solution to as first-order problems, while a second-order problem would be a new sort of problem that requires a major shift in the family's world view. These kind of problems cause family systems more distress and, furthermore, changes its structure or communication patterns.

In the case of uprooting life events, as when families move to new states or countries, family identity can serve to tie the family to old routines and tradition. This helps family members feel comfortable despite their unfamiliar new setting. This stability is extremely important for the family's mental health, collectively and individually, especially as the family encounters new experiences where it can assert little control over the external alien world. Families with a strong cultural identity experience the changes in less traumatic way, since family identity serves as "a port in the storm of uncertainty in the external world. In an adaptable family, family identity becomes as a rudder, which the family uses to direct its course" (Bennett, Wolin, & McAvity, 1988, p. 232).

PSYCHOSOCIAL INFLUENCE OF ACCULTURATION ON ARABS IN ISRAEL: CLINICAL CASES

Arabs in Israel are influenced by their own Arab culture, which is fed from the close Palestinian context besides the wider Arab-Middle Eastern context. In addition, constant Western and eastern Jewish Israeli influence permeates to the daily life of Arabs inside Israel, causing some sections to become bicultural. The intensity of the influence of the Jewish Israeli culture may be observed as follows:

1. Residency: Residents of mixed cities (which are inhabited with Arab minority and Jewish majority) and residents of Arab towns are more acculturated within the Jewish Israeli culture in comparison to Arabs who inhabit whole-Arab villages.
2. Gender: The social control within the Arab society over women narrows the opportunities for vast influence of the Jewish Israeli culture on them, while the same Arab society shows more tolerance toward Arab men in this regard.
3. Education: Arabs who finished their higher education in Jewish Israeli institutions are more acculturated to the Jewish Israeli culture than others.
4. Military service: Some minority groups, such as Druse and Beduin males, serve in the Israeli Defense Army causing a cultural split between men and women within the same communities, and between these communities and the larger Arab society within Israel.
5. Work: As the minority, Arabs in Israel perform most of the manual labor. Such work takes place mainly within the Jewish communities. Jewish Israeli acculturation is reflected mainly in Arab workers' language.
6. Age: Young Arabs are influenced by the Jewish Israeli culture, especially aspects such as media and fashion more than grown-up Arabs.

Cultural conservation becomes a crucial mechanism among Arabs in Israel as a right for self-definition and as a tool for political existence. Arab villages and towns

witness changes in its local culture caused by students or workers returning from abroad, from Israeli towns or universities, and from the Israeli Defense Army. Arab men and women experience different influences of acculturation process. Families and society's reaction to acculturated persons intend to de- and reacculturate them so they will be able to live again as equal members in their communities. This overt and covert struggle of de- and reacculturation is reflected in the mental health of individuals, couples, and families. The following case studies will try to illustrate this phenomenon.

Case 1

Rashid (a 34-year-old electric engineer) and his wife Samia (a 25-year-old housewife) came to family therapy because they fought constantly. Rashid fluctuated between supportive relationship and abusive one. Samia suffered from Rashid's verbal and physical abuse. She complained of loneliness, despite the fact that she lived in the same neighborhood with her extended family and in the same building as her husband's family. During therapy, she suffered from postpartum depression and threatened to kill herself.

Rashid traveled to a Western European country immediately after high school. He finished his master's degree in engineering and worked 2 more years in the host country. Overall, he stayed 8 years before remigrating to Israel. Upon finishing his studies, he returned home for a few months. However, when he faced tremendous difficulties reacclimating to his village's life, he decided to immigrate back to the host country, where he started working. During one of his visits to his village, he met Samia, who was then in high school. They corresponded secretly back and forth, since Samia's family was very conservative and did not allow premarriage relationships between men and women. Corresponding for about a year and a half caused Rashid and Samia to get to know each other's current life and future expectations. Rashid consistently wrote about his expectations from Samia: "to prepare herself to live as Western woman after their marriage." Samia started watching daily American soap operas, such as "The Young and the Restless" and "The Bold and the Beautiful," believing that she was learning from real examples of Western couples' lifestyles. A few months after Samia's graduation from high school, she and Rashid got married. Their original plan was to move back to the European country that Rashid had immigrated to. Meanwhile, a work offer in Israel changed Rashid's plans, and they stayed in his home village. The couple lived from suitcases, thinking that they will move to Europe any minute. Little by little, Samia detached herself from the traditional lifestyle of her family of origin, causing a chasm between herself and her disappointed parents and siblings. Although they lived in the first floor under Rashid's mother's home, they were not able to connect socially or culturally to her and to Rashid's other siblings.

The couple came to therapy 3 years after their marriage. Rashid claimed that Samia was trying to control him by asking him to make her a full and equal partner in his business and private life, behaving "as if she were a Western woman." Samia's complaints were that Rashid made her crazy when he switched from a behavior of "an open-minded Western-cultured man" to "a traditional conservative and abusive Arab husband." Rashid expected from Samia to behave as a Western woman in some contexts, such as in their sexual relationships, while meeting his close friends who were his college mates, while traveling abroad, while watching some movies, and so forth. On other occasions, such as when Samia asked him to share responsibilities in home

chores or with their first baby, or taking her opinion regarding their finances, he snubbed her and asked her to limit her demands and to behave as all other Arab women in their village. Samia refused to accept his dual standards and asked that he as he promised her before marriage. She used all letters as evidence of his renege.

Unlike such cases in Arab families, Samia faced her problems with Rashid alone, since no one in either his or her extended family supported her claims. On the contrary, they believed that she was provoking problems by imitating Western and Israeli Jewish lifestyles. Because of Rashid's social behavior, both extended families, as well as other people in his village, called him "the Western," because he managed a Western lifestyle, challenging almost every traditional aspect in his small village. Rashid's family often criticized his social behavior and tried to remind him of his social duties. However, after he was successful in his business, his family and friends tolerated his behavior. At the same time, almost everyone tried to influence Samia's behavior using rumors, criticism, and social boycott as psychological and social pressure against her.

In light with McGoldrick's (1989) therapeutic plan the therapy work with this couple focused on three pivots: (a) the impact of the cross-cultural experience on each's intrapsychic experience, (b) the impact of the differential influence of the cross-cultural experience on their interpsychosocial experience, and (c) the impact of their behavior as a couple on their close and wide familial and social relationships.

While working with this couple, elements from the Western culture—embodied by norms and rules from Rashid's host country and stories from couples' relationships from Western soap operas—were permanent entities in each therapy session.

Case 2

Amal is a Druse[1] 27-year-old young woman from the Galilee in Israel. She had nine other sisters, all of whom were married. Ten years ago, the family lost their youngest and the only son in an accident when he was 7 years old. Amal, who was the youngest daughter, was treated as the only male son in the family after the death of her brother. Her parents, who were very religious and traditional, allowed her to finish her high school, unlike her other sisters, all of whom were expected to marry when they were 17 years old. Amal started working as a secretary in the elementary school in her village. Meanwhile, she became the first woman in her village to get a driver's license and a car. A few years later she decided to continue her higher education, once again becoming the first woman in her very traditional village to take this step. Several men asked to marry Amal, but she refused because they were not behaving according to her newly adopted norms. Her father told her that he had the right to decide about her marriage, as he did with her sisters. On several occasions he refused some marriage offers because he opposed the marriage of any of his daughters outside his village. He felt that because his daughters did not have a brother to take care of them after his death, all of them should stay together in his village, close to his extended family.

Amal came to therapy because she felt divided between the norms of the three cultural worlds in which she lived simultaneously: The Druse men culture, the Druse

[1]Druses are members of an independent religious sect branched from Islam in the 11th century. They live as a religious minority mainly in the mountains of Syria and Lebanon. They share with other Arabs their language, their social norms and behaviors, and the countries' history. They live in Israel in the Galille mountains and in Mount Karmel; their number is about 80,000 people and they live as a national and religious minority.

women culture, and the Jewish Israeli culture. On the other hand, Amal never belonged totally to any of these cultures. She claimed that she was the victim of the meeting between these worlds. She asked help regarding her "poor self-confidence, perplexity, depression, and nonassertiveness." She felt like a failure because she was 27 years old, yet single. Amal described her parents as putting her in a doubly frustrating situation by letting her believe that she was taking the traditional role of an only son in an Arab family, while expecting her to adopt the lifestyle of a traditional religious Druse woman. Although she was attending an Israeli university, her family expected she bring from that institution solely "pure academic knowledge," without any Western or Israeli Jewish cultural influence. She continued to wear traditional costume, however, she tried to uncover her head, putting the traditional white scarf on her shoulders instead of her head.

Amal started adopting some Western feminist ideology, mainly regarding the concept of equality between men and women, which was not expected by her family. In her workplace and her college, she met several men who wanted to have close relationships with her; all of them were academic Druse men from other villages. Amal would start a relationship for a few days, then suddenly she disconnected it because she felt like she was betraying her family, who had faith in her and had clear expectations of her behavior. Although Amal developed all relationships mainly by phone calls, never allowing a man to kiss her or to hold her hand, she believed that having a relationship before marriage was immodest for a Druse woman. According to her insight, her partners felt that she was fooling either herself, them, or her family, since the gap between her declared ideology and her traditional behavior was unbridgeable. Their expectations were to have a Western-type premarriage relationship with a "Western-type Druse girl." Each man she met talked to her about his previous relationships, including sexual relationships, with Jewish mates during their army service and during their academic life. From her side, she was never able to discuss her past experiences with men because she was afraid to be labeled immodest. In therapy, Amal said,

> Druse men will never accept for a Druse woman to be equal to them. Therefore, they understand their needs and could put their behavior into proper contexts while they are not able to think about Druse women's needs and will never understand it. However, I will not get married unless I will be convinced that the man I will marry really believes in equal rights between me and him.

In therapy Amal tried to find out ways to walk between drops in her Druse culture—rotating between male and female roles, and between Jewish-Israeli and Druse cultures.

Case 3

Salman, a 21-year-old Beduin, finished his voluntary 3-year army service 6 months prior to therapy. When he started his civil life, he had financial problems. He faced some difficulties finding a permanent job and was fired from several. When Salman was preparing to open his own business, he had a nervous breakdown. His family refused to hospitalize him in a psychiatric department because they were afraid of the social stigma of such hospitalization on Salman's future. Seven months later, the family brought Salman to therapy. During all that period, Salman was using psychotic drugs. The family was very concerned, confused, and angry with Salman's long-lasting apathy, depression, and unwillingness to live.

Salman showed very little collaboration when his parents and sister attended the first therapy session. However, when I met him by himself, he talked about his struggles during the last 3 years in the Israeli army. Salman had several opportunities to develop intimate relationships with Jewish female soldiers but he abstained each time because of his Islamic religious norms. In his last attempt at an intimate relationship in the army, he started kissing his Jewish friend, who wanted to have a sexual relationship with him. Before moving to that stage, he felt that he was committing a religious sin. Salman ended the relationship with this friend, who later accused him of "not being a real man."

One week before his nervous breakdown, his Arab friends convinced him to join them at a disco in a Jewish city, where mainly Jewish young men and women meet. In that disco, his friends talked to Jewish young women and danced with them. Salman, who was very shy, stayed by himself, feeling very nervous. His friends made jokes about his tension. That night he started fantasizing about having sexual relationships with some of the women who were in the club. He felt guilty and ashamed. Once again he was very upset and felt that "he was not a man to be admired." A few days later, when he had problems with his business plans, he was convinced that he would never be able to carry any successful mission "as a real man." He felt that "his life was melting between his fingers because his religious norms did not fit his life in the Jewish Israeli society."

Since he started his army service, Salman felt torn apart between norms he had brought up with and between the dominant Israeli Jewish norms that he was under its influence in the army. He was a shy young man, yet he felt alienated from what was happening around him. He was not able to go to the army psychologist because he was not sure that the Jewish psychologist would understand his dilemmas. To help himself finish his military service with minimum cultural encounters with Jewish female soldiers, Salman asked for and received driving jobs.

Salman never had a sexual relationship with a woman and he believes that he will not until marriage because of religious restrictions. He thinks that marriage will solve his psychological problems. However, he was too young and too poor to get married.

DISCUSSION

Clinical cases reveal similarities between the psychological and social reaction to: (a) immigration to a new country, (b) relocation, and (c) the acculturation process of ethnic and national minorities to a dominant culture within the same country.

As stated before, Grinberg and Grinberg (1989) claim that immigration acts as an "incubator" where problems prior to immigration exacerbate. One may also claim also that de- and reacculturation processes, whether caused by remigration or other types of cultural encounter, may act as incubators for prior problems.

In line with Falicov's (1988) theory "family in context," clinical work revealed the following about the contexts in which clients lived:

Case 1: Rashid was the first born son in a family of four sons and five daughters, none of whom, except Rahid, finished high school. He was the pride of his nuclear and extended family. Since Rashid was a teenager, his father expected him to help carry the family's responsibilities. He used to take care of his youngest brothers and sisters, who learned to obey him as they obeyed their father. While studying abroad he had a moratorium of 8 years away from his social duties. During that time, he became

aware of the stress he carried on his shoulders because of his family's responsibilities. In his childhood, Rashid witnessed constant abuse in his family caused by his father against his brothers and sisters and against his mother. This was the only way Rashid's father knew to discipline his wife and children. Rashid was never beaten, however, he learned that discipline means violence.

When Rashid lived in Western Europe, he tried to beat his first girlfriend, who was native. She ended the relationship with him, accusing him of violence and abuse. This encounter taught him that he has to treat women in the west in a way quite different from what he was taught in his home. Little by little, he became acculturated to this kind of relationship and he opened himself to learn from his second girlfriend how to behave with non-Arab women. This relationship lasted until he remigrated home.

When he returned home to live with his family, his mother expected him to become the family's father after the death of his own father. She criticized his "soft hand" on his sisters and brothers and demanded he have "a real substance to her assertive husband." Upon his return, his mother, siblings, and extended family forced upon him a process of deacculturation and reacculturation to the traditional Arab village norms and value systems.

Rashid experienced an external source of change (Berry, 1990) when he was acculturated to the Western culture via his education and relationships with Western girlfriends, while experiencing both internal and psychological sources of change when he was reacculturated to the Arab culture (Berry, 1990). In both processes, Rashid experiences societal disintegration and personal crisis.

Back home, Rashid lived simultaneously in a multiple cultural layers (Sue & Sue, 1990). He succeeded in keeping a Western type of lifestyle when he administered business, social relationships with people from his village, and when he encountered Jewish women either at work or in social events. At the same time, he readopted an Arab cultural lifestyle when he dealt with his extended and nuclear family. Rashid believed that this was an adjustment or a type of coping mechanism (Berry, 1990) to the circumstances under which he had to live. Later, this type of adjustment caused him psychological and social disadjustment as a result of the substantial disharmony between the host country and the receiving country (Cornille & Brotherton, 1993; Stein, 1985).

Samia was the fourth daughter of a family of five daughters and three sons. Her father was a taxi driver in a Jewish town, who often told his family stories about the immodest value system of the Western Jewish society, especially the Jewish women. Samia's mother, who had very beautiful daughters, took extra caution keeping them from relationships with the outside world. After her marriage, Samia adopted Western norms and values because she believed that they might improve her life conditions in her village. Her visits to Europe let her take a closer look at the life of Western women. A group of women from several villages, all of whom were married to Arab academic men who graduated from European universities, became Samia's support system. This group met weekly and discussed their problems with their husbands. The frame of reference of each woman was the lifestyle of Western European women, rather than Arab village women.

Marital problems between Samia and Rashid occurred when one of them behaved according to the Western culture while the other behaved according to the Arab culture. For example, Samia refused to watch pornography movies, claiming that it was against religion (Islam) and culture (Arab), while Rashid thought that it made sexual life more colorful. Samia thought Rahid was contaminated by this kind of Western values. On the other hand, Rashid restrained Samia in her taste for fashion by asking her

to wear modest cloth, because he was did not want to encourage the villagers to gossip about his wife. He accused Samia of being driven blindly after the Western fashion and lifestyle without taking into account her society.

Samia allowed herself to criticize her mother, her mother-in-law, her older sisters and sisters-in-law, an unacceptable behavior in her community. By that time, she could not expect any social help from any of them. When she gave birth to her second child, she did not receive any support from them. At the same time, Rashid remained busy in his business. Samia asked him to take a vacation and help her take care of her and their children. Rashid refused, saying that no man in his village behaved that way. Samia felt neglected, therefore, she fought with Rashid, accusing him of selfishness and "machismo." Rashid thought that Samia demanded more than she should as a woman. He decided to neglect her and to pay more attention to his business. Samia became very depressed and threatened to put an end to her life. A few months later, Samia decided to apply to college, but Rashid prevented her because he thought that she had to dedicate herself to her home and children. Samia threatened to separate from Rashid.

Samia and Rashid each developed multiple layers of cultural identities, some were Arab and some were Western. Each of them decided which cultural values and codes to use with which contexts. However, marital problems erupted when one used the home culture while the other reacted according to the host or adopted culture. Constant arguments regarding the proper values that should be adopted for their household caused them to feel that their marriage was far from stable. They decided to separate for a while until they could clarify their value systems.

Case 2: Amal tried to integrate eclectically within the Israeli Jewish life, picking those elements that may help her achieve education and financial independence. By this time, she treated her own culture in an eclectic integration. However, her nuclear and extended family tried to control her practice of social independence. When she came to therapy, Amal suffered from stress, depression, and low self-esteem. Berry (1990) claimed that those who seek separation or marginalization within a new culture will suffer from psychological problems. However, in the case of Amal, she pursued integration within the Western Israeli culture, subsequently, she suffered from psychological and social stress.

Amal was brought up in some very unusual circumstances. The Druse culture, as a part of the dominant traditional Arab culture, put clear bars between women's value systems and men's value systems within the same community. The movement of individuals between the two systems is unbearable. However, as a result of the death of Amal's only brother, her father tranferred his dreams for his only son to his youngest daughter. The community in the small village tolerated the freedom given to this female by her father, as long as it was external (i.e., regarding education and mobilization) rather than internal (i.e., having out-of-wedlock relationships with men) (Berry, 1990) since this kind of change reflects on change of the value system and the cultural codes.

Therapeutic work with Amal focused on three dimensions: intrapsychic, interfamilial, and social (McGoldrick, 1989). Therapy tried to reconnect Amal to social relationships with her sisters, with other women her age in her village, and with her Jewish Israeli colleagues in her college. After a few sessions, Amal was able to understand the impact of the multiple cultural layers between which she moved, on her emotional behavior, and psychological stress. Besides, she was encouraged to examine alternative norms within her culture that encouraged women to have independent thoughts and opinion. I learned from Amal stories of exceptional women who were admired for tra-

ditions and folkways. Together we learned about the way these women succeed to fulfil themselves within their communities. Amal started looking at her strength as characteristic of herself as a woman, rather than as a development that occurred in her life as a substitute for a dead brother. This helped her to reconnect with her parents in a way that was suitable to her. Later, it helped her develop a relaxed relationship with a Druse man.

Case 3: Salman, as a person who had to live within the military forces for 3 years, had no choice but to assimilate within it. Although minorities have some units that they serve in, the army culture, derived from the dominant Western Jewish Israeli culture, becomes an integral influence in the lives of Israeli youth during the years of their military service. However, young Arabs, mainly Druse and Westernuin, who belong to minority culture live in the best case under the influence of two dominant cultures: the Jewish Israeli in the army, and the Arab at home. Young Arab soldiers tend to speak only Hebrew language with each other, change their names, imitate their Jewish mates imbibing their value system. Some of these values contradict Arab, Islam, and Druse value systems. Young Arab soldiers experience stressful conflicts as a result of disharmony (Landau-Stanton, 1990) between their value system and the army's. The more they try to assimilate, the larger their psychological stress will be. Salman's stance of not having sexual relationship out of wedlock would be appreciated in his own culture and religion. This very same stance was judged among his mates in the army as a weakness and deficiency of his masculinity. The gap between Salman's interpretations of his behavior and the host culture caused at the end his nervous breakdown.

Salman was not able to share his motions with his parents and siblings as a result of his modesty. In therapy he learned to be assertive, and to share his feelings with his family. His parents, who attended part of the sessions, recruited Salman's siblings to help him rebuild his business. In addition, the family suggested helping Salman find a suitable young woman for marriage. Although Salman was very young, his family believed that this would be the suitable solution for him. Salman was encouraged by this sort of help, which fit with the Arab traditions.

All clients were in significant developmental stages: Rashid finished his graduate studies and got married, Samia got married, Amal went back to school, and Salman started his civil life. In accordance with McGoldrick (1982), relocation, acculturation, and reacculturation added an additional life stage to their developmental stages. Acculturation de- and reacculturation influences was significant in the case of the couple, Rashid and Amal, since each of them was in a different developmental stage in their lives. After their acculturation, Samia and Amal experienced additional type of pressure resulted by a confusion in their gender roles.

Rashid, Samia, Amal, and Salman experienced multilinear acculturation process. While they experienced acculturation process to some aspects to a new lifestyle of a foreign culture, they experienced opposite acculturation tendencies within their original culture. For example, while Rashid's extended family encouraged his Western business value system (a type of Western acculturation), which meant that he will not have enough time for his social obligations, they discouraged his alienation from his social obligations (a type of Arab socialization and acculturation). The conflictual nature of these demands often caused social and psychological stress.

All clients came from small villages with tight community lifestyle. In these communities there is no chance for individuals to live anonymously and choose their own way in life. Instead, they are brought up after developing their collective self, not their individuated one. In such communities, de- and reacculturation is used as a control

mechanism empowered by sanctions such as social boycott and rumors against the disobedient.

CONCLUSION

Clinical cases show that acculturation to a dominant culture within the same country influences minorities' mental health and psychological well-being in a way similar to immigrants experiences in a new country. Beside the accomplishment of acculturation, it seems that each acculturated person pays some psychological and social price.

Literature indicates that acculturation is a traumatic event (Aponte & Barnes, 1995; Carter & McGoldrick, 1989; Grinberg & Grinberg, 1989). However, this study reveals that reacculturation to the original culture upon relocation back home creates stressful psychological and social relationships. Value system and norms of the home culture once again become a standard against which a remigrated person measures his or her behavior. This study shows that there are similarities between social and psychological reactions, whether movements take place as a result of immigration between states, relocation between communities, or moving simultaneously between two cultural lifestyles.

Lonner and Ibrahim (1996), Paniagua (1994), and Berry (1990) believe that acculturation functions as a coping mechanism within the host culture. This coping mechanism, which helps uprooted people adapt to a dominant culture, turns out to be a problem when the acculturated person goes back to his or her culture trying to function according to the cultural codes and value system of the previous host culture.

It seems that de- and reacculturation should be considered very stressful psychological and social process. Original families and communities tend to assume that returning home should solve migration problems. They fail to perceive that remigrated persons have to unlearn and relearn to live within their original families and communities. This is especially hard within collective communities. In some cases, acculturation process is easier than de-and reacculturation, because the first is chosen and happens gradually, while the others are forced mainly by collective societies on individuals.

Arab culture emphasizes the importance of the collective rather than the individual notion in society (Dwairy, 1998), therefore, it operates social stress on individuals who try to derail by acculturation to alien culture. As an attempt to protect itself, in such cases, culture functions as a tool of control, mainly against young men and women. Acculturation to Western culture creates gender role confusion (Sluzki, 1979), which changes the social order in small communities. Therefore, social reaction to derailed people intends to change their attitudes toward their original culture.

Persons who live simultaneously between two cultural settings need to negotiate within themselves and within their ecological environments their central value system with which they judge life and social relations. The lack of such a tool may lead individuals to a state of personal and cultural dissonance.

While Berry (1990) emphasizes that separation and marginalization of people are among the main causes of societal disintegration and personal crisis of relocated people, this study shows that people who pursue assimilation or integration faced psychological or social problems from both the host culture and the sending culture.

Learning about the cultural influence on clients' lives helps interweave their psychological experiences with their social ones within their multicultural contexts.

Within the collective Arab society, it is expected that relocation and reacculturation of any member will affect the lifecycle of the whole family (Carter & McGoldrick, 1989). Therefore, family therapy approach is suitable for such problems, even when clients come to therapy alone, such as in the case of Amal.

Adding the acculturation dimension to the assessment process is crucial when working with immigrants or relocators. Assessment of acculturation degree of clients provides therapists with the clients' perception of themselves, their relationship with their own ethnic group, and their own relationship with the dominant culture, highlighting psychosocial difficulties that therapists have to treat (Aponte & Barnes, 1995). Dwairy and Van Sickle (1996) consider the assessment of acculturation, or the cultural identity of the client very crucial to the goal of the therapy plan, especially when therapists believe in prescribing a special kind of therapy for each case. In order to succeed in joining and developing rapport with clients at this and further stages, some studies direct that therapists should remain open to clients' own cultural understanding of mental health (Aponte & Barens, 1995; Dwairy, 1997; Dwairy & Van Sickle, 1996; Ho, 1987; Spiegel, 1982; Sue & Sue, 1990). Arab clients in Israel are often astonished when asked about the impact of the Jewish Israeli culture or other foreign cultures on their family relationships and dynamics. Clients often perceive their stress, when torn between two different cultures, as personal rather than cross-cultural problem. Acculturation assessment may guide clients and therapists to the degree of such cross-cultural influence.

As a therapist, I respected clients' ecological contexts (Falicov, 1988), culture and subcultures and put it in the center of my therapeutic understanding of each case (Ho, 1987). I tried to be sensitive to clients' cultural sensitivities, however, I helped them intentionally negotiate their value system to facilitate change (Carter & McGoldrick, 1989; Cornille & Brotherton, 1993). Acculturation problems created second-order problems for individuals and families, problems that they never met before (Cornille & Brotherton, 1993; Walsh, 1985), in such cases the role of therapy was to mediate (Budman, Lipson, & Meleis, 1992) and to facilitate clients' understanding about the cultural influence on their well-being (Boyd-Franklin, 1989; Falicov, 1988; Ho, 1987; McGoldrick et al., 1982; Sue & Sue, 1990).

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