Middle East

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Introduction

Psychology began to arrive in the Middle East in the early twentieth century. However, some countries advanced more quickly and have developed professional psychology more than others. For example, there are large differences among the various countries in the Middle East in the numbers of psychologists. This chapter provides an overview and description of the current state of clinical psychology in the Middle East. The Middle East is a region that runs from Egypt in the southwest to Turkey in the northwest to Iran in the northeast and Oman in the southeast.[1] Descriptions are mostly based on an informal survey of professionals which included communications with professionals in each country via email and Skype; we assume that the clinical psychologists surveyed here reflect general perspectives about the field in each country, but we could not verify the information obtained. For each country, we describe (where available): (1) the field's historical development with the country; (2) clinical psychologists' training, academic and professional requirements, and employment settings; (3) the numbers of psychologists employed in the mental health sector (according to a survey conducted by the World Health Organization in 2014 (World Health Organization, Substance Use of Mental Health, 2014) and according to our informal survey results); dominant theoretical orientations used in the country, and religious and cultural context in each country. Given

[1] The countries include: Bahrain, Egypt, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, and Yemen. We also included the Palestinian territories which are self-administered and have their own health system. There are disagreements about whether Cyprus is included in the countries of the Middle East, but given that they are mainly Greek-speaking and part of the European Union, we did not include them in our review.

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the similarities in responses that we received about stigma and cultural/religious context of dealing with clinical psychology and mental health issues in Arab-speaking countries and Iran (all of whom are majority Muslim countries), we start by reporting a review of these issues and follow with a review of the specifics of clinical psychology in each country. Finally, this chapter discusses the obstacles and challenges that face the discipline and may potentially affect the future of clinical psychology in the Middle East.

Culture, Religion, and Mental Health

Cultural and religious beliefs influence the manifestation and treatment of mental health in most countries in the Middle East. As a result of these beliefs, there is a lack of awareness regarding the profession of clinical psychology and what it can offer, and a negative attitude towards seeking professional help instead of seeking help via religious clergy, friends, or family members. Social stigma regarding mental illness and its treatment is common in these countries. This stigma likely exacerbates negative attitudes and reactions towards individuals with psychological disorders in the Arab communities and affects the health and well-being of these individuals. For instance, individuals with mental illness are often socially rejected, experience more divorce, and have a tendency to not get married (Dalky, 2012). Often, this stigma prevents individuals from seeking treatment (if they do decide to obtain help, they do so secretly) because of the belief that undergoing treatment for mental illness is shameful or fear that the individual seeking treatment may be perceived as "going crazy" (Almazeedi & Alsuwaidan, 2014). However, in some countries, such as in Iran, mental illness has recently become less of a stigma because of the increasing belief that life experiences (traumatic events and life stressors) can cause mental disorders.

Besides stigma, other cultural and social factors impact the perception of mental health in Arab countries. For instance, in Kuwait, concerns about breaches of confidentiality, the Kuwaiti people's perception that mental illness is shameful, and the way people tend to spread rumors about mentally ill individuals in Kuwaiti society all seem to negatively impact the experiences of those individuals who seek treatment (Scull, Khullar, Al-Awadhi, & Erheim, 2014).

Similar to social factors, religion appears to play an important role in Muslims lives. Mental disorders may not be accepted among individuals due to the belief that mental health issues result from religious (Okasha, Karam, & Okasha, 2012) and traditional sources such as spiritual forces (*Jinn*), contemptuous envy (*Hassad*), and sorcery (*Sihr*). For example, the Arabic term *waswas* is used in both psychological and religious contexts in reference to obsessions. Waswas refers to "insinuating whispers" of the shaytan (Devil). According to the Islam, the devil tries to control the believer and make the individual doubt the existence of Allah (God), as well as other basic religious beliefs in religion. Thus, there is a form of intrusive religious thoughts that are described in Islam, and the typical adherent will seek treatment or

advice by clergy. This phenomenon is close to the intrusive, heretical thoughts that can characterize scrupulosity, a religious form of obsessive compulsive disorder (OCD).

There are suggestions in the literature that Islamic practice and rituals may interfere with therapy, and it is unacceptable to replace the time of prayers with any other activity such as psychotherapy. For example, cleaning rituals are practiced by conservative religious Muslims for the purpose of praying (Baidas, 2012), and this may elevate the likelihood of OCD manifesting in such a way. This religious outlook could affect therapeutic alliances and compliance and, in turn, affect clients negatively (Alqahtani & Altamimi, 2016; Miller & Thoresen, 2003). Other Islamic rules, such as not allowing a male stranger in the same room as a woman, could decrease acceptance of clinical psychology given that most psychologists are women. Although allowing another mental health professional to be present usually solves this problem, confidentiality could then become an issue (Alqahtani & Altamimi, 2016; El-Islam, 2008). There have been suggestions in the literature that cultural practices such as wearing a hijab could limit the therapy outcome and affect the therapeutic alliance negatively. For example, wearing hijab and covering the face could prevent the therapist from understanding facial expressions and, therefore, the client (Alqahtani & Altamimi, 2016; Inhorn & Serour, 2011). While there have been recent attempts to integrate religion and psychology, more collaboration is needed between mental health providers and religious leaders to emphasize the important role of psychologists (Ahmed, 2004; Amer, 2013). On the other hand, religious thoughts may have a positive impact on psychological treatment as it can facilitate the development of coping skills during treatment and even attendance. For example, religious counseling is associated with psychotherapy treatment in the United Arab Emirates (UAE). In addition, using CBT techniques in therapy could be beneficial for Muslim clients because these approaches combine religious invocation and traditions with thought restructuring (Haque, Thompson, & El Bassuni, n.d.; Knaevelsrud, Brand, Lange, Ruwaard, & Wagner, 2015).

Given the impact of culture and religion on views of mental health and its manifestation, treatments are often culturally adapted to the needs of clients to comply with their beliefs and values (Soueif, 2001). On the other hand, awareness about psychology and psychiatry has increased in Arab societies over the past decades. Regardless of the effort to recruit clinical psychologists and create job opportunities, local professionals report that the field is not yet adequately developed in those countries. Raising awareness about the important role of psychologists in society and providing better training can help improve mental health services (Amer, 2013). Also, creating anti-stigma programs by providing mental health at the primary health care level may reduce mental health stigma (Almazeedi & Alsuwaidan, 2014; Dalky, 2012). Offering affordable mental health services and collaboration between clinics and governmental organizations can help promote clinical psychology and motivate individuals to seek treatment, especially in financially unstable populations such as refugees (Amer, 2013). Recently, the Kuwait Center for Mental Health established clinics staffed with psychiatrists and physicians at community health care centers; partnership and combined efforts may be the right way to increase mental health

awareness (Almazeedi & Alsuwaidan, 2014). Despite these complications, today clinical psychology is beginning to be viewed as an honorable and respected profession in these countries, suggesting that there is potential for progress.

Bahrain

Clinical psychology in Bahrain originated in the twentieth century when the first training programs were established in colleges. In 1966, the first program was initiated at the Teacher Training College; later, other institutions started introducing psychology courses (e.g., introduction to psychology, educational psychology, and developmental psychology). In 1978, psychology was represented as a separate division at the College of Arts, Science, and Education. Other psychology departments were established later at various universities, including the College of Education at the Bahrain University, the University of Gulf Polytechnic, and the University of Bahrain (Aluhran, 2002).

Recently, a growing number of psychology programs have developed in Bahrain, including the psychology department at the University College of Bahrain, which launched its first postgraduate degree in counseling psychology in 1994 and currently offers a master's degree. This program is dedicated to providing education for students and preparing them for careers as professional psychologists and in both academic and applied settings including research positions in governmental organizations, psychological institutions, clinics, and hospitals. The University College of Bahrain also provides training for professionals, which is usually completed by attending workshops and training courses led by specialists. Despite of this, the country does not have legislative requirements for training (Aluhran, 2002).

Egypt

The foundation of psychological psychotherapy practices was established in Egypt in 1929, and 20 years later clinical services were available for adults, adolescents, and children. To promote psychology as a profession, pioneers started to practice psychotherapy (Ramadan, 2004). For instance, Abdel-Aziz El-Koussy launched a psychological clinic for young adults at the Higher Institute of Education in Cairo, in 1934. Other pioneers included Mostapha Zewar, Somaya Fahmy, Marcus Gregory, and Mohammed Fathy (Amer, 2013). The first attempt to make psychology into an academic profession occurred with the launch of the *Egyptian Journal of Psychology* in 1945. In this period, psychologists started to use therapeutic approaches including psychoanalysis and humanistic and behavior therapy. These models were brought to Egypt by psychologists who were trained abroad (e.g., the United Kingdom, France, Switzerland, and the United States; Amer, 2013). Dr. Sabry Girguis introduced clinical psychology to Egypt in the early 1950s when he established an outpatient clinic

called Helmeya in Cairo. This hospital still exists, and today it is one of the Ministry of Health Hospitals. The first attempt to establish official requirements and regulations for psychologists in the country occurred in 1956, when a law was passed declaring that psychotherapy practice required a license from the Egyptian health authorities in addition to training and a degree. Clinical psychology as a profession started in the 1960s and 1970s; in 1974, the first independent department of psychology was established (previous psychology departments were combined with philosophy departments) at Cairo University by Professor Moustafa Souief and at Ain Shams University by Professor Moustafa Zewar (Ramadan, 2004). In the 1970s and 1980s other universities around the country also established psychology departments. In 1986, the Egyptian Ministry of Health established a policy to engage psychologists in mental health practices and work with psychiatrists within these institutions (Soueif, 2001).

As of today, more than 200 clinical psychologists are working in Egypt in addition to many more who serve as general psychologists. Psychologists mainly work in public hospitals, private practices, government and military institutions, schools, and community centers (Ahmed, 2004). Egyptian universities offer undergraduate and graduate degrees in psychology. Students usually complete a bachelor's degree in 4 years, a master's in 2–4 years, and a doctoral degree in an additional 3–4 years (Amer, 2013). To become a psychologist in Egypt, students are required to complete a 4-year Bachelor of Arts program with a major in psychology, complete four accredited courses and a 2 year internship at a psychiatric hospital to qualify for work with clients. Another option is for students to complete master's and doctoral degrees in clinical psychology. This training and accreditation is required to receive a license from the Ministry of Health. Some individuals acquire a license automatically by having a PhD and serving as a faculty member at a university (Ahmed, 2004). Some of the theoretical orientations that clinical psychologists practice in Egypt include psychoanalysis, cognitive behavioral therapy (CBT), group therapy, family therapy, art therapy, and dialectical, interpersonal, supportive therapies. However, most clinicians perceive CBT as the dominant approach (Amer, 2013).

Iran

The early twentieth century also brought psychology to Iran: in 1933, the first psychology laboratory was opened, and in 1938, psychology courses were first offered at Tehran University. In 1965, the first academic program of clinical psychology was established in Tehran University's Department of Psychology; in 1966, Dr. Saeed Shamloo published the first book on clinical psychology in Persian. In 1970, the first clinical psychology master's program was developed at the Rouzbeh Psychiatric Hospital, and later other master's programs were established, such as the program at the Welfare and Rehabilitation Sciences University (Behrooz, 2013).

The clinical psychology programs in Iran are accredited by the Board of Clinical Psychology. To become a clinical psychologist in Iran, individuals are required to

obtain a master's or doctoral level degree. The academic requirements of a master's in clinical psychology include completing 32 course credits, a thesis, and practical training. The doctoral degree requirements include completing 42–50 credits of course work and a 1-year internship as well as submitting a dissertation and passing an examination. Clinical psychologists are licensed by the Iranian Psychology and Counseling Organization, which also oversees the work of clinical psychologists and provides exclusive rights for clinicians and clients. Licensing requirements for clinical psychology in Iran involve an interview and an examination. According to the 2014 data reported by an interviewee, approximately 7500 master's clinical psychology students and 160 doctoral students were enrolled in Iranian universities.

Clinical psychologists in Iran often work in private practices, academic settings, and community services. The various theoretical approaches they use in their work include CBT, psychoanalysis, rational-emotive therapy, and humanistic approaches as well as family therapy, short-term psychotherapy, couples therapy, group therapy, and schema therapy. Since the late 1980s, however, CBT has become the dominant approach for most clinical psychologists and training programs in Iran. CBT was first introduced in Iran in 1975 and appears to play a critical role in the development of master's programs in clinical psychology, as the first programs at Tehran University and Roozbeh Hospital focused on CBT. Many Iranians perceive CBT as compatible with their culture because the approach associates thoughts with emotions, and the Iranian culture encourages one to be particularly conscious of one's thought process and internal emotional state. This explains the increase in the interest of CBT over the past decades. Training in CBT is provided by private, governmental, and nongovernmental organizations, and it is used to treat various mental and physical disorders and problems (e.g., eating disorders, addictions, asthma, and chronic pain; Behrooz, 2012).

Iraq

Clinical psychology was first introduced in Iraq in 1955 through the Psychological Research Center in Baghdad. The degree obtained at the center is provided by the Al-Mustansiriyah University, College of Arts. In 1998, clinical psychology was first accepted as a separate profession through the collaboration and effort of professionals and students in the discipline. According to the World Health Organization (WHO) report in 2006 (WHO-Aims Report on Mental Health System in Iraq, 2006), 16 psychologists worked in mental health services and two students graduated from a psychology program.

Iraqi hospitals and university do not have a clinical psychology specialization; therefore, no clear distinction exists between clinical psychologists and other mental health professionals such as social workers and counselors. Most psychologists in Iraq have a master's degree and some training. Some of the academic requirements to be recognized as clinical psychologist include pursuing a master's degree in clinical psychology. The master's program involves completing courses (e.g., advanced

courses, theories of personality, neuropsychology, research methods, and general and abnormal psychology) and 2 years of practical training at a mental health hospital. The main theoretical orientation practiced by psychologists in Iraq is CBT, although many professionals practice the psychodynamic approach and others receive training in trauma therapy (e.g., Eye Movement Desensitization and Reprocessing; EMDR) to treat traumatized clients. Most psychologists work in government mental health services and in academic settings, as private practices do not yet exist in Iraq.

Israel

Psychology was first introduced in Israel in 1920 when a group of psychoanalysts immigrated to the country with the encouragement of Sigmund Freud. The growing interest in the psychoanalytic approach in that period led to the establishment of the Jerusalem Psychoanalytic Institute and Society in Jerusalem. The first time psychology was offered as an academic subject was in 1933, at the Hebrew University of Jerusalem. A year later, in 1935, the Professional Counseling Institute was established in three locations: Jerusalem, Tel-Aviv, and Haifa. The first psychology program was established at The Hebrew University of Jerusalem by Professor Enzo Bonaventure, in 1939, but he was killed in an attack on the way to the university in 1948. The psychology program was formally reestablished in 1957 by Professor Saul Kugelmass. Because of rapidly growing interest in counseling and the need to develop mental health care, in 1944 the Hadassah Institute for Counseling was established to encourage individuals to engage in mental health practices, and in 1950 the first educational psychology services were launched by the Ministry of Education. In 1957 the Israel Psychological Association was established. In 1960 the first clinical psychology department was launched at The Hebrew University, and, a year later in 1961, the second was founded at Bar Ilan University in Tel-Aviv. Five years later, in 1966, psychology programs were established at Tel Aviv University, Haifa University, and Be'er Sheva University. The first psychotherapy training program was established at Tel Aviv University in 1971 to train and accredit mental health professionals in the analytical approach.

In 1977 the Psychologist Act, which regulates the profession and oversees the licensing process of clinical psychologists in Israel, was passed as a government statute. According to this legislation, in order to practice psychotherapy, every psychologist is required to enroll in the psychologist register, an organized register managed by the Ministry of Health that documents all psychologists working in the mental health sector in Israel. Israel is currently undergoing a major mental health reform in which health maintenance organizations are taking over responsibility for most outpatient services from government supported community mental health centers. The role of clinical psychologists was central in the community mental health centers in terms of both service provision and training, and there are great unknowns about how the reform will impact clinical psychology. To become a clinical psychologist in Israel, an individual must have at least a master's-level degree in clinical psychology (which

includes a thesis and practicum), complete a 4-year half-time internship in a clinical setting, and obtain a license by passing an oral exam. In order to sit for the exam, one must have administered a certain number of assessments including the Rorschach, an intelligence test, and others measures (often other projective tests). For many years, 20 batteries had to be administered in addition to treating patients for 3 years in an outpatient setting and for 1 year in an inpatient setting in half-time internships. Recently, there have been moves to reduce the number of assessments and expand the repertoire of tests to be more guided by the referral question and reductions in the numbers of Rorschach and IQ tests required.

At the end of 2014, there were 11,500 psychologists in Israel, and today there are more than 3800 clinical psychologists. For the population, this is the highest number of psychologists per population in the world. According to our calculations, there are approximately 144 psychologists per 100,000 people in Israel. In comparison to the WHO 2014 data, the next highest number of psychologists per 100,000 in the world is in Netherlands (90.76), and then Finland (56), (World Health Organization, Substance Use of Mental Health, 2014). In the United States, the number per 100,000 is 29.63. Thirteen colleges and universities offer a bachelor's degree in psychology; eight also offer master's degrees, and five offer doctoral degrees. Clinical psychologists in Israel work in private practices, hospitals, academic settings, the army, and government organizations, to name a few. The main theoretical orientations are psychodynamic (including a wide range of orientations including interpersonal, self, object relations, and more) and CBT; the psychodynamic approach is dominant among clinical psychologists in Israel, but there is growing interest in CBT. Systems approaches are used at times with children, often with integration of other orientations. The client-centered/humanistic approach is less common and not formally recognized in Israel in terms of its status compared to other orientations.

Culturally, Israel is an extremely diverse country. The population includes multiple religions and many different cultural and ethnic backgrounds. Therefore, it is difficult to describe any single adaptation that would need to be made to treatments. Overall, the population of Israel includes people of multiple religions (Judaism, Islam, Druze, Christians, Bahai, and others). The largest population is Jewish, with 20% of the Jewish population being Ultra-Orthodox. In addition, there are many first, second, and third generation immigrants from around the world, approximately half from Europe and half from other parts of the Middle East and Africa. Each community has a different relationship to clinical psychology. Ultra-orthodox Jews, Arab-Israelis, and Ethiopian immigrants tend to have greater stigma about mental health and seeing mental health professionals because of their more traditional religious beliefs. There is more openness to treatment, though still significant stigma in the secular and modern religious communities which make up more than half of the population. There have been a number of articles written on the manifestations of psychopathology and how to adapt treatment to various populations within Israel (e.g., Bar-El et al., 2000; Dwairy, 2009; Greenberg & Witztum, 2001; Hess, 2014; Huppert & Siev, 2010).

Jordan

Psychology was introduced to Jordan in 1970, when psychology departments were first established. In 1980, the National Center for Educational Research was founded to promote interests and a wide range of research in the field (Gielen, Adler, & Milgram, 1992). In 1986 a mental health policy was created in Jordan and in 2011 the policy was updated. The aim of the updated policy is to offer mental health services with an emphasis on cultural adaptations, employing mental health professionals, and reducing mental health stigma (WHO Mind Mental Health in Development, 2013). In 1990, clinical psychology was brought to the country by number of clinical psychologists who had studied abroad, but the profession was officially accepted in the beginning of the twenty-first century. In 1994, a national mental health program was developed to increase mental health awareness and provide professional training, and in 2003 mental health legislation was introduced (Mental Health Atlas, 2005). Currently, undergraduate and graduate programs in psychology are offered at universities in Jordan such as the University of Jordan in Amman, Yarmouk University in Irbid, and Mutah University in Kerak (Gielen et al., 1992).

Currently there are less than 20 licensed clinical psychologists in Jordan. According the regulations, to become a clinical psychologist is Jordan, an individual is required to have a master's level degree in clinical or counseling psychology and 2 years of clinical experience. The main therapeutic approach among clinical psychologists in Jordan is CBT and they often work in private practices and public practice and centers. In 1995 Jordan established a professional association called the Jordanian Psychological Association (JPA), based in Amman. The aim of the association is to support and protect professionals and increase mental health awareness in community. Some of JPA's contributions include holding conferences and conducting workshops to train professionals and creating guidelines in partnership with the ministry of health in Jordan.

Kuwait

Psychology in Kuwait emerged in the early 1950s, and during that period some psychological services were offered to the public. In 1966, the first psychology and education department was established at Kuwait University, and in 1980, the university announced that the Psychology and Education Department would split to become independent departments. At first, the university offered graduate and undergraduate degrees, but in 1975 it started offering only graduate programs. In 1972, the Department of Psychological Services was initiated, which offered psychological services and engaged graduate students in the mental health sector (Gielen et al., 1992). Mental health in Kuwait is included in the primary health care system. In 1957, a mental health policy was developed in the country, and 40 years later, in 1997, a mental health program was created (Mental Health Atlas, 2005).

In 1998, Dr. Vincenza Tiberia, an American clinical psychologist was the first to be brought to Kuwait to train and supervise Kuwaiti psychologists. Some of Dr. Tiberia's contributions include implementing and teaching ethics according to the American Psychological Association (APA) guidelines, establishing procedure manuals, and promoting training programs with the help of other psychologists. There are no guidelines for becoming a psychologist in Kuwait. However, most psychologists have a doctoral degree (including at least 2 years of training) and additional training after the degree is completed. Also, psychologists in Kuwait are not required to receive a license before starting to work, and only a small number are licensed. Due to the lack of regulation, there is a misconception regarding who can be a psychologist, and many people decide to call themselves psychologists even if they do not have formal qualifications.

Clinical psychology is in the early stages of development in Kuwait, with few government services in some parts in the community. The need to create a professional ethics code and the desire to establish a national association to promote mental health in the Middle East led to the founding of the Middle East Psychological Association (MEPA) in 2010. This organization is based in Kuwait and recognized by the APA. Some of MEPA'S responsibilities include emphasizing the importance of the psychologist's role, offering professional training, and creating psychological services for the community.

Lebanon

The history of psychology in Lebanon goes back to the mid twentieth century. Between 1950 and 1960, various therapeutic approaches were introduced in Lebanese medicine, including family and adult therapy. Later, mental health institutions were established to promote mental health care, such as the psychiatric hospital of the Red Cross; the Institution for Development, Research, Advocacy, and Applied Care (IDRAAC); and the Medical Institute of Neuropsychological Disorders (MIND). Dr. Mounir Chamoun first introduced clinical psychology as a discipline at Saint Joseph University in 1980. In 2003, the Lebanese Psychological Association was established, and in 2011 Dr. Brigitte Khoury founded the Arab Center for Research, Training, and Policy Making at the American University of Beirut (Khoury & Tabbarah, 2013).

There are approximately 200 students with master's-level degrees in psychology or clinical psychology in Lebanon. Currently, there is no clear licensing process or set of guidelines for clinical psychologists in Lebanon because no official legal entity exists to oversee the discipline. In the past, psychologists were classified as clinical psychologists based on the university they attended and its regulations. At this time, the Lebanese Psychological Association, in collaboration with the Ministry of Health, is working on a decree to define requirements, roles, and responsibilities of clinical psychologists. The Lebanese Psychological Association recently declared new requirements for clinical psychologists, including a master's-level degree in clinical psychology and 400 h of clinical work. The clinical program

established in the American University of Beirut's psychiatry department is the first program to provide a 2-year training and supervision practicum.

Clinical psychologists' employment settings include private practices, private hospitals, private schools and universities, and non-governmental organizations. Often, practitioners teach and provide training, conduct assessments, and deliver treatment. Clinical psychologists use two main approaches in their work: psychoanalysis modeled on the methods used in the French system (e.g., Lacan), and CBT. CBT's development and acceptance has recently been recognized in Lebanon: the Lebanese Association of Cognitive and Behavioral Therapy was established in 2002 and today is recognized as a part of the European Association of Cognitive and Behaviour Therapies (EABCT). As of today, there is no official program for training in CBT; however, training is available at hospital psychiatry and clinical psychology departments. CBT pioneers in Lebanon have been collaborating with experts from around the world to develop workshops and seminars to better educate and train candidates. Official governmental organizations are working with CBT pioneers to increase awareness of CBT and provide official academic and professional training for candidates (Karam, 2015).

Oman

In the late 1980s, the first department of psychology was established at Sultan Qaboos University in Muscat with the help of some Egyptian psychologists (Baker, 2012). The department's mission was to provide psychological services and training for students and teachers, and the department's staff consisted of academic professionals from abroad (e.g., Egypt). Also, at that time a behavioral science program in the medical college that included psychology was offered to educate medical students; because of a shortage of qualified and credentialed professionals, the psychology courses were taught by the academics in the college (Al-Adawi et al., 2002). Psychology training in Oman was provided by the medical school and at the College of Education at Sultan Qaboos University (Al-Adawi et al., 2002).

Mental health care in Oman is a part of the primary health care system. A number of mental health resources are available in the Omani community. A mental health policy was established in 1992 with the mission of providing treatment for various psychological problems. A substance abuse policy was created in 1999 to provide treatments for abuse problems. A national mental health program was founded in 1999 to offer mental health services in the community and train professionals (Mental Health Atlas, 2005).

Most clinical psychologists in Oman have master's degrees, but very few psychologists hold a doctorate. Clinical psychology is not yet fully established in Oman; the profession is not defined, and there are no required academic or training requirements to become a practitioner. Some of the theoretical orientations practiced among clinical psychologists in Oman include CBT and acceptance and commitment therapy (ACT). Clinical psychologists in Oman provide therapy and

conduct assessments, and they often work in private practice or in public centers and clinics.

The field of psychology in Oman is not as developed as it is in other countries. Some of the limitations of practicing psychology in Oman include the need for formal training programs, defining academic requirements, and establishing legislation and rules to better define the role and responsibilities of clinical psychologists (A. Sultan, personal communication, January, 2014). Owing to the lack of psychological services and an increase in psychological problems among the Omani people, through the efforts of national psychologists, the psychiatry department at the Oman Medical College is currently offering psychological treatment in addition to the other services (Al-Adawi et al., 2002).

Palestinian Territories

Dr. Mubarak Awad, considered one the main pioneers of psychology in Palestine, first introduced psychology in the Palestine Territories in 1983. One of his major accomplishments was initiating the Palestine Counseling Center, the first institute to provide psychological service. The organization offers training for students and therapy for clients (Nashashibi, Srour, & Srour, 2013). In 1987, national and global organizations were established to treat individuals' symptoms resulting mostly from traumatic events. Some of these institutions include the Gaza Community Mental Health Program and Medicines Sans Frontiers (MSF). In 1996, the Ministry of Health established the first psychology programs at universities; the aim of these programs was to integrate psychologists into educational institutions (Nashashibi et al., 2013).

There are no distinctions between clinical psychology, general psychology, and social work in the Palestinian territories. Moreover, distinguishing clinical psychology from social work and counseling psychology is quite challenging; individuals who obtain an undergraduate degree in psychology or social work call themselves clinical psychologists. Professionals with bachelor's, master's, and PhD degrees have the same responsibilities and work in the same settings. In 2015, Al-Quds University initiated the first effort to establish a clinical program by offering a community mental health program with a concentration in psychotherapy. In the Palestinian territories, there are five universities with psychology programs, including al-Quds, An-Najah, Birzeit, Bethlehem, and the Islamic University of Gaza. Because clinical psychology is not yet developed enough in the Palestinian territories, psychologists from Palestine search for training opportunities outside the country to gain the appropriate experience (Costin, 2005).

Much of the focus of psychologists in the Palestinian territories is on the treatment of trauma symptoms; some of these approaches include eye movement desensitization and reprocessing (EMDR) and expressive therapy (Nashashibi et al., 2013). Other approaches are common, as well. For instance, some organizations provide training for psychologists (mainly in CBT) based on organizations' requirements, but there is no clarified registration regulation for psychologists. The Gaza

Community Mental Health Program (GCHP) was founded in 1990 to provide therapy and training. Psychologists who desire to work at the Ministry of Health must obtain accreditation as a psychologist or social worker, but most professionals prefer to work at non-profit organizations. Nongovernmental organizations also provide training for graduate students (Nashashibi et al., 2013). Most psychologists and social workers work in nonprofit organizations, while some work at schools (limited budgets prevent greater employment in schools), community centers, and hospitals (social workers more than psychologists). Social stigma is associated with seeking treatment, and negative generalizations are made about people who receive therapy or counseling. People with mental illness are often stigmatized and perceived as "crazy"; therefore, there is shame in seeing a psychologist (Costin, 2005).

A wide gap in mental health care exists between Palestine and other countries. Our interviewees suggested that authorities need to establish an official entity that defines the roles, responsibilities, and requirements of psychologists. Recently, there is an aim to raise awareness of mental health and promote psychology in the workplace; the Palestine Authority's National Mental Health Centers are developing community health care plans and services by modifying Western methods for Palestinian culture to respond to clients' psychological needs (Costin, 2005).

Qatar

In 1973, psychology was first announced as an independent discipline in Qatar. In 1977, Qatar University was established and introduced two psychology departments: the Department of Psychology and the Department of Educational Psychology. In 1980, the Center for Educational Research, where a variety of research is conducted, was founded at Qatar University (Gielen et al., 1992). In 1980, a mental health policy was created to promote treatment. Later, in 1986, a substance abuse policy was established, and 1990 saw the introduction of a national mental health program that centers on providing health care and regulating counseling services (Mental Health Atlas, 2005).

As in Kuwait, clinical psychology is being developed in Qatar and some services are offered in the community. Clinical psychologists in Qatar face problems concerning insurance and professional risk because there is no official governmental licensure. This issue may pose a challenge to clinical psychologists in that they aim to work ethically and wish to receive government support.

Saudi Arabia

The establishment and development of clinical psychology in the Kingdom of Saudi Arabia (KSA) occurred in the early 1980s. In 1982, Dr. Othman Altoal, who served as the director of mental health in the KSA at that time, first introduced clinical

psychology to the country. Later, Dr. Saeed Wahass, considered the pioneer of clinical psychology in the KSA, initiated the opening of clinical psychology units at hospitals in the kingdom.

In Saudi Arabia, clinical psychology is considered part of the liberal arts. The shortage in professions and services led to the launch of a new clinical psychology program for students who obtain a Bachelor of Science at the Princess Noura University, College of Health and Rehabilitation Sciences. The academic requirements of the program involve completing 137 credits of course work and a 1-year clinical internship. To become a clinical psychologist, students are required to pursue a bachelor's degree in psychology and train for at least 3 months at a hospital. Recently, the aim has been to require a more advanced degree to become a clinical psychologist; therefore, the first master's program in clinical psychology was established at the University of Dammam. In addition to academic development, the Saudi Commission for Health Specialty has established accreditation regulations for clinical psychologists. This is considered the first effort to create an official training guideline. According to the Saudi Commission for Health Specialties, Professional Classification and Registration of Health Practitioners Manual (6th Edition, 2015), students can specialize in clinical psychology if they have a bachelor's degree in psychology and 3 years of clinical work under supervision (Guidelines of professional classification and registration for health practitioners, 2015). Because the protocols have only recently been established in 2014, it is difficult to obtain accurate numbers of professionals who fit the category, but there are more than 1500 psychologists (mostly holders of only a undergraduate degree), of whom only about 30 individuals are highly trained. As in many other countries in the Middle East, CBT is the dominant therapeutic approach. Some hospitals have maintained family therapy programs for 7 years now. Clinical psychologists often provide psychotherapy, administer neuropsychological assessments, and teach courses and workshops. Their employment settings include working in public and private hospitals, private practices, and academic settings. One example of the discipline's rapid growth in the KSA is the establishment of the clinical psychology department at King Fahad Medical City, which has integrated clinical psychologists as mental health providers (Chur-Hansen et al., 2008).

Syria

Psychology emerged in Syria around the late 1940s when psychology courses were taught as a part of the philosophy and education departments. Thirty years later, in the 1970s, psychology departments were introduced at universities, offering undergraduate degrees in psychology. The pioneers who helped develop and promote the growth of this field are H. el-Gahli, Sami el-Dorroby, and F. H. Akil (Gielen et al., 1992).

In Syria, stigma regarding psychological distress and illness is prevalent; it is not acceptable for men (but is for women) to express and reveal emotions because it is considered a sign of weakness. Also, as in other Arab countries, mental illness is

perceived as shameful because of the risk of being labeled "crazy." Combining mental health services with more acceptable services such as primary care could reduce the stigma associated with mental health care in the Syrian community and improve the quality of life of individuals with mental disorder (Hassan et al., 2015). Given the current civil war in Syria, it is hard to describe the current services provided there.

Turkey

The history of psychology in Turkey started in 1915, when psychology was first recognized as a discipline (Poyrazh, Dogan, & Eskin, 2013). The first psychology courses were introduced as part of university philosophy departments in 1930. In 1970, early psychology studies centered on the Freudian approach, and the first clinical courses were taught based on psychodynamic methodology. In 1980, Isik Savasir founded the first cognitive behavioral program in Hacettepe. This program was one of the leading training programs for clinical psychologists and had a major influence on the discipline because it led to the establishment of other clinical psychology programs in Turkey such as those at Ankara University and Middle East Technical University. In 1984, the Institute for Higher Education recognized other psychology courses, leading to major developments in clinical psychology. In 2011, clinical psychology was first accepted as a separate profession in Turkey, and a law was created to make explicit the requirements, roles, responsibilities, and work conditions of clinical psychologists. The Ministry of Health accomplished this by working with representatives from academic and professional psychology fields and with leaders from the Turkish Psychological Associations. Despite this achievement, as of today Turkey does not have a law that defines the profession of clinical psychologist.

As of today there are approximately 3000 clinical psychologists in Turkey; however, the country does not have a registration system, and providing accurate data can be challenging. Based on the Ministry of Health law, clinical psychologists are required to complete at least 6 years of education and training in both psychology and clinical psychology. Currently, about ten graduate programs exist in clinical psychology in Turkey (Poyrazh et al., 2013). The academic requirements include an undergraduate degree in psychology and a master's degree in clinical psychology. Students also can pursue an undergraduate degree in counseling psychology and a master's and doctoral degree in clinical psychology.

Clinical psychologists in Turkey practice different theoretical orientations, but their specific orientation depends on their training. The main approaches are CBT, psychodynamic, and humanistic. Despite this variety, CBT is the dominant oreintation. CBT is used to treat various adult and child mental disorders including anxiety disorders, depression, eating disorders, schizophrenia, and bipolar disorder as well as sexual and addiction problems. The Turkish Association of Cognitive and Behaviour Psychotherapies (TACBP) is the only CBT organization in Turkey. It was initiated in 1995 and currently has hundreds of members. TACBP provides training

in CBT for professionals by offering courses, seminars, and workshops according to the European Association Behavioral Cognitive Therapies (Sungar, 2010). Clinical psychologists in Turkey work in hospitals, government organizations, and private clinics. Some of their responsibilities include conducting assessments and testing, offering treatments and interventions (both group and individual), providing training and consultation, and working in research or academic settings.

In Turkey, religious beliefs and ideas are thought to have a positive influence on clinical psychology by helping clients to manage their traumatic symptoms in treatment. Nonetheless, in the past, cultural and social factors negatively affected clinical psychology. Individuals previously viewed the use of medication to treat mental illness as a stigma. Recently, however, more people have become aware of the fact that mental disorders could develop as a result of life events and experiences and have come to view seeking pharmacological treatment as acceptable. Despite these developments in clinical psychology, a need exists to create more master's programs and train clinical psychologists in Turkey (Kayaoğlu & Batur, n.d.).

United Arab Emirates

Psychology was first introduced in the United Arab Emirates (UAE) in 1971 at UAE University, and in 2004 it was first recognized as a separate discipline. The first accredited graduate program in clinical psychology was established at the United Arab University (UAEU) in 2011, and later on another undergraduate program began at the New York University Campus in Abu Dhabi.

The core of this program is based on research and the goal of training students.

Until 2012, no clear requirements existed for clinical psychologists; individuals with any psychology degree could refer to themselves as clinical psychologists. In 2012, new legislation was created to define the academic and professional requirements and employment settings of clinical psychologists. Clinical psychologists are required to obtain master's degrees in clinical psychology and complete clinical work (Amer, 2013). Two government bodies are responsible for the regulation of clinical psychology in the UAE: Dubai Health Authority (DHA) and the Health Authority of Abu Dhabi (HAAD). These two units have almost similar guidelines. The main requirements include a doctoral or master's degree and completion of an internship and a written exam.

According to Hague and his colleagues, 32% of psychologists have master's degrees in psychology in comparison with 33% who have doctoral degrees. There are a variety of theoretical models practiced among UAE psychologist; 74% of psychologists use eclectic theoretical models, 19% use cognitive behavioral therapies, and only 3% use the psychodynamic approach (Haque et al., n.d.). Clinical psychologists in the UAE are engaged in clinics, schools, and hospitals.

Yemen

Yemen's first academic clinical psychology program was established in 2003 by the Ministry of Health and the Yemeni Medical Board. Two levels of degree in clinical psychology are available in Yemen: bachelor's and master's. The Ministry of Health's department for psychology is responsible for providing academic involvement, and the Yemeni Medical Council grants clinical training. There are more than 14 departments of psychology in Yemini Universities (Saleh, 2008a, b).

In 2009, 300 psychologists (1.5 per 1,000,000) worked in Yemen; out of this number, 135 are employed in academic institutions, 75 in mental health services, and 45 in social work (Cite). Data from the Yemeni Health Association (YMHA) showed the numbers of degree holders in psychology from 2002 to 2006: 51 held doctoral degrees, 159 held master's degrees, and 3370 held bachelor's degrees. Most of these psychologists were employed in academic settings, governmental organizations, and social work services (Saleh, 2008a, 2008b). Some of the services they provided include psychotherapy (in both private and public settings) and counseling at mental health services. In Yemen, the focus of the National Mental Health Program and Non-Governmental Associations (NGOs) is similar to that of other mental health services: to create official organizations that emphasize the role of psychologists. The mental health telephone counseling program initiated in 2000 by the Yemeni Mental Health Association, and Aden University has attempted to raise the awareness of psychologists' values and responsibilities. The Hotline for Psychological Aid (Aden) represents the first resource of it is kind in the Arab world. According to 2007 data, more than 4000 calls were received reporting mental disorders and psychological problems (Saleh, 2008a, 2008b). Later on, many other hotline and psychological counseling services were established, including the Hotline for Psychological and Legal Support (Sana'a), the education and psychological counseling center at Sana'a University, the student counseling center at Taiz University, and the Hotline at the Mental Health Cultural Health Center Sana'a (Saleh, 2011).

Some of the obstacles clinical psychologists face in Yemen includes the need for academic program training and accreditation. The mental health field is growing rapidly in Yemen, and the establishment of the different psychological services and organizations contributes to the success of programs to deal with violence and increase the awareness of mental health in the country to make the profession more accepted and honorable (Saleh, 2008a, 2008b; Saleh and Makki, 2008).

Conclusion

The Middle East marks the meeting point between East and West, where the various countries create diverse and wide-ranging cultures and traditions. It is the birthplace of the three major religions: Judaism, Islam, and Christianity. Islam is the dominant religion, and Islamic traditions and values are practiced in most Middle Eastern

Table 1 Number of psychologists working in the mental health sector in the Middle East.

Country	Population 2014 (in million)	Psychologists working in the mental health sector (2014)
Bahrain	1.3	9
Egypt	89.5	107
Iran	78.1	3959
Iraq	34.8	31
Israel	8.2	11,502
Jordan	6.6	18
Kuwait	3.7	77
Lebanon	4.5	74
Oman	4.2	15
Palestine Authority (West Bank and Gaza)[a]		36
Qatar	2.1	26
Saudi Arabia	30.8	425
Syria	22.1	26
Turkey	75.9	1085
United Arab Emirates[b]	8.7	45
Yemen[b]	24.2	41

Note: Total population data is from the World Bank census report (The World Bank, 2015) and number of psychologists is calculated based on the rates (per 100,000) provided by the World Health Organization

[a]Data Available as of 2006

[b]Data Available as of 2011

countries. For this reason, the Middle East is viewed as traditional in comparison with other regions around the world. However, there does not seem to be a relationship between traditions and providing psychological treatment, because psychology is an acceptable and common field in some countries, such as, Israel, Iran, and Turkey (Table 1). Notably all three of these countries have histories of being run by secular governments for a significant period of time, which may have provided more support for the entry of psychology into their societies. Some other countries are realizing the importance of introducing psychology, and are working to develop culturally adapted concepts that are acceptable to the wider public. However, stigma toward mental health is prevalent among Middle Eastern societies, and it appears to negatively affect those seeking treatment (and also prevent many from seeking treatment). Therefore, there is a need to decrease stigma and increase mental health awareness to improve the health and mental well-being of individuals. Given the important role of Islam in most of the Middle East, it seems important to work on developing culturally adapted models of clinical psychology in order to facilitate the introduction of clinical psychology at a greater scale in the Middle East. It is difficult to obtain systematic information about clinical psychology in the Middle East, and therefore we based much of our report on individuals who were surveyed. We are aware of the limitation of reporting in such surveys; thus, a more systematic investigation is needed to better describe the status of clinical psychology in the

Middle East and to make more specific policy recommendations on how to advance clinical psychology in the Middle East. Due to the many conflicts currently occurring in the Middle East, there is a clear need to promote clinical psychology throughout the region.

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