



HANDBOOK OF COUNSELING AND PSYCHOTHERAPY IN AN INTERNATIONAL CONTEXT

EDITED BY ROY MOODLEY, UWE P. GIELEN, AND ROSA WU

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Many factors in the world today, such as globalization and a rise in immigration, are increasing the need for mental health practitioners to acquire the ability to interact effectively with people of different cultures. This text will be the most comprehensive volume to address this need to date, exploring the history, philosophy, processes, and trends in counseling and psychotherapy in countries from all regions of the globe. Organized by continent and country, each chapter is written by esteemed scholars drawing on intimate knowledge of their homelands. They explore such topics as their countries' demographics, counselor education programs, current counseling theories and trends, as well as significant traditional and indigenous treatment and healing methods. This consistent structure facilitates quick and easy comparisons and contrasts across cultures, offering an enhanced understanding of diversity and multicultural competencies. Overall, this text is an invaluable resource for practitioners, researchers, students, and faculty, showing them how to look beyond their own borders and cultures to enhance their counseling practices.

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FOREWORD

This is a book for its time. The second decade of the 21st century has demonstrated, as perhaps never before, that we live in a globally interconnected world. Issues such as worldwide financial instability, climate change (i.e., global warming), unprecedented population aging, ongoing political instability and ideological conflicts, increasingly diverse communities, and rapidly evolving and ever pervasive technologies have all underscored the fact that human beings face a complex set of global challenges. Both individually and collectively, these challenges have the potential to significantly impact human development and wellbeing.

Against the backdrop of these global challenges it is becoming increasingly apparent that those in the mental health professions must develop an international perspective on their helping practices. They must move beyond provincial conceptions of theory, research, and practice to foster notions of mental health and human development that stretch across geopolitical boundaries. As we continue through the century, mental health theory and practice should focus on understanding human nature in a broad global context. In addition, the training of mental health professionals must stress the notion that what happens in any one community in any part of the world must be understood within a larger global context. More than ever it will be crucial for psychologists, counsellors and psychotherapists to be able to “think globally and act locally.”

This book represents an important first step in helping us to develop a global view on the nature of helping. The contributors to the book provide insights into the nature of psychology, counseling, and psychotherapy across a broad spectrum of countries and cultural contexts. In reading each chapter one is struck with how the evolution of the professions of psychology, counseling, and psychotherapy in many countries represents a fascinating amalgam of Western psychological constructs with indigenous concepts of helping, which extend thousands of years into the past.

In reflecting on the nature and status of the mental health professions in the countries presented in this book, one is left with a series of questions with respect to the nature of a possible global helping paradigm that would link psychology, counseling and psychotherapy together across national boundaries. These questions include: How do perceptions of health and illness vary across cultures? How do help-seeking attitudes and behaviors vary across cultures? How do models of helping vary across cultures? What is the relationship between indigenous helping practices and counseling? What constitutes ethical helping practice across cultures?

Significantly, this book provides preliminary answers to these questions. It also suggests an important starting point for dialog concerning worldwide collaboration between psychologists, counselors, and psychotherapists. The contributors to this book offer some important direction for how to incorporate what is common in our practices with what is unique to our specific cultural contexts to promote a global mental health agenda for advancing human growth and development.

As you read about the status of psychology, counseling or psychotherapy in the 35 countries explored in this book you will be impressed with both the differences and similarities in the evolution of these disciplines across national boundaries. As you read I urge you to explore the status of helping professions in each country, but then step back and reflect on how the dynamics of these disciplines also transcend cultural boundaries. As I mentioned at the start, this is a book for its time because it allows us to look at the collective global power and possibilities of our professions.

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During the course of this book's development there were several contributors who for one reason or another were unable to continue, and we thank them for their attempts. Others were invited at short notice to take their place to offer particular country chapters (e.g., Argentina, South Korea, etc.). Our special thanks to you for making the effort to meet our deadlines.

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INTRODUCTION

The motivation to do this book arises from our scholarly engagements in counseling and clinical psychology, psychotherapy and psychoanalysis, and global psychology as well as our personal, socio-political, and geo-cultural experiences in the world. Between the three of us, the following countries of the world are the places where we were born, lived, and worked: Britain, Canada, Costa Rica, United States, Germany, Panama, South Africa, Spain, and Taiwan. And this is not counting those countries where we presented papers, did fieldwork and other forms of research, gave workshops, organized conferences, reviewed dissertations, enjoyed a stroll on the beach, and/or visited family and friends residing in different corners of the world. Indeed, our respective research and scholarly pursuits have also made a deep impression on us regarding the problematics of globalization and the proliferation of psychology, counseling, and psychotherapy. For example, Rosa Wu is analyzing the relationship dynamics of interracial marriages, with a particular focus on Chinese and Euro-Canadian heterosexual couples. Rosa is currently completing her pre-doctoral internship at a post-secondary institution in British Columbia, Canada. In this position she has applied her knowledge of world cultures and her multilingual abilities to a diverse student population. And not too far away from where Rosa resides, perhaps just down the road in global terms, but a long, long way for the three of us, is Uwe Gielen, who together with his American-Chinese-German research team is engaging in his special project that is focusing on how Chinese immigrant youths are acculturating and finding a sense of belonging in New York City. In his role as the Director of the Institute for International and Cross-Cultural Psychology, at St. Francis College, Uwe Gielen has researched, presented papers, given workshops, and lectured in 32 countries on a wide range of topics including international and cross-cultural psychology, traditional healing practices, family studies and family therapy, and migration (see, for example, Gielen & Comunian, 1999; Gielen, Draguns, & Fish, 2008; Gielen, Fish, & Draguns, 2004; Roopnarine & Gielen, 2005). Uwe has also served as the President of, respectively, the Society for Cross-Cultural Research (SCCR), the International Council of Psychologists (ICP), and the American Psychological Association (APA)'s International Psychology Division. Indeed, it was at one of the annual conferences of the latter organization that this book project was born, and it evolved further at the Society for Integrating Traditional Healing into Counseling, Psychology, Psychotherapy and Psychiatry (SithCp3)'s first congress in Toronto. As chair of this organization, Roy Moodley is developing collaborative relationships between indigenous healers and counselors, psychologists, psychiatrists, and psychotherapists.

While we see some of this happening in the middle and low income countries, there is also a growing trend in North America and Europe where integration of indigenous healing practices into counseling and psychotherapy are being explored (see, for example, Moodley & West, 2005). A Canadian Social Sciences Humanities Research Council (SSHRC)-sponsored research undertaken in Toronto has shown that traditional healing practices are thriving and developing at a much faster rate than previously imagined. The role of traditional healers in counseling, health promotion, and education, while currently marginalized and often not valued by mainstream counseling and psychotherapy, is showing great potential for the integration of traditional healing into mainstream health and mental healthcare, indigenous healer-counselor and psychotherapist collaboration, dual interventions by clients, and many more (e.g., Moodley, Sutherland, & Oulanova, 2008; Moodley, 2011a, Moodley & Bertrand, 2011; Moodley & Oulanova, 2011).

However, in relation to psychology, counselling, and psychotherapy, the worldwide situation has long been characterized by the domination of Western views of health and mental healthcare. This is due in part to the well-established status and specialty of Western psychological theories as the standard approach to counseling and psychotherapy. However, questions have been asked about pseudo-scientific racist discourse (Thomas & Sillen, 1972), its cross-cultural relevance (Pedersen, 1991), and its potential for exploitation and appropriation (Fernando, 2010). The consequent growth of cross-cultural psychology (e.g., Draguns, 1997; Gielen, Fish, & Draguns, 2004; Roland, 1988), multicultural counseling (e.g., Carter, 1995; Helms, 1990; Sue & Sue, 2008), intercultural psychotherapy (Kareem & Littlewood, 1993), and transcultural counseling and psychotherapy (Lago, 2011) have made serious attempts to address the issues of racial discrimination, social justice, and social class inequalities in the way we construct theory, practice therapy, and design research methods. There is no argument that multicultural counseling and psychotherapy constitute the “fourth force” in counseling psychology and psychotherapy (Pedersen, 1991). By incorporating the paradigms of Diversity and the Multiple-Identity Models (Moodley, 2011b; Robinson-Woods, 2005), cross-cultural counseling and psychotherapy has solidified its position as the only “psychological force” that engages in a single client the ‘group of seven identities’ (race, gender, class, sexual orientations, disability, religion, and age) (see Moodley, 2011b for discussion). But this adventure into the interior of Western psychology, counseling, and psychotherapy frequently fails to include the healing traditions of other cultures.

While the integration of foreign values and ideas into native systems of healing and mental health meaning-making has been more apparent in non-Eurocentric countries, places such as Canada and the US have seen a rise in the integrating of indigenous healing traditions, particularly by Aboriginal psychologists, counselors, and psychotherapists (e.g., McCabe, 2007; Stewart, 2008). Resisting what they consider colonial and neo-colonial healthcare experiences, several indigenous healing traditions have now arisen from the underground, such as the medicine wheel, sweat lodge, storytelling circles (McCormick, 1997; Poonwassie & Charter, 2005), to address the health and mental health needs not only of native communities but also of many of the old and new immigrants. This process has opened up the way for the healing traditions of these immigrants to be explored for their health and mental health care potential.

Globalization, internationalization, and a world in transformation

As globalization is intensifying its influence around the world, it is imperative for practitioners, clinicians, educators, and those in training to abandon their sense of self-sufficiency and actively

increase their understanding of counseling and psychotherapy practices as they exist across cultures and nations. For many this journey has already begun as the chapters in this book testify. Many, if not all of the chapters, describe the theory and practice of counseling and psychotherapy as they are conceptualized and practiced in North America and Europe. This fact is recognized, and at the same time the author/s of each country have made strong attempts to locate counseling and psychotherapy in their particular sociocultural and geo-political context. In so doing these chapters are offering a narrative of counseling in the respective countries as a process of wellness and healing that not only has universal applications but is also one that is interrogating the very theory of Eurocentric, ethnocentric, and individualistic psychology. As Anthony Marsella (2010) says, “the counseling profession is addressing the many challenges of our global era by examining counseling psychology’s assumptions and practices throughout the world, with special attention to the importance of shaping and accommodating its purposes, roles, and functions to cultural and international differences” (p. ix). Marsella’s argument is a profound one: when he says that, in a global era, counseling can be beneficial only if it examines and challenges the assumptions and practices of counseling psychology; and, in its proliferation throughout the world it can only function as counseling if it incorporates discourses of cultural and international differences. Indeed, several researchers are concerned about the wholesale “McDonalization” of counseling and psychotherapy. For example, Gerstein, Heppner, Stockton, Leong, and Aegisdottir (2009) state that “there is a ‘McDonalization’ of counseling and psychology infiltrating countries worldwide ... counseling professionals must seriously think about the consequences of continuing to uncritically export their models...(and) contemplate this issue alongside the importance of respecting and embracing indigenous approaches to counseling found in other countries” (p. 64). Clearly, the message of critically examining current practices for their non-diversity assumptions and Eurocentric approaches was considered long before any contemplation of going beyond its boundaries. The multicultural counseling scholars together with the critical multicultural and diversity movement in counseling and psychotherapy have been engaging in this process for almost 60 years now. Indeed, this process has been unfolding since the discovery of psychoanalysis. As a reflexive process it has always been open to theoretical modifications and cultural processes manifesting themselves over time and across the continents. As a result of North America’s social and cultural history, psychologists and counselors have always desired and advocated the need to engage in international collaborations, not as a desire to standardize counseling and psychotherapy but more than ever, at the beginning of the 21st century, to learn from other healing practitioners. As Courtland Lee, when interviewed by Samuel Gladding about his role as the president of the International Association for Counseling (IAC), said, “My international counseling-related activities have shown me the great potential that counseling, as a process and a profession, has in addressing the global challenges that confront humanity ... even though much of the world looks at the US counseling profession for leadership, we do not have all the answers. Indeed, the counseling profession in this country has much to learn from other helping practitioners” (Gladding, 2011, pp. 496–98). Similar sentiments are echoed by Gerstein, Heppner, Aegisdottir, Leung, and Norsworthy in the *International Handbook of Cross-Cultural Counseling* (2009) when they state that counseling, “needs to be responsive to 21st century human, environmental and technological concerns, with particular awareness and sensitivity of, and respect for, the cultural contexts from which they arise ... a dynamic indigenous, cross-cultural, and cross-national counseling movement can greatly enhance our conceptual understanding of common and unique aspects of behavior ... affirm some of the core principles and philosophies of counseling endorsed throughout the world ... the practice of counseling worldwide can only benefit from such an outcome, as can the citizens of this planet” (pp. 4–27).

This book comes together at an interesting and critical time in world history. Not since World War II have we seen a comparable series of world events shaping new ways of thinking about what it means to be human. Throughout the late 20th century and the beginnings of the 21st century, a series of global events occurred that have overwhelmed our collective consciousness which had seemingly arrived at a meaningful equilibrium after the trauma of the 1940s. In North America and many parts of Europe, social scientific fields including psychology with their respective discourses have been preoccupied with so called local issues of race, gender, sexuality, disability, class, religion, language, age and many others. In counseling and psychotherapy, if the focus was not on clinical and DSM-IV-inspired diagnostic issues, the research funding agencies set specific agendas for the investigation of mental health problems such as anxiety and depression, addictions, sexual child abuse, domestic violence, and many others. Scholarly research into these areas of social identities and the intellectual and discursive excursions of scholars and practitioners into the process of meaning-making led to questions of social justice, equity, and the ethics of practice. This, in turn, has led to a considerable preoccupation with concepts such as cultural competency, racial identity, gender and sexual identity, female masculinities and others.

While we as counselors and clinicians were preoccupied with the micro-analysis of clients' psychopathologies together with their coping mechanisms and other forms of resilience, human events across the globe were occurring at a phenomenal pace leaving no room for us to understand and process one event before the next one had already occurred. For example, in the last 25 years, we have seen dramatic global changes: the fall of the Soviet Union, the exponential growth of North American capitalism at a rate not seen since the days of the Industrial Revolution, ethnic cleansing in Africa, the Balkans, and elsewhere, liberation struggles in South America, the rise and fall of dictators in Africa but also of the Apartheid regime, the 9/11 trauma and the ensuing War on Terror, the resurgence of conflict in the Middle East, the Arab Spring and its calls for democracy, the economic crisis in Europe and North America, and the "Occupy Movements" in North America. These events represent just the tip of the iceberg, beneath which one can find the complexity and confusion of a world grappling with the demands and challenges of ever more rapid change, around the globe, and internationalization.

Clearly these fast paced and enormous events are challenging our understanding of the world and the knowledge we have to inform our scholarly and professional pursuits. The adventure and enterprise of creating 'a global village' is underpinned by myriad forms of socio-political discourses that implicitly or explicitly aim to address the question of what it means to be human (Gazzaniga, 2008). Within this context, counseling and psychotherapeutic theories and forms of practice are being challenged philosophically, scientifically, and politically in counseling and psychotherapy. Clients are representing and presenting their psychological distresses and illnesses in a multitudinous number of ways. So it is not just that many proponents of counseling and psychotherapy theories are at a loss but the practitioners endorsing their respective views seem to be in search of new ways of healing as well.

Accompanying the proliferation of discourses of health and mental "illnesses" are capitalistic forces that motivate pharmaceutical companies to attempt to medicalize the agendas of mental health practitioners across the globe. In this effort they are frequently successful—often at the expense of patients who may suffer from disorientation, anxieties, conflicts, discouragement, and so on but not from medical illnesses. Even "health and wellness tourism," e.g., organ transplants, in the middle and low income countries is frequently governed by financial enticements from abroad. Indeed, stating that the world is at a critical juncture constitutes an understatement of the reality of the crisis in which we find ourselves at the beginning of the 21st century.

Beneath the surface of change, unequal relationships between countries continue to inform the world. Globalization, internationalization, and the new technologies, while turning the world into 'a global village' within which the complexity of human encounters is experienced at both the individual and universal levels, has also further enhanced the unequal relations between "the haves and have-nots."

Indeed, confronted by endless possibilities of communicating across the globe through the internet, social-networking websites allow us to continue in our pursuit of connections and attachments with "the other" so that our existential and ontological quests can easily shift from fantasy to reality and vice versa. The growing need for interconnectedness between people around the world in regards to social, political, economic, technological, and cultural forms of exchange cannot be met even by today's advanced technologies. This engagement with global diversity and the illusion that it can create a sense of closeness and intimacy with "the other" has led many to also be fearful and anxious of "the other." We survive by creating physical and psychological boundaries and borderlines, building personal silos and encampments of material objects, and alienating ourselves within one or two identities of the group of seven (Moodley, 2011b). In this attempt to arrive at an imagined safety we hope to feel secure from the psychic terrors that are evoked by the primitive child within us. In allowing for this possibility globalization and capitalism have become key players in our lives.

Cross-cultural psychology, counseling, and psychotherapy: from civil rights to human rights

The global arena is now a playpen within which Western conceptualizations of the self are too often dominating the psychology of the self. It may be critical to remind ourselves that in the practice of therapy, postulated processes such as individuation and self actualization do not constitute the only model within which healing occurs. In many cultures the theory and practice of self/group psychology are interpreted very differently. However, as discussed earlier, globalization has brought Western models of psychopathology to the rest of the world. Indeed, there are positive and negative aspects to this indulgence. Trauma, stress, PTSD, and many other DSM-IV nomenclatures of abnormality are offered to the world's population. The "interpretation of dreams" tends to become the "dream of interpretation of the other" through a variety of post-structuralist, post-modernist, and post-existentialist discourses. Indeed, numerous other post-something-or-other forms of interpretation, meaning-making, and ideas about what it is to be human are being emailed or spread in other ways across continents and cultures. The post-modern client is not one that lies passively on the couch remembering narratives of childhood sexuality and adult dreams, nor is (s)he preoccupied with the Oedipus or Electra Complex and theories about childhood seduction. The post-modern client also appears to dissociate or build resistances against the "free association" according to the gospel of Freud. Indeed, patients have become less open to suggestions and Socratic questions from the therapist or to the non-directive approaches of Client-Centered Therapy (Laungani, 1997). These responses against the conventions of counseling and psychotherapy are the very fabric of the healing that allows for the reconstruction of the therapeutic project. The civil rights struggles and subsequent movements seeking liberation from economic and political discrimination, empowered counselors and psychotherapists to address the prevailing inequalities concerning race, culture, and ethnicity in their clinical practices. This was closely followed by the women's movement; with gender discourses providing a safe place to raise questions of discrimination and stereotyping. Questions about sexual orientation, disability, class, religion, and age also found a niche in counseling and psychotherapy. This has been a major transformation in the counseling and psychotherapy

profession, and one that has collectively led to the question of human rights in therapy within which the paradoxes and contradictions of multiculturalism and diversity are being questioned. There is no doubt that counseling and psychotherapy theory and practice are constantly being questioned and changed so that the principles of wellness and healing are fundamental to the profession; the very ones in question are the ones that arose when previous theories and practices were under the spotlight. And the process will continue in a similar fashion as clients' mental health needs are generated and transformed in the context of a changing and dynamic world.

The post-modern or global client is one who is adept at surfing, navigating, tweeting, and googling the Internet to verify if their counselor's or their own theory of illness and wellness is consistent with the current scientific literatures as well as with lay persons' tweeted accounts of cure-seeking. Patients come to therapy armed with information not only about the therapist's latest writings but also about recent epidemiological statistics related to their self-diagnosis. Indeed, it seems that the geopolitical and psychosocial worlds tend to grow amorphous and opaque for clients in a globalized world. The omnipotent presence of the counselor, psychologist, and psychotherapist is no more possible in this context. Clients are now empowered to decide their own individual "pursuit of happiness" together with cures to accompanying maladies, by choosing from a menu of therapeutic interventions such as: body massage therapy, Aboriginal sweat lodges, medicine wheel consultation, Voodoo health, traditional spiritual healing, Yoga, mindfulness meditation, Ayurveda, traditional Chinese medicine, and numerous other forms of Western and non-Western healing. Indeed, these therapies themselves are often a combination of each other such as, for example, may be found in combinations of cognitive-behavioral therapy and mindfulness. This then begs the question: Is there a "therapy without borders"?

Since the 1960s, there has been a tremendous growth in counseling and clinical psychology and psychotherapy with culturally diverse clients across most of North America and Europe. One of the founding members of the early movements was Clemmont Vontress (1962, 1976, 1986, 2008, 2010). In his attempt to include culture as part of therapy, Vontress critiqued the foundations of Euro-American theories of counseling and psychotherapy for being ethnocentric, individualistic, and directive in a misleading way. His face-to-face challenge with Carl Rogers on client-centered therapy at which he argued for a culture-centered approach, is one of the many ways in which Vontress can lay claim to putting culture into counseling (Moodley & Walcott, 2010). Indeed, other dedicated scholars, such as Waseem Alladin, Patricia Arredondo, Nancy Arthur, Fred Bemak, Olaniyi Bojuwoye, Juris Draguns, Uwe Gielen, Janet Helms, Farah Ibrahim, Colin Lago, Pittu Laungani, Courtland Lee, Frederick Leong, Anthony Marsella, Tobie Nathan, Stephen Palmer, Paul Pedersen, Karl Peltzer, Wolfgang Pfeiffer, Joseph Ponterotto, Tracy Robinson-Wood, Alan Roland, David Sue, Derald Sue, Stanley Sue, Joseph Trimble and Carmen Braun Williams have been at the forefront of putting culture into the conceptualization and practice of counseling and psychotherapy. Predating all the efforts by the aforementioned scholars are researchers in psychology who shared their work at the first International Congress of Psychology in Paris in 1889 (Evans & Scott, 1978; cited in Gerstein et al., 2009). A century later, numerous international, national, and local organizations and institutions have sprung up to meet the needs of the profession, the professionals, and the clients.

With the advent of electronic technologies, cross-cultural counseling and psychotherapy began to develop and expand in creative and challenging ways. Developments in counseling and cross-cultural psychology programs, new journals, more skill-based training in cultural issues, and an increasing interest in counseling across the globe were being seen. The process is no longer the story of the West completely dominating the rest of the world with its theories and ideas. Thus, globalization has made it possible for mindfulness to be integrated into CBT,

for indigenous forms of knowledge to enrich Western models of counseling and therapy, and for traditional healing practices to determine in part how clients can access cultural psychological and physical help.

It therefore should not come as a surprise that the contents of the *Handbook of Counseling and Psychotherapy in an International Context* reflect a weakening of theoretical and conceptual structures in conventional counseling and psychotherapy efforts that were built upon culturally encapsulated and ethnocentric ideologies of the past.

As we write this introduction there are 256 countries in the world. This number varies depending on the context of the focus: for example, we count 196 countries if we consider members of the United Nations; 204 countries if we include those that are not members and those that are applying to become member states of the United Nations, and 256 if we consider those that are still protectorates of the former colonial empires. Interestingly, Montenegro and Serbia joined the United Nations only recently, and South Sudan became a member on 9th July 2011. There are others waiting to join the UN, such as: Kosovo (considered by the US as an independent country), Palestine (currently in the process of seeking recognition), Greenland, and Western Sahara. While counseling and psychotherapy are being practiced in various forms in most of these countries, we have included here only 35 countries due to space considerations; preference has been given to a diverse group of countries on all inhabited continents that show a significant engagement with clinical practice. Finally, we would like to state that although this book is presented in US English, we acknowledge that much is lost in translation. The chapters in this volume were all written in English or were translated into English by the authors. The issue of language in counseling, psychology, and psychotherapy is always an interesting and complex one. Juris Draguns (2001) has forcefully raised the question of linguistic pluralism in psychology and counseling. In *Toward a Truly International Psychology: Beyond English Only*, Draguns states that, “At a minimum, it should be recognized that English is not and should not be the only language of psychological discourse” (p. 1026). He argues that a great many psychological ideas and knowledge of healing methods are lost as a result of the dominance of English in the one way flow of information. As he says, “the flow of information is unidirectional; American psychology radiates to all portions of the world, but is not receptive to the absorption of outside influences” (p. 1020). Through this book we hope that English-speaking scholars and researchers will be motivated to engage with the rich counseling and psychotherapy literatures of other languages and cultures. Juris Draguns reminds counselors, psychologists and psychotherapists that,

an attitude of active curiosity about the activities and achievements of the psychologists (counselors and psychotherapists) of the world and an openness and receptivity to their contributions is called for ... all over the world, there are thousands of their peers in training, scholarship, and creativity who are eager to contribute on the basis of their own distinctive experiences and outlooks ... as the world moves simultaneously toward indigenization and globalization, let us avoid the pitfalls of encapsulation and homogenization, overcoming them through communication and cooperation.

(p. 1026)

The organization of the book

The book is organized into five parts according to geographical location:

Part I: Counseling and psychotherapy in Africa

Part II: Counseling and psychotherapy in the Americas

Part III: Counseling and psychotherapy in Asia

Part IV: Counseling and psychotherapy in Europe

Part V: Counseling and psychotherapy in the Middle East

In each of the above sections, we have placed the countries (in alphabetical order) where counseling and psychotherapy play a significant role in the prevailing mental healthcare practices. In each chapter the following are discussed:

- Brief history of counseling and psychotherapy
- Counselor education programs, accreditation, licensure, and certification
- Current counseling and psychotherapy theories, process and trends
- Indigenous and traditional healing methods
- Research and supervision
- Strengths, weaknesses, opportunities, and challenges
- Future directions

In using such a generalized format we attempted to provide a broad overview of the current state of counseling and psychotherapy and some of the key issues that are preoccupying professionals and the profession.

Part I: Counseling and psychotherapy in Africa

Part I begins with Chapter 1, Counseling and psychotherapy in Egypt: Ambiguous identity of a regional leader, by Mona Amer, who discusses the rich and complex history of European and Middle Eastern intercultural dialogue that has characterized the development of psychiatry, counseling psychology, and psychotherapy in Egypt from the Pharaonic civilization until the current day. Traditional healing practices such as “black magic” and Zar ceremonies are disregarded by the psychotherapy profession, which has adopted a diverse array of Western psychotherapy models. Future directions for Egyptian counseling and psychotherapy include practical skills training at the university level, greater clarity of professional roles, and the establishment of standards for regulating and monitoring the field. In Chapter 2, Counseling and psychotherapy in francophone West Africa: Creating a future vision, Lonzozou Kpanake and Omar Ndoeye, focus on Senegal. They argue that counseling and psychotherapy in francophone West African countries are undergoing significant changes, but they are also struggling to establish a relevant identity that is contextually grounded. They discuss past and current developments of counseling and psychotherapy and the factors that are supporting, facilitating, challenging and impeding a future vision that is effective in addressing mental health care. In Chapter 3, Counseling and psychotherapy in Nigeria: Horizons for the future, Olaniyi Bojuwoye and Andrew A. Mogaji trace the history of counseling and psychotherapy. They begin by outlining the development from the practices of traditional healing to the emergence of Western-oriented models. They consider the practice of counseling and psychotherapy in different settings in Nigeria, and then note a number of challenges as well as opportunities and horizons for the future. In Chapter 4, Counseling and psychotherapy in Morocco: The renewal of an ancient tradition, Nadia Kadri and Jalil Bennani review the history and current state of counseling and psychotherapy, including cognitive-behavioral therapy, psychoanalysis and systemic therapy approaches as well as the rich healing traditions of the past. Counseling and psychotherapy are experiencing a period of growth and rapid evolution in response to changing cultural and

political trends in Morocco. They discuss the kinds of challenges and opportunities for counseling and psychotherapy in Morocco. In Chapter 5, Counseling and psychotherapy in South Africa: Responding to post-apartheid counseling needs, Saths Cooper and Lionel Nicholas explore the challenges that counseling and psychotherapy face in a post-apartheid era. They describe developments in counseling and psychotherapy in the broader context of South Africa's recent democratic transformation while tracing significant reciprocal international influences over a period of more than a century. The authors argue that serving a multilingual, largely poor black majority, as well as integrating indigenous therapies within mainstream psychology, remain constant challenges. In Chapter 6, Counseling and psychotherapy in sub-Saharan Africa: Brewed in an African pot with Western seasoning, Gladys K. Mwititi and Naomi N. James, review the history of professional counseling and psychotherapy in sub-Saharan Africa with a particular focus on Kenya. They discuss traditional healing practices in African societies together with the interweaving of efforts to promote psychological health in indigenous tribal socialization. Counseling and psychotherapy are mushrooming in terms of training and practice, appreciation of indigenous psychologies, contextualization, and the demands for holism in professional practice.

Part II: Counseling and psychotherapy in the Americas

Part II begins with Chapter 7, Counseling and psychotherapy in Argentina: A tango from psychoanalysis to integrative psychotherapies, by Felipe Muller and María Carolina Palavezzatti, who describe the long and extensive history of psychotherapy and counseling in Argentina. Reference is made to the beginnings and evolution of psychotherapy, what the practice is currently like in terms of professional regulations, psychotherapy education and training, and the main theoretical models adopted by practitioners. In contrast to psychoanalytic forms of psychotherapy, counseling is a relatively new field in the country and is beginning to leave its mark as a key mental health discipline. In Chapter 8, Counseling and psychotherapy in Brazil: From private practice to community services, Claudio S. Hutz and William B. Gomes trace the historical aspects of counseling and psychotherapy in Brazil and examine theoretical trends stemming from the intellectual influences respectively of Europe and the USA. While psychotherapy is a well accepted practice by the Brazilian population and a much coveted practice by psychologists, it still requires an increasing reliance on empirical research, particularly with regard to treatment effectiveness and efficacy; advances in skill training programs; and improved regulation of the profession. In Chapter 9, Counseling and psychotherapy in Canada: Diversity and growth, José F. Domene and Robinder P. Bedi discuss the historical roots, varied training and licensure requirements, and diversity of approaches in counseling and psychotherapy in English and French Canada. In response to changing cultural and political trends in Canada, counseling and psychotherapy are expanding rapidly in a context of new challenges and opportunities. In Chapter 10, Counseling and psychotherapy in the (English-speaking) Caribbean: Fidelity, fit or a cause for concern? Gerard Hutchinson and Patsy Sutherland focus on the issues related to the practice and teaching of counseling and psychotherapy in the (English-speaking) Caribbean. They review the training opportunities and resources, and discuss the problems related to practice in the (English-speaking) Caribbean where there has not been a tradition of counseling, psychology or psychotherapy. This region is not a homogeneous whole and the discussion refers to those countries where training has been available. With expanding educational opportunities and links with other health care institutions locally and abroad, counseling theory, research and practice are becoming more prominent. In Chapter 11, Counseling and psychotherapy in Cuba: Interdisciplinarity and community-driven research and education, Norma Guillard and Mercedes Umana explore how the different socio-political and economic changes have influenced

counseling and psychotherapy in Cuba. They review the current trends, educational programs, accreditation processes, indigenous and traditional healing methods in Cuban counseling and psychotherapy. In Chapter 12, Counseling and psychotherapy in Mexico: Toward a Latin American perspective, Juan José Sánchez-Sosa and Angélica Riveros examine the main historical conditions that led to the contemporary academic, professional and regulatory aspects of counseling and psychotherapy in Mexico. They discuss the current status and explore how the recent legislative regulations pose an interesting scenario for the development of counseling and psychotherapy. The chapter discusses these and other related issues and considers counseling and psychotherapy towards a Latin American future. In Chapter 13, Counseling and psychotherapy in the United States: Multicultural competence, evidence-based, and measurable outcomes, Gargi Roysircar and Shannon Hodges discuss the two counseling professions in the United States: counseling psychology and mental health counseling. These programs' respective accreditations (by APA; CACREP) and their licenses and training programs are described. These authors trace how the two mental health professions evolved in the past 50 years in their theory, research, training, and supervision from a primarily European American orientation of individualism to embrace cultural and individual differences and diversity, contextualism, multicultural competence, social justice, positive psychology, and the therapist-client relationship as a therapeutic common factor.

Part III: Counseling and psychotherapy in Asia

Part III begins with Chapter 14, Counseling and psychotherapy in Australia: Championing the egalitarian society?, by Jac Brown, who explores how humanistic psychology and cognitive behavioral psychology have developed in Australia. Significant developments in narrative therapy by Michael White and Russell Mears in relation to the conversational model have had major impacts around the world. He also discusses the lack of many significant links with the Aboriginal community and the Torres Strait Islanders in finding common patterns of healing. In Chapter 15, Counseling and psychotherapy in China: Building capacity to serve 1.3 billion, Doris F. Chang, Yuping Cao, Qijia Shi, Chun Wang, and Mingyi Qian review the past and current developments in counseling and psychotherapy in China. They do so in the context of the dramatic social upheavals and transformations of the past century. Counseling and psychotherapy have been flourishing in China in recent years due to greater public acceptance and demand, involvement of foreign experts in psychotherapy training, systematic efforts to elevate professional standards of practice, and innovative approaches to treatment adaptation and development. The authors argue that as the profession enters a period of more thoughtful and critical analysis of Western psychotherapies, it will transform to meet the needs of the rapidly changing Chinese society. In Chapter 16, Counseling and psychotherapy in India: Professionalism amidst changing times, Tony Sam George and Priya Pothan discuss the rapidly changing practice of counseling and psychotherapy. With a rich history of healing practices and Indian philosophical concepts that inform healing, India today stands at the threshold of combining Western counseling approaches with Indian thought and traditional practices. Rapid changes in Indian society and greater psychological mindedness among the public have placed immense demands on practitioners and trainers to provide quality education and service to the public. In Chapter 17, Counseling and psychotherapy in Japan: Integrating Japanese traditions and contemporary Values, Shigeru Iwakabe and Carol Enns introduce the Japanese context in which psychotherapy practice was established, summarize salient themes deriving from its history, and describe contemporary challenges. Problems related to *hikikomori* (social withdrawal), depression, and suicide have received significant attention. A variety of indigenous psychotherapies have informed Japanese practice, including *Morita* therapy, *Naikan* therapy, and *hakoniwa* (sandtray therapy).

Western practices such as humanistic, cognitive-behavioral, and psychoanalytic approaches have been integrated with Japanese traditions. In Chapter 18, Counseling and psychotherapy in Malaysia: Joy and pain of (continuous) pioneering work, Wai Sheng Ng describes and discusses a relatively young profession in the making, due to the sociocultural changes and increased mental health concerns that can be found in Malaysia. Since the 1970s, the practice of Western psychotherapy has evolved from following the psychoanalytic tradition to behavioral and cognitive-behavioral traditions to a more complex one that is now attempting to integrate indigenous cultural beliefs, as well as alternative and complementary practices. In Chapter 19, Counseling and psychotherapy in Pakistan: Colonial legacies and Islamic influences, Humair Yusuf, Shabnum Sarfraz, and Linah Askari discuss how the demographic and political changes and shifts in cultural values have resulted in growing numbers of individuals engaging in counseling and psychotherapy. The treatment of psychological distress has traditionally been dominated by psychiatry and indigenous practices, with psychotherapy limited to an affluent, Anglophone elite based in the main urban centers. The incorporation of Islamic practices into counseling and psychotherapy has made it more acceptable and culturally relevant to Pakistani clients in both the rural and urban areas. They argue that ongoing challenges include the continuing stigmatization of mental illness, negligible government funding, and the absence of a regulatory framework for counseling and psychotherapy. In Chapter 20, Counseling and psychotherapy in the Philippines: A discipline in transition, Maria Isabel E. Melgar charts the young history of counseling and psychotherapy in the Philippines. The American influence on the practice of counseling psychology was reinforced by the return of Filipino scholars who were trained abroad and who helped establish academic programs in psychology in leading universities. The Psychology Law passed by Philippine Congress in 2010 marks a significant transition to an era in which professionals hope to professionalize the practice of counseling and psychotherapy in the country. In Chapter 21, Counseling and psychotherapy in South Korea: Disciplines flourishing in a dynamic and challenging era, Eunsun Joo begins by exploring the historical evolution of counseling and psychotherapy in South Korea. Until the mid 20th century, Shamanistic healing and Chinese medicine were the two main traditional treatment methods for mental illness. With the advent of westernization and modernization, the Western concept of psychotherapy has become prevalent in South Korea. The use of Western therapeutic approaches in a non-Western cultural context is discussed, focusing on the potential conflicts for practitioners between imported methods that embody individualistic values and the traditionally collectivist but changing orientation of Korean society.

Part IV: Counseling and psychotherapy in Europe

Part IV begins with Chapter 22, Counseling and psychotherapy in Belgium: Towards an accessible and evidence-based mental health care, by Nady Van Broeck, Nele Stinckens, and Germain Lietaer. They discuss the role that clinical psychologists, psychotherapists, and counselors play in the assessment and diagnosis of social and psychological problems and in the interventions and treatments as part of the delivery of counseling and psychotherapy in Belgium. In exploring the developments of counseling and psychotherapy, the authors describe the current training standards and programs as well as current trends. In Chapter 23, Counseling and psychotherapy in Denmark: Counseling the “happiest people on Earth”, Nanja H. Hansen and Andrea L. Dixon explore the developments of counseling and psychotherapy in Denmark. Even with its long history it continues to evolve, especially during the last thirty years. As this trend continues, so does the research within the field. Moreover, mental health professionals are dedicated to work toward securing mental health services for all Danes. In Chapter 24, Counseling and psychotherapy in France: An evolving heterogeneous field, Valérie Cohen-Scali,

Jacques Pouyaud, Nicole Baudouin, and Emmanuelle Vignoli outline the main developments in counseling and psychotherapy in France, which is currently experiencing a strong public demand for counseling, guidance, and psychotherapy. Counseling and psychotherapy are well differentiated where counseling takes place in schools and in the context of career development, but only rarely in clinical settings. 'Brief Psychotherapies' are now replacing traditional forms of psychoanalysis, which were predominant until the 1980s–1990s. Research is mostly conducted in psychology laboratories, with only a few teams working specifically on counseling. In Chapter 25, Counseling and psychotherapy in Germany: Common past but different present? Petra Warschburger begins with a brief history of counseling and psychotherapy, together with a discussion of the current education and training programs in a unified and modern German context. She discusses a number of key issues confronting counseling and psychotherapy in Germany, such as legal regulations, the regulations for reimbursement, the different target groups for treatment, greater diversity of approaches, and meeting existing mental health needs especially in rural regions and for marginalized groups. In Chapter 26, Counseling and psychotherapy in Italy: Historical, cultural and indigenous perspectives, Marco Gemignani and Massimo Giliberto describe the history and present status of counseling and psychotherapy in Italy. They discuss the complex origins of psychotherapy, current theories, education programs, and regulations. Professional psychology faces significant resistance and pressure from groups that exert great political and cultural influence, like the Roman-Catholic Church and the psychiatric lobby. Despite these difficulties – and general misconceptions about the standing of counseling – an array of lively approaches to psychotherapy and counseling can be found in present day Italy. In Chapter 27, Psychotherapy and clinical psychology in the Netherlands: Settlement of five distinctive professions, Giel J. M. Hutschemaekers and Fiona E. van Dijk describe the history and current state of psychotherapy and clinical psychology in the Netherlands, which the authors refer to as 'the Dutch Case'. Here they point to the very early legislation of a distinctive profession of psychotherapy; however, today, the term also refers to the large number of disciplines who focus on the practice of counseling and psychotherapy. The authors discuss the 'Individual Health Care Professionals Act' (law BIG) that formally recognizes five basic professions and specializations in the field of counseling and psychotherapy by designating specific professional titles. They also explore several issues related to the development of counseling and psychotherapy in the Netherlands, such as education programs, professional training and trends, and the challenge to define profession-specific domains and competencies. In Chapter 28, Psychotherapy in Spain: Rapid growth and vicissitudes of clinical psychology, María Paz García-Vera, Jesús Sanz, and José M. Prieto discuss developments in the field of psychotherapy in Spain which has experienced a rapid growth in the last thirty years. The authors discuss several factors that support this growth, such as, the incorporation of clinical psychology in the Spanish National Health System; the inclusion of psychotherapy services by the private health insurance companies; the development and proliferation of professional training programs and scientific research; the legal requirements to be able to practice as a clinical psychologist; and many more. In Chapter 29, Counseling and psychotherapy in Russia: Reunion with the international science community, Alla B. Kholmogorova, Natalia N. Garanian, and Valery N. Krasnov outline the development of counseling and psychotherapy in Russia by focusing on the long prohibition for scientific psychology beginning in 1936, the domination of a biological orientation in Soviet psychiatry, and the isolation from Western science. In the last decade, there has been increasing growth in psychoanalysis, existential and humanistic psychotherapy, and cognitive-behavioral therapy. Original models in Russia have arisen on the basis of varying syntheses of Russian and Western scientific approaches. The major issues for the future of counseling and psychotherapy are: insufficient financing; low levels of professional training; lack of developed systems of certification,

licensing, and supervision; and insufficient understanding by most managers and specialists of the role of counseling and psychotherapy in the prevention and treatment of psychological distress. In Chapter 30, Counseling and psychotherapy in the United Kingdom: Future of talking therapies, Del Loewenthal first provides an overview of counseling and psychotherapy in the UK. He then discusses the Foster report (1971), which proposed that offering talking therapies should be a regulated profession, together with subsequent developments in terms of modalities, professionalization, and the significant impacts of government intervention. The trend within the UK is towards the adoption of what are regarded as 'evidence-based' practices. In this context, the overall standard of what is taken as evidence is determined by the National Institute for Health and Clinical Excellence. Such methods of measurement favor cognitive-behavioral therapies which seem to be favored in training, research, and practice, whereas previously psychoanalytic and humanistic modalities were favored by most practitioners.

Part V: Counseling and psychotherapy in the Middle East

Part V begins with Chapter 31, Counseling and psychotherapy in Iran: A flourishing perspective, by Behrooz Birashk who discusses the impact that Iranian traditional cultural values and religious teachings have had on the development of counseling and psychotherapy. Within this context there are developments to create contemporary approaches, principles, and techniques that incorporate the many theories that can be found in the current counseling and psychotherapy approaches. Iran's mental health profession and the education of practitioners at the university level can be considered to have many strengths, weaknesses, opportunities and challenges. In Chapter 32, Counseling and psychotherapy in Israel: Milestones, disputes and challenges, Rebecca Jacoby discusses the growth of counseling and psychotherapy since the establishment of the state of Israel. It takes into account an increasingly central role in coping with the reality of a young, heterogeneous, stress-ridden society facing continuous threats. She explores several issues by pointing out that the practice of psychotherapy in Israel has not been legislated, public services are unsatisfactory, and tensions exist between different therapeutic approaches and between the realm of practice and the academy. In recent years, there has been a demand, stemming mostly from the academy, to anchor theory and practice in research. In Chapter 33, Counseling and psychotherapy in Lebanon: Towards a Lebanese framework of psychology, Brigitte Khoury and Sarah Tabbarah discuss the state of clinical and counseling psychology in Lebanon. They also explore how traditional and indigenous healing practices, in the form of religious and cultural practices, herbal therapy, and many others are available to the public as mental health services. They suggest that improvements are needed to establish evidence-based and scientist-practitioner model programs necessary for setting up professional standards and maintaining ethical practice. In Chapter 34, Counseling and psychotherapy in Palestine: Between occupation and cultural colonialism, Rana Nashashibi, Anan Srour, and Roney Srour discuss counseling and psychotherapy in relation to the history and culture of living in Occupied Palestinian Territories. We find here a progression beginning with non-violent resistance to occupation, to a transformation into trauma-centered treatment, to becoming part of the mental health system. These transformations were guided by different motives: population needs, the policies of donors, and the capacity of the academic system to qualify and certify professionals. The authors explore several issues confronting counseling and psychotherapy in Palestine, such as the lack of research and model building that takes into account Arab culture and the inability of current Post Traumatic Stress Disorder (PTSD) treatment models to address the continuous traumatizing situation that undermines the importance of the 'post' aspect in PTSD. In Chapter 35, Counseling and psychotherapy in Turkey: Western theories and culturally-inclusive Methods,

Şenel Poyrazlı, Süleyman Doğan, and Mehmet Eskin explore counseling and psychotherapy in modern Turkey with its roots in the Ottoman Empire era. Current developments in counseling and psychotherapy are depending on Western counseling and psychotherapy techniques and approaches. However, in more recent years, there has been a trend to incorporate indigenous and multicultural approaches and methods into counseling and psychotherapy. Efforts are being made by counseling and psychology associations to establish ethical guidelines and develop structures for certification and licensure at the state level.

We conclude the book with Chapter 36: Counseling and psychotherapy around the world: Current state and future prospects, by Juris G. Draguns who attempts to identify some of the current trends in the evolution of counseling and psychotherapy trans-nationally and to sketch some of the discernible directions for its future. In this overview of ‘what the book chapters say’, Juris Draguns critiques the internationalization of counseling and psychotherapy, while at the same time draws our attention to the influences of Western counseling and psychotherapy across the globe. His analysis focuses on the applied endeavor of counseling and psychotherapy, which has shifted towards an interpretive, hermeneutic study of the various personal narratives which constitute the raw data of the counseling and psychotherapy experience. He argues that the objective of psychotherapy within this framework has become a truly healing enterprise where clients’ narratives are honored. He emphasizes that this orientation is more compatible with the exploratory and open-ended humanistic schools of thought than with the directive and focused methods characteristic of CBT. Indeed, he leaves us without any doubt regarding the role of cross-cultural, trans-cultural, and multicultural influences, the use of traditional and indigenous healing methods, and the contemplation of spirituality in any future development of counseling and psychotherapy.

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PART I

Counseling and psychotherapy in Africa

1

COUNSELING AND PSYCHOTHERAPY IN EGYPT

Ambiguous identity of a regional leader

Mona M. Amer

Introduction

For over 4,000 years Egypt has been a land of intercultural exchanges of which was knowledge, facilitated by its location at the juncture of three continents: Africa, Europe, and Asia. Cultural diversity continues to be evident with a significant population of tourists and non-native residents. Despite this diversity, more than 99% of the population is of Egyptian ethnicity (Central Intelligence Agency [CIA], 2009). Among Egyptians, 90% are Muslim and 10% are Christian (CIA, 2009). The primary language is Arabic, with longstanding geographical, cultural, and socio-political ties with the rest of the Arab world.

In recent decades Egypt has seen the costly impacts of war, rural to urban migration, a flawed educational system, and political upheaval following the January 25, 2011 popular uprising. While the richest continue to gain in wealth, about 9% remain unemployed and about 16 million live in squatter and informal settlements (Rodenbeck, 2010). Egypt leads the world in hepatitis C infection (Rodenbeck, 2010) and its mega-city Cairo lays claim to the highest air pollution levels across the globe (The World Bank, 2007). However, despite such struggles associated with being a developing country, signs of stability and progress are clearly visible. These include the recent growth of extravagant housing and shopping complexes, private schools and universities, and communication technologies. With respect to health, the government has made significant strides in health indicators such as slashing infant mortality rates (Okasha, 2004). On the other hand, the positive health indicators of reduced infant mortality and increased life expectancy have contributed to the chronic challenge of overpopulation; Egypt is the sixteenth most populated country worldwide, totaling nearly 80.5 million people (CIA, 2009).

These complex socio-economic conditions form the backdrop to the mental health practitioner professions, which have similarly been characterized by juxtaposition between growth and stagnation. On the one hand Egypt has been a frontrunner in the Middle East in numbers of psychiatry and psychology educational programs. On the other hand, it is difficult to ascertain a coherent identity or vision for mental health service in Egypt. This chapter discusses this and many other issues that typify the ambiguous identity of present-day Egyptian counseling and psychotherapy. The review begins by tracing the development of the healing professions from ancient Egypt to contemporary times, highlighting the impacts of intercultural exchange and

religious healing. Strengths and shortcomings of present-day education, practice, and research are discussed with an eye to future progress and more rigorous regulation of the field.

Brief history of counseling and psychotherapy

Purposive healing of mental and emotional ailments has a long history in Egypt, dating as far back as the Pharaohs. Insight into ancient mental health concepts and treatments can be gleaned from the Ebers, Edwin Smith Surgical, and Kahun papyri (Nasser, 1987; Okasha & Okasha, 2000). These documents, dating from at least 1,600–1,900 BCE, contain physical descriptions of the brain, as well as references to the mind and consciousness. Descriptions of mental illnesses such as hysteria, psychosomatic conditions, melancholia, thought disorder, dementia, and alcohol intoxication were captured in papyri and on temple walls (Nasser, 1987; Okasha, 2005). There is no record of a professional specialized in mental illness; however, the sorcerer, or temple priest, most likely offered mental health care. Treatment methods included temple sleep (“incubation”), dream interpretation, hypnotic methods, and religious methods integrating magic (Nasser, 1987; Okasha & Okasha, 2000).

It is not clear to what extent ancient Egyptian knowledge was transmitted to Europe through Greek visitors (Laver, 1972). However, centuries later, Greco-Roman theories on mental illness and psychotherapy/healing were conveyed to the Arab world, influencing the healing fields (Ahmed, 1992; Ibrahim, 2012). During the Islamic era, especially the ninth to twelfth centuries, great strides in understanding and treating mental illness occurred (Abou-Hatab, 2004). These were spearheaded by eminent scholars such as Najab ud-din Unhammad, Al-Razi (Razhes), Ibn Sina (Avicenna) and others, who catalogued medical and mental illnesses including etiology, differential diagnoses, symptoms, and preferred treatments (Ahmed, 1992; Ibrahim, 2012; Okasha, 2005). The healer was typically the hakim, a medical doctor (Mohit, 2001a).

Modern day mental health practice in Egypt was also influenced by Europe, and can be traced to the time period after the French occupation: during Mohammed Ali’s Ottoman rule from 1805 to 1848. One of Ali’s policy priorities was education, and as such several colleges were initiated in association with mosques, including a college of medicine in 1827 that subsequently offered psychiatry teachings (Abou-Hatab, 2004). The late 1880s saw the earliest noteworthy psychiatry textbook penned by Ismail Najaty (Abou-Hatab, 2004), and the first free-standing psychiatry hospital located in Abbassia (Okasha, 1993). Other trends included state-sponsored postgraduate studies in Europe and translations of textbooks from other countries into Arabic (Abou-Hatab, 2004). A diploma in neuropsychiatry was established over 65 years ago, and for over a quarter of a century medical schools have offered master’s and doctoral degrees (Okasha, 2004).

Parallel to the development of psychiatry was the budding profession of psychology. In 1908 the first secular university—The Egyptian University, now Cairo University—opened its gates. Two decades later it established a department of philosophical studies, under which material related to psychology was taught by mostly French professors. Other universities were subsequently founded, and the concepts and methods of psychological assessment were introduced. This stimulated interest in educational psychology, and a significant number of Egyptian students pursued this and other psychology disciplines in England, France, and the USA (Soueif & Ahmed, 2001).

The first Western-trained Egyptian psychologists returned to Egypt in the 1930s and 1940s to lay the foundations for diverse psychology disciplines including clinical psychology. British-trained educational expert Abdel-Aziz El-Koussy established a psychological clinic for school-aged youth in 1934 at the Higher Institute of Education (now the College of Education at Ain