Arab Refugee Idioms of Distress:
Challenges for Psychiatrists and Therapists

Patrick Marius Koga, MD, MPH
Director, Refugee Health Research
UC Davis School of Medicine, Dept. of Public Health
Email: pmkoga@ucdavis.edu

Fahim Pirzada, MD
Ulysses Postdoctoral Research Scholar/UCD-PHS
Former President & CEO of Veteran, Immigrant, and Refugee Trauma Institute of Sacramento (VIRTIS)
Iraqi Diaspora

5 million refugees fled the country after 2003
2.2 million internally displaced people.
Premigration Trauma

Following the conclusion of Operation Iraqi Freedom (OIF) California has seen a large influx of Iraqi refugees. San Diego and Sacramento.

Several studies have shown that Iraqi refugees have high incidence rates of posttraumatic stress disorder (PTSD) ranging from 31.5% to 41.7% (Laban et al., 2005). Moreover, two out of three traumatized refugees have also experienced comorbid conditions like anxiety or depression (Burnett & Peel, 2001).

Prior to migration, refugees suffer human rights violations, torture, and systematic violence. Unlike single-event traumas, the traumatic experiences of refugees tend to be interrelated, cumulative, and can challenge refugees’ sense of control, identity and meaning in life.
Arab Explanatory Models

• Concepts such as ‘psychological state’, ‘psychological wellbeing’, or ‘mental health’ often carry negative connotations in the Arab context, while suffering is commonly understood as a normal part of life, and therefore, not requiring medical or psychiatric intervention, except in really severe cases.

• Patients with psychological or mental problems often first present at medical services with a physical complaint, before addressing the psychological, relational or spiritual dimensions of their condition.
Iraqi Idioms of Distress

- Iraqi refugees are aware of their psychological disturbances and describe their feelings of anxiety and depression in terms such as “Dayij” (uncomfortable), “Ka’aba” (melancholia), “al Zillah” (humiliation), “Kalak” (anxiety), “Inziaaj” (uneasiness), “Ihbat” (frustration), “Khawf” (fears), “Daghet” (pressure), “Ta’ab” (tiredness), “Sadma” (shocked), “Insilakh” (uprooting), and “Hasbiya Allah wa ni’ma l wakil” and “Allah y’in”, which both refer to the hope in God’s assistance to face trouble and injustice (Schinina, et al. 2008).
Arab idioms of distress

• Most Arab idioms of distress do not distinguish between physical experience and mental symptoms, because in the local explanatory models of illness, body and soul are interlinked..

• Attention should be given to Syrians’ use of everyday expressions and proverbs, images or metaphors to express distress. Some may be misunderstood as ‘resistance’ to direct communication, or even misinterpreted as psychotic symptoms, when observed through the prism of American psychiatry.

• For example, some Syrians and Iraqis attribute obsessive rumination to satanic temptations, using the Arabic word “wisswas” (سْسُ), meaning both the devil and unpleasant recurrent thoughts.
Iraqi Idioms of Distress

• Iraqi refugees are aware of their psychological disturbances and describe their feelings of anxiety and depression in terms such as “Dayij” (uncomfortable), “Ka’aba” (melancholia), “al Zillah” (humiliation), “Kalak” (anxiety), “Inziaaj” (uneasiness), “Ihbat” (frustration), “Khawf” (fears), “Daghet” (pressure), “Ta’ab” (tiredness), “Sadma” (shocked), “Insilakh” (uprooting), and “Hasbiya Allah wa ni’ma l wakil” and “Allah y’in”, which both refer to the hope in God’s assistance to face trouble and injustice (Schinina, et al. 2008).
Anger, Aggressive Behavior, Madness

Anger may be the feeling that Iraqi and Syrian men express in place of sadness and anxiety. Crying, fear and sadness can be associated with weakness. Likewise in the Balkan countries. Anger = the other side of the depression coin.

• ‘Mashkalji’ (مشكلجي) ‘troublemaker’)
  Used to indicate troublesome children and adolescents.

• ‘Majnoon’ (مجنون) which means ‘crazy’, ‘mad’ or ‘insane’.
  The symptomatic expression overlaps with the psychotic disorders category of mental disorders (such as schizophrenia), but not with disorders such as depression, anxiety, or posttraumatic stress disorder. The word has strong negative connotations and can be used casually to describe someone who is behaving in an unexpected or strange way, but does not always specifically refer to a mental disorder.
<table>
<thead>
<tr>
<th>Feeling nervous or tense</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asabi’ (عصبي, ‘nervous’)</td>
<td>Used to describe anxiety as a character or personality trait</td>
</tr>
<tr>
<td>‘Masseb’ (معصب)</td>
<td>Describes a person who is currently nervous, in a temporary state</td>
</tr>
<tr>
<td>Mitwatter’ (متوتر, ‘I feel tense’)</td>
<td>Used for tension due to a specific situation, such as waiting for a result or expressing or having an opposing opinion to someone else</td>
</tr>
<tr>
<td>Arabic Expression</td>
<td>English Translation</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Habat qalbi (قلب قلبي) or houbout el qalb (قلب القلب)</td>
<td>‘falling or crumbling of the heart.’</td>
</tr>
<tr>
<td>Khouf (خوف, ‘fear’) or ana khayfan (أننا خيفان)</td>
<td>direct expressions of fear ‘i am afraid’</td>
</tr>
<tr>
<td>Kamatni kalbi (قلبي قمطني) or ‘atlan ham (عتلان هم)</td>
<td>Anticipated Anxiety ‘my heart is squeezing’ or ‘i am carrying worry’</td>
</tr>
<tr>
<td>Arabic Expression</td>
<td>English Translation</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>لِمَ يَنْبِدَ قَصْرِيْرَةٍ</td>
<td>Lack of resources and financial hardship is often referred to as ‘the eye sees but the hand is short or cannot reach’). Expressions often used by Syrians to express helplessness</td>
</tr>
<tr>
<td>عيَنْ بِصَرِيرَةٍ وَلِيَدٍ كَسِيرَةٍ</td>
<td>‘Al ayn bassira wa al yadd kassira’</td>
</tr>
<tr>
<td>مَافَيْ نَتْيَأْجِهُ</td>
<td>‘There is no use’</td>
</tr>
<tr>
<td>حَاسِسُ حَالِي مَشْلُول</td>
<td>‘I feel like i’m paralysed’</td>
</tr>
<tr>
<td>نَشَالِيْتَ مَا عَادَ فِيْ يِنْيَأْعِلْهُ</td>
<td>‘I am hopeless’ and ‘i cannot do anything anymore’</td>
</tr>
<tr>
<td>مُوْتَالِيْ بِعِدَيْشِي</td>
<td>‘Nothing is coming out of my hands’, refers to the inability to do anything to change an undesirable situation. Powerlessness.</td>
</tr>
<tr>
<td>إِحْبَاطً</td>
<td>Mix of depressive feelings, frustration, and a sense of defeat, disappointment and loss of hope.</td>
</tr>
<tr>
<td>Sadness, Depression, and Suicidality</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Hozon (حزن)</strong></td>
<td>‘sadness’ and difficulty in face of an acute or sudden stressor may be referred to as</td>
</tr>
<tr>
<td><strong>Al- hayat sawda (الحياة دالسّو)</strong></td>
<td>‘a black life’</td>
</tr>
<tr>
<td><strong>Iswadat al dounia fi ayouni (سوادات الدنيا في عيوني)</strong></td>
<td>‘life has blackened in my eyes’</td>
</tr>
<tr>
<td><strong>Zeft (زفت)</strong></td>
<td>Asphalt, catran; swear word indicating a very dark mood (Koga)</td>
</tr>
<tr>
<td>(‘ًikt’a’ab’)</td>
<td>While ‘hozon’ signifies a state of depression, this is more directly referred to by laypersons and mental health practitioners alike as ‘halat ikt’a’ab’, ‘condition of ikt’a’ab’. ‘Ikt’a’ab’ means brooding, darkening of mood, aches and a gloomy outlook, and may be accompanied by a variety of medically unexplained somatic symptoms and fatigue, as well as signs of social isolation.</td>
</tr>
<tr>
<td><strong>Itmana nam ma fik, (نام ما في قيق)</strong></td>
<td>‘wish to sleep and not wake up’</td>
</tr>
<tr>
<td>(‘اتمنى’)</td>
<td>Because of the shame and stigma associated with suicidal ideation and suicide attempts, Iraqis and Syrians use indirect expressions to describe this.</td>
</tr>
</tbody>
</table>
The Relationship Psychiatrists-Traditional Healers in Arab Cultures

- The relationship varies in different Arab communities from the extremes of full integration to outright enmity, with variable degrees of cooperation.
- Formal legal governmental permission for or sanctions against traditional healers varies from one country to another.
- Family members share the dilemma of divided loyalty between the therapeutic instructions of professionals and those of traditional healers.
- Psychiatrists and traditional healers usually deal with each other’s failures.
Discrepancies between traditional healers and mental health practitioners

The reinforcement of patients’ and relatives’ projections on supernatural agents by traditional therapists in contrast to the attempts of professional therapists to undo such projections. This is in natural alignment with the external “locus of control”.

Also traditional healers tend to include in their healing rituals healthy members of the patient’s family and social network, which may reduce stigma and help avoid patients’ isolation.
Dissociation and conversion disorders

Occur more frequently among Arab women, who are conditioned to feel weak or subordinate in relation to men.

Women’s physical symptoms of conversion are more socially acceptable than direct verbal expression of emotional distress and protest; somatic symptoms are considered serious, emotional ones are seen as signs of weakness of personality or of faith.

Somatic and emotional symptoms call for different kinds of explanations and help-seeking behaviors: somatic symptoms require the aid of physicians while emotional symptoms need religious help.

Socially embarrassing and unprovoked aggressive behaviors are most likely to be attributed by traditional Arabs to the supernatural influence of demons (jinn) and hence call for the help of traditional healers who can exorcise such noxious agents.
Social changes in the Gulf States

The social changes experienced in recent decades are reflected in the symptoms of common psychiatric disorders. The advances in the education of women have led to the disappearance of a culture-related somatic syndrome that affected unmarried and infertile women and was characterized by feeling faint (dora), attributed to the head, nausea (chabid), attributed to the liver, heartache and palpitations (kulb) and general fatigue (ta’ban).

On the other hand, there is an increase in rates of psychiatric disorders followed Kuwait’s enforcement of basic school education requirements and the introduction of highly skilled occupations. These new challenges and social roles have proved particularly stressful to some less intellectually endowed individuals, who might have gone unnoticed through nomadic life.
Intergenerational Gap

Support of family members for one another, especially support for the younger by the older, is a time-honored Arabic tradition, which was reinforced by Islam.

However, the acquisition of oil wealth induced rapid socioeconomic and cultural changes in many Arabian Gulf countries. In clinical psychiatric practice, many young people present following acute conflicts with members of older generations.

Similar Intergenerational Gap problem in Iraqi refugees in Sacramento.
Not “me” but “us”: Collective decisions

The structural extended family, in which several generations reside in a single household, is no longer as common as before.

Nevertheless, a functional extended family system has emerged in which interdependence bind together several nuclear families from the same clan.

In either case, the decision to seek professional medical help is often made by the family collectively. It is very unusual for a patient to present to a psychiatrist or GP on his or her own. Accompanying family members (parents, siblings, cousins, nieces) support patients and help to carry out treatment or admission to a hospital.
For patients to be involuntarily hospitalized, admission in Qatar and Kuwait is arranged after securing the approval of relatives. No need for elaborate bureaucratic mental health legislation to secure formal admission and fulfill certification. Verbal agreement alone suffices, according to traditional principles of practice.

When families agree to hospitalize psychotic relatives, it is important to consider not only the rights of patients, but also those of the families who are at the receiving end of patients’ embarrassing, aggressive, and destructive behavior.

This is heightened by the fact that “associative stigma” is common in the Gulf, as it brings social shame not only upon the patient but also upon his or her family.
No Hopelessness

• According to Islamic culture it is blasphemous to give up hope for relief of suffering because patient endurance is rewarded in the afterlife. This belief may shape the symptomatology of affective disorders. For instance, hopelessness is not a prominent symptom experienced by Muslim depressed refugees.

• The somatic experience of chest tightness or ‘heartache’ is a common symptom.
No Agoraphobia

Because most women in traditional Arab cultures do not have responsibilities outside the home, agoraphobia does not stand out as the most common phobic disorder in clinical practice, as it does in many Western cultures.

Medical and mental health professionals in Arab countries are less likely to search for, consider or recognize agoraphobia in women.

Because men have more outside commitments and social encounters, social phobia appears much more common in Arab men than in women in these traditional communities.
Rather than being limited to the patient-doctor dyad, the Arab therapeutic relationship is often triangular, with other family members equally involved in the process.

Family members act as social workers for most Arab patients, paying patients’ clinical expenses and helping them restore their physical, mental and social wellbeing.

In the case of mental illness, a first-degree relative usually meets with the therapist before the consultation to provide information and meets again afterward to receive information. This pattern is most common for the initial assessment interview.
No ‘homework’

- Many Arab patients expect their psychiatrists to ‘remove’ their suffering, making it difficult to expect them to do any ‘homework’ for themselves, as is common in CBT.
- Often family members must become involved and act as ‘co-therapists,’ ensuring that patients carry out these assignments. Psychiatrists who are unfamiliar with Arab culture may interpret such behavior on the part of the patient as a failure to cooperate indicating an unwillingness to help oneself.
- Moreover, patients expect therapists to understand and measure their symptoms against their own cultural background, rather than that of the psychiatrist.