



It's not only cultural differences: Comparison of Jewish Israeli social work students' thoughts and feelings about treating Jewish Ultra-Orthodox and Palestinian Israeli clients

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Abstract

In an effort to examine the impact of violent political conflict on clinicians, the study compared the feelings and thoughts evoked in 78 Jewish Israeli social work trainees at the prospect of treating an Arab Israeli client¹ and a Jewish Ultra-Orthodox client. Both clients represented groups that are very different culturally from most Jewish Israeli social workers; but only the Arab would have been associated with a group with whom the country is in violent political conflict. The findings, based on a quantitative analysis of the students' written statements, show that they felt more fear, threat, and tension at the prospect of treating the Arab client, and were more inclined to express guilt feelings and less inclined to express empathy towards him. They also expressed concern that the Israeli–Palestinian conflict would impact negatively on their therapeutic encounter.

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¹The terms *Palestinian Israeli client* and *Arab client* are used interchangeably throughout the paper. Most Israeli Arabs consider themselves part of the Palestinian people. The term Israeli Arab is used here, rather than Israeli Palestinian in order to avoid confusion with residents of the Palestinian Authority.

1. Introduction

The need for clinicians to exercise cultural sensitivity in treating clients of a different ethnic or religious group than their own is a commonplace of the helping professions. Clinicians are expected to be familiar with and accept their clients' cultures and to take the cultures' norms and values into account. A large body of literature exists to help clinicians do this with respect to Afro-American, Chinese American, Mexican-American, and other ethnic groups in the United States (Ahia, 1997; Baker, 1994; Chao, 1992; Garrett & Pichette, 2000; Kendall, 1996; Lum, 1986; Miller, 1997). There is also a fair body of literature aimed at informing Jewish Israeli clinicians about the relevant features of the cultures of the Russian (Ben-David, 1995, 1996; Berger, 1999) and Ethiopian (Ben-David & Good, 1998; Ben-Ezer, 1992) immigrants to the country and of the country's Arab minority (e.g., Al-Krenawi, 1998, 1999; Al-Krenawi & Graham, 2000, 2001; Al-Krenawi, Graham, & Al-Krenawi, 1997; Al-Krenawi, Graham, & Maoz, 1996; Dwairy & Van-Sickle, 1996; Haj-Yahia, 1997), as well as literature aimed at helping non-religious Jewish clinicians understand the culture of the country's Ultra-Orthodox community (Bergin, 1991; Bergin & Jensen, 1990; Bilu & Witztum, 1995; Greenberg & Witztum, 1991; Heilman & Witztum, 1997; Witztum, 1999).

Among the underlying assumptions of all these literatures, whether in social work, psychology, or psychiatry, is that clinicians who are unfamiliar with the client's culture are hampered by negative stereotypes and prejudices, and that better understanding of the culture will help to reduce these impediments to effective treatment (DeHoyos, DeHoyos, & Anderson, 1986; Falicov, 1995; Ivey, Ivey, & Simek-Morgan, 1993; Sue & Sue, 1990). Thus, there is also extensive literature emphasizing the importance of eliminating or reducing such stereotypes and prejudices and dilating upon means of doing so (Dyche & Zayas, 2001; Latting, 1990; Stephan & Stephan, 1992).

There is much less literature on clinical practice in situations of political conflict. In today's world, where clinician and client may not only be of different cultures, but also on opposite sides of a violent political conflict, this is an omission. Such conflicts tend to be part of the fabric of everyday life in the conflict areas and to arouse strong emotions on all sides. Kilpatrick and Leitch (2004), who examined the effects of the conflict in Northern Ireland on teachers and pupils, report that many children experienced feelings of fear, anger, and hatred towards the other group. Cardozo, Kaiser, Gotway, and Agani. (2003), who examined a cross-sectional cluster sample of Kosovar Albanians, revealed that over half felt hatred and over a third feelings of revenge. Such feelings are bound to enter into clinical relationships. As Fox (1998) points out, clinical practice denotes by its very nature an interrelationship between life and work. Just as events in the personal lives of mental health professionals may impact on their work as clinicians (Korol, 1995; Mendelsohn, 1996), so too may political events.

The limited evidence indicates that professionals tend to ignore political conflicts in their work. Campbell and Healy (1999) point out that the sectarianism in Northern Ireland has led professionals in the health and social care fields to avoid dealing with potentially dangerous political and social issues. Baum (2006a) found similar avoidance among a group of Jewish Israeli social workers during the second *intifada* (armed Palestinian rebellion), which was marked by intense violence on both sides. In another study conducted during this *intifada*, Ramon (2004) found that both Jewish and

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