The Athens Journal of
Social Sciences

Articles

ATHENS INSTITUTE FOR EDUCATION AND RESEARCH
A World Association of Academics and Researchers
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(ATINER)   *Established in 1995*   *(ATINER)*

Mission

ATINER is a *World Non-Profit Association* of Academics and Researchers based in Athens. ATINER is an independent **Association** with a **Mission** to become a forum where Academics and Researchers from all over the world can meet in Athens, exchange ideas on their research and discuss future developments in their disciplines, **as well as engage with professionals from other fields**. Athens was chosen because of its long history of academic gatherings, which go back thousands of years to *Plato's Academy* and *Aristotle's Lyceum.* Both these historic places are within walking distance from ATINER's downtown offices. Since antiquity, Athens was an open city. In the words of Pericles, **Athens"...*is open to the world, we never expel a foreigner from learning or seeing".* (**"Pericles' Funeral Oration", in Thucydides, *The History of the Peloponnesian War). It is ATINER's **mission** to revive the glory of Ancient Athens by inviting the World Academic Community to the city, to learn from each other in an environment of freedom and respect for other people's opinions and beliefs. After all, the free expression of one's opinion formed the basis for the development of democracy, and Athens was its cradle. As it turned out, the Golden Age of Athens was in fact, the Golden Age of the Western Civilization. *Education* and *(Re)searching* for the 'truth' are the pillars of any free (democratic) society. This is the reason why *Education* and *Research* are the two core words in ATINER's name.

Athens Journal of Social Sciences
Editorial and Reviewers' Board

President's Message

All ATINER¨'s publications including the e-journals are open access without any costs (submission, processing, publishing, open access paid by authors, open access paid by readers etc) and are independent of the presentations made at any of the many small events (conferences, symposiums, forums, colloquiums, courses, roundtable discussions) organized by ATINER throughout the year. The intellectual property rights of the submitted papers remain with the author.

Before you submit, please make sure your paper meets some [basic academic standards](#), which include proper English. Some articles will be selected from the numerous papers that have been presented at the various annual international academic conferences organized by the different [divisions and units](#) of the Athens Institute for Education and Research.

The plethora of papers presented every year will enable the editorial board of each journal to select the best ones, and in so doing, to produce a quality academic journal. In addition to papers presented, ATINER encourages the independent submission of papers to be evaluated for publication.

The current issue of the Athens Journal of Social Sciences (AJSS) is the first issue of the sixth volume (2019). The reader will notice some changes compared with the previous issues, which I hope is an improvement. An effort has been made to include papers which fall within in one of the broad disciplines of social sciences.

This issue includes papers on psychology. In total, five papers are included. The first two focus on the issue of *Intimate Partner Violence* and the following three on *Mental Health*. The AJSS is truly an international journal; this is also reflected in this issue. The five papers use China, Egypt, Ghana, Finland and USA as their data generating process.

Gregory T. Papanikos, President
Athens Institute for Education and Research

Athens Institute for Education and Research

A World Association of Academics and Researchers

13th Annual International Conference on Psychology

The [Psychology Unit](#) of ATINER organizes its **13th Annual International Conference on Psychology, 27-30 May 2019, Athens, Greece** sponsored by the [Athens Journal of Social Sciences](#).The aim of the conference is to bring together scholars and students of psychology and other related disciplines. You may participate as stream leader, presenter of one paper, chair a session or observer. Please submit a proposal using the form available (https://www.atiner.gr/2019/FORM-PSY.doc).

Academic Members Responsible for the Conference

- **Dr. Thanos Patelis,** Head, Psychology Unit of ATINER & Research Scholar, Fordham University, USA.

Important Dates

- Abstract Submission: **28 January 2019**
- Acceptance of Abstract: 4 Weeks after Submission
- Submission of Paper: **29 April 2019**

Social and Educational Program

The Social Program Emphasizes the Educational Aspect of the Academic Meetings of Atiner.
- Greek Night Entertainment (This is the official dinner of the conference)
- Athens Sightseeing: Old and New-An Educational Urban Walk
- Social Dinner
- Mycenae Visit
- Exploration of the Aegean Islands
- Delphi Visit
- Ancient Corinth and Cape Sounion

Conference Fees

Conference fees vary from 400€ to 2000€
Details can be found at: https://www.atiner.gr/2019fees

Athens Institute for Education and Research

A World Association of Academics and Researchers

13th Annual International Conference on Sociology
6-9 May 2019, Athens, Greece

The Sociology Research Unit of the Athens Institute for Education and Research (ATINER) organizes its **13th Annual International Conference on Sociology, 6-9 May 2019, Athens, Greece** sponsored by the [Athens Journal of Social Sciences](). The aim of the conference is to bring together academics and researchers from all areas of Sociology, Social Work and other related fields. Theoretical and empirical research papers will be considered. You may participate as stream leader, presenter of one paper, chair a session or observer. Please submit a proposal using the form available (https://www.atiner.gr/2019/FORM-SOC.doc).

Important Dates
- Abstract Submission: **7 January 2019**
- Acceptance of Abstract: 4 Weeks after Submission
- Submission of Paper: **8 April 2019**

Academic Member Responsible for the Conference
- **Dr. Domenico Maddaloni,** Head, Sociology Research Unit, ATINER & Associate Professor, University of Salerno, Italy.
- **Dr. Yorgo Pasadeos,** Director [Social Sciences Division](), ATINER & Professor Emeritus, University of Alabama USA.
- **Dr. Sharon Claire Bolton**, Head, Management Research Unit, ATINER & Professor, The Management School, University of Stirling, Scotland.

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Interaction of Auditory Status, Child Maltreatment, and Victimization of Intimate Partner Violence

By Judy L. Porter[*]
Laverne Mcquiller Williams[†]
Kristy Love[‡]

This study explores the effects of being mistreated as a child and the possibility of becoming a victim of intimate partner violence with an emphasis on auditory status. Deaf or head of hearing children experience childhood mistreatment, including psychological and physical abuse at a higher rate than hearing children. This study examines the hypothesis that having been mistreated as a child and being a member of a minority and disabled group leads to a greater likelihood of becoming a victim of interpersonal violence. The study also researches the auditory status of the partner dyad – hearing with hearing, hearing with Deaf, hearing with hard of hearing, Deaf with Deaf, and hard of hearing with hard of hearing. The hypothesis that Deaf or hard of hearing partnered with hearing will experience greater rates of abuse is tested.

Keywords: *abuse - psychological, child-maltreatment, deaf, physical.*

Introduction

Intimate partner violence (IPV) is pervasive on college and university campuses. Intimate partner violence refers to violence between individuals in dating and cohabiting relationships and encompasses physical and psychological abuse (World Health Organization 2012). Although several methodological issues—including the time frame assessed, definitions employed, and questions asked—make comparisons difficult, research has consistently shown that college students both within and outside of the United States are at a high risk of intimate partner violence (Chan et al. 2008, Fass et al. 2008, NCADV 2016).

Because IPV among college students occurs at alarmingly high rates, it is important to understand the factors that may increase the risk of victimization. One possible risk factor is child maltreatment. Child maltreatment is one of the most commonly studied risk factors for dating violence (Jennings et al. 2011, Riggs et al. 2009). Both witnessing interparental violence and experiencing child abuse have been found to increase the likelihood of victimization among college students (Langhinrichsen-Rohling et al. 2004).

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Despite increased attention paid to IPV on college and university campuses, only a limited number of studies have focused on IPV among college students who are Deaf[1] or hard of hearing (Anderson 2010, Anderson and Leigh 2011, Mason 2010, Porter et al. 2011a, 2011b). The importance of examining IPV within the context of auditory status cannot be understated as studies based on U.S. community samples have indicated that Deaf and hard of hearing individuals are more likely to be victimized over their lifetime than hearing individuals (Brownridge 2009, Johnston-McCabe et al. 2011). Accordingly, the purpose of this study is to examine the extent of victimization among a sample of female and male college students and whether these experiences vary by auditory status. Moreover, this study examines IPV and the auditory status of the partner dyad – hearing with hearing, hearing with Deaf, hearing with hard of hearing, Deaf with Deaf, and hard of hearing with hard of hearing to investigate whether differing experiences with IPV exist within these dyads. In addition, we also explore whether child maltreatment, namely childhood physical abuse and witnessing interparental abuse, increase the risk of IPV for adult victimization. Having a better understanding of the rates of victimization and risk factors that may increase students' risk of experiencing abuse is important in developing and implementing target prevention and intervention programs.

IPV among College Students

Estimates suggest that college students experience high rates of dating violence that range from 17% and 39% for physical abuse (Dye and Eckhard 2000, Edwards 2015, Orcutt et al. 2005, Perry and Fromuth 2005, Smith et al. 2014) and 65% and 86% for psychological abuse (Black et al. 2010, Cercone et al. 2005, Cogan and Ballinger 2006, Forke et al. 2008, Hines and Saudino 2003). Both men and women have been found experience abuse while in college. For example, Perry and Fromuth's (2005) study of 50 unmarried college couples from a public southern university found that 30% of women and 42% of men reported receiving physical violence by their partner. Other studies suggest that the rates of receiving and inflicting abuse are similar. Similarly, Harned's (2001) study of college men and women reported that both genders experienced similar rates of physical abuse from their partners and both genders were likely to be victims of psychological abuse.

To date only a handful of studies have examined auditory status within the context of IPV in college relationships. Collectively, these studies using college samples in the U.S. indicate that prevalence rates of experiencing intimate partner violence were more than doubled for Deaf and hard of hearing individuals when compared to hearing populations (Anderson and Leigh 2011, Porter and

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[1]In the United States, Deaf people do not see themselves as having a disability, but rather have a culture and way of communication that is denied by the dominate hearing culture (Sadusky and Obinna 2002). The use of the capital "D" is to acknowledge the unique cultural identity of Deaf individuals. This includes a strong affiliation to the Deaf community and a shared language (American Sign Language) (Anderson et al. 2011).

McQuiller Williams 2011a, 2011b). For example, in a 2010 study of Deaf women undergraduates at a college in Washington D.C., it was found that Deaf women were twice as likely to report experiencing physical assault and psychological aggression as hearing students in the previous year (Anderson and Leigh 2011). Although these empirical studies contribute to our understanding of the prevalence of IPV victimization among Deaf and hard of hearing college students, little is known the risk factors that increase the risk of victimization. To date, only one study has examined the prevalence of IPV comparing hearing- Deaf versus Deaf –Deaf relationships (Anderson and Pezzarossi 2013). Using a sample of college women, findings revealed that hearing status of one's partner did not account for significant differences in psychological abuse or physical abuse. Although this study is helpful in contributing to our understanding of IPV comparing differing groups by auditory status, the study is limited in that it only focused on the victimization experiences of women.

Child Maltreatment and the Risk of IPV Victimization and Perpetration

In analyzing risk factors for dating violence, numerous studies using hearing samples have examined the link between experiencing child abuse and/or witnessing interparental violence in the family of origin and later partner victimization (Cyr et al. 2006, Foshee et al. 2008, Gover at al. 2011, Maas et al. 2010). Research in this area suggests that for both men and women, parent-to-child physical abuse is associated with physical partner violence as both victim and perpetrator (Coffeyet al. 1996, Foshee et al. 2004, Gomez 2011, Jankowski et al. 1999, Lavoie et al. 2002, Millett et al. 2013, O'Keefe 2005, Stith et al. 2000).

Studies examining the association between witnessing interparental violence and subsequent violence have produced mixed results some studies finding significance with partner victimization (Brownridge 2006, Cappell and Heiner 1990, Kwong et al. 2003). However, other studies did not find a significant relationship between family of origin variables and subsequent partner violence (Busby et al. 2008, Foshee et al. 2005). While there is evidence that witnessing or experiencing parental violence is a risk factor for adult victimization, not all children exposed to family of origin violence later inflict or experience violence. As such, researchers have suggested that trajectories for IPV may operate differently for women and women. For example, some studies reveal moderate to strong relationships between interparental violence and subsequent partner victimization only for women (Gover et al. 2008), interparental violence and subsequent partner perpetration only for men (Chen and White 2004), parent-to-child abuse and subsequent partner victimization only for women (Chen and White 2004, Stith et al. 2000), and parent-to-child abuse and subsequent partner perpetration only for women. However, Fergusson, Boden, and Horwood's (2006) results reported no significant victimization differences between witnessing violence and the men and women in their sample.

Current Study

The current study adds to the IPV literature in two ways. First, we examine the extent of partner violence victimization among a sample of hearing, Deaf, and hard of hearing male and female college students, and whether these experiences vary by auditory status. By including male and female college students in the analysis, this study is able to explore whether auditory status increases the risk for partner violence for both sexes, not just women. Moreover, this study goes one step further by investigating auditory status of the partner dyad to examine whether IPV experiences differ within these dyads. Second, this study makes a contribution by exploring whether risk factors other than disability increase the risk of partner violence victimization. This is an important contribution because very little, if anything, has been published about risk factors for partner violence, other than disability, for college students who are Deaf or hard of hearing.

Data Collection and Measures

The purpose of this study was to determine whether data collected indicated significant correlations between auditory status and intimate partner victimization among Deaf or hard of hearing students. The purpose was also to examine if Deaf and hard of hearing students experience and witness family abuse at higher rates than their hearing peers and if that relationship impacts their experiences with partner abuse in college. The cross-sectional data for this study was collected from a northeastern university in the U.S. Thirty-six classes were randomly selected by the researchers. After receiving approval from the Institutional Review Board (IRB), surveys were distributed within the randomly selected classes to all students. Students were informed that the survey was voluntary and they could stop at any time. The survey was distributed in the spring of 2011. A total of 260 respondents completed the survey and we had a response rate of 96%.

Measures

Gender, auditory status, race and college year status are the independent variables. Three childhood maltreatment variables were assessed: experiencing child abuse, witnessing mother-to-father physical violence and witnessing father-to-mother physical violence. The child abuse measure was created from six items from the Parent-Child Conflict Tactics Scale (Straus et al. 1998) to indicate whether a respondent experienced physical abuse at the hands of a parent, caregiver, or guardian. Witnessing inter-parental abuse was measured by asking respondents whether before the age of 18, they had witnessed their mother hit their father and/or witnessed their father hit their mother. Students were able to answer never, once or twice, three to ten times, or more than ten times. The responses were coded as: 1=never, 2=once or twice, 3=three to ten

times and 4=more than ten times. Due to sparse responses in the categories responses were coded for analysis as dichotomous yes or no.

The child maltreatment variable was created by combining the frequencies from the self-reported questions: "Parent/caregiver threated you with a gun or a knife", "Parent/caregiver choked you", "Parent/caregiver beat you up", and "Parent/caregiver forced you to have sex (vaginal, anal, or oral intercourse) against your will". Students were able to answer, never, once or twice, three to ten times, or more than ten times. The responses were coded as: 1=never, 2=once or twice, 3=three to ten times and 4=more than ten times. Responses were coded dichotomous yes or no due to sparse responses in the categories.

Gender was self-reported and coded as a dichotomous variable where 1= female and 0 = male. Auditory status was self-reported with the question: "Which best describes your auditory status?" Students were able to answer, hearing, hard of hearing, or Deaf. Race was self-reported with the question: "How do you usually describe yourself?" Race was combined to create a dichotomous variable where 0=non-white and 1=white.

Conflict Tactics Scale Psychological Index (CTSPsychIndex), Conflict Tactics Scale Physical Index (CTSPhysIndex). To arrive at the measures for psychological and physical abuse within the CTSPsychIndex and CTSPhysIndex, Straus et al.'s (1996) Revised Conflict Tactics Scale (CTS2) was used to measure intimate partner violence by "a partner" over the previous school year. Use of the term "partner" denotes intimate partner violence may exist among heterosexual and same-sex partners. The CTS2 is a commonly used measure of intimate partner violence that measures the frequency with which respondents had experienced psychological and physical abuse from their dating partners. Three items assessed psychological abuse (e.g., insults, and threats) and seven items assessed physical abuse (e.g., slapping, pushing, kicking). Psychometric analyses conducted by Anderson and Leigh (2011) reported sound construct validity between the psychological and physical abuse scales for Deaf and Hard of Hearing college students. CTSPsychIndex was created by combining the self-reported questions: "Partner insulted or swore at you?", "Partner put you down in front of family and/or friends?", and "Partner threatened to hit or throw something at you?" CTSPhysIndex was created by combining the self-reported questions: "Partner pushed, grabbed, or shoved you?", "Partner slapped you?", "Partner kicked or bit you?", "Partner beat you up?", "Partner hit you or tried to hit you with something?", "Partner choked you?", "Partner threatened you with a gun or a knife?"

Findings/Results

Demographic Profile of Respondents

Women were slightly over half of the respondents (54.6%). The majority of respondents were white (55.8%), black not Hispanic were nearly 16% of the respondents, while Hispanic or Latino were 13%, Asian or Pacific Islander

were just under 10%, with America Indian or Alaskan Native at under 3% of the respondents. Auditory status was self-identified and characterized by hearing, Deaf, and hard of hearing. About 45% of respondents identified as hearing, close to 40% identified as Deaf, and about 15% identified as hard of hearing (Table 1).

Table 1. *Respondents' Gender, Race/Ethnicity, and Auditory Status (N=260)*

	n	**Percent**
Gender		
Male	117	45.0
Female	142	54.6
Transgender	1	.4
Total	260	100.0
Race/Ethnicity		
White	145	55.8
Black not Hispanic	41	15.8
Hispanic/Latino	34	13.1
Asian/Pacific Islander	25	9.6
American Indian/Alaskan Native	7	2.7
Other	7	2.7
Missing	1	.4
Total	260	100.0
Auditory Status		
Hearing	118	46.1
Deaf	98	38.3
Hard of Hearing	40	15.6
Total	256	100.0
Missing	4	
Total	260	

Of the 255 respondents 138 were Deaf or hard of hearing (DHH) compared with 117 respondents who identified as hearing. The majority of respondents identified as white (n=103) compared with those who identified as a member of a racial or ethnic minority group (n=85). Of the 47 hearing men 31 were white and 16 were members of a racial or ethnic minority (REM). Of the 70 hearing women 38 were white and 32 were REM. Among the 138 DHH respondents, 67 were men and 71 were women. There were 38 white hearing women and 31 white hearing men compared to 16 REM hearing men and 32 REM hearing women. There were 38 DHH white men and 29 REM DHH men with 34 white DHH women and 37 REM DHH women (Table 2).

Table 2. *Cross-tabulation of Gender by Race/Ethnicity by Auditory Status (N = 260)*

Cross-tabulation of Gender by Race/Ethnicity by Auditory Status				Race/Ethnicity		Total
Auditory Status				White	REM[2]	
Hearing	Gender	Male	Count	31	16	47
			% within respondent gender	66.0%	34.0%	100.0%
			% within respondent race	44.9%	33.3%	40.2%
		Female	Count	38	32	70
			% within respondent gender	54.3%	45.7%	100.0%
			% within respondent race	55.1%	66.7%	59.8%
	Total		Count	69	48	117
			% within respondent gender	59.0%	41.0%	100.0%
			% within respondent race	100.0%	100.0%	100.0%
DHH[3]	Gender	male	Count	38	29	67
			% within respondent gender	56.7%	43.3%	100.0%
			% within respondent race	52.8%	43.9%	48.6%
		female	Count	34	37	71
			% within respondent gender	47.9%	52.1%	100.0%
			% within respondent race	47.2%	56.1%	51.4%
	Total		Count	72	66	138
			% within respondent gender	52.2%	47.8%	100.0%
			% within respondent race	100.0%	100.0%	100.0%
Total	Gender	male	Count	69	45	114
			% within respondent gender	60.5%	39.5%	100.0%
			% within respondent race	48.9%	39.5%	44.7%
		female	Count	72	69	141
			% within respondent gender	51.1%	48.9%	100.0%
			% within respondent race	51.1%	60.5%	55.3%
	Total		Count	141	114	255
			% within respondent gender	55.3%	44.7%	100.0%
			% within respondent race	100.0%	100.0%	100.0%

Experiences of Psychological and Physical Abuse

Nearly 60% of respondents reported experiencing psychological or physical abuse (n = 145, 59.2%) (Table 3). Over 40% of responders reported physical abuse (Table 4), while over half reported psychological abuse (Table 5). There

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[2]REM indicates a member of a racial or ethnic minority
[3]DHH indicates a respondent who identified as Deaf of hard of hearing

was not statistical significance for any of the auditory statuses for either a combined physical/psychological or separate physical and psychological abuse (Tables 6–8). Over 60% of the offenders were a partner of the respondent at the time of the abuse (n=105, 60.7%). The next largest category of offenders were described as a date (n = 37, 21.4%) (Table 9).

Table 3. *Psychological and Physical Abuse for All Respondents (N = 260)*

	Frequency	Percent	Cumulative Percent
No	100	40.8	40.8
Yes	145	59.2	100
Total	245	100.0	
Missing	15		
Total	260		

Table 4. *Physical Abuse for all Respondents (N = 260)*

	Frequency	Percent	Cumulative Percent
No	141	57.3	57.3
Yes	105	42.7	100
Total	246	100.0	
Missing	14		

Table 5. *Psychological Abuse for all Respondents (N = 260)*

	Frequency	Percent	Cumulative Percent
No	118	47.4	47.4
Yes	131	52.6	100
Total	249	100	
Missing	11		
Total	260		

Table 6. *Psychological and Physical Abuse for All Respondents by Auditory Status (N = 245)*

	Physical and Psychological Abuse			Chi-Square (2-sided)
	No	**Yes**	**Total**	.307
Hearing % within auditory status % within psychological abuse	47 41.6 47.0	66 58.4 45.5	113 100 436.1	
Deaf % within auditory status % within psychological abuse	42 44.2 42.0	53 55.8 36.6	95 100 38.8	
Hard of Hearing % within auditory status % within psychological abuse	11 29.7 11.0	26 70.3 17.9	37 100 15.1	
Total	100	145	245	

Table 7. *Physical Abuse for All Respondents by Auditory Status (N = 245)*

	Physical and Psychological Abuse			Chi-Square (2-sided)
	No	**Yes**	**Total**	.795
Hearing	63	50	113	
% within auditory status	55.8	44.2	100	
% within psychological abuse	44.7	47.6	45.9	
Deaf	57	38	95	
% within auditory status	60.0	40.0	100	
% within psychological abuse	40.4	36.2	38.6	
Hard of Hearing	21	17	38	
% within auditory status	55.3	44.7	100	
% within psychological abuse	14.9	16.2	15.4	
Total	141	105	246	

Table 8. *Psychological Abuse for All Respondents by Auditory Status (N = 245)*

	Physical and Psychological Abuse			Chi-Square (2-sided)
	No	**Yes**	**Total**	.639
Hearing % within auditory status % within psychological abuse	54 47.4 45.8	60 52.6 45.8	114 100 45.8	
Deaf % within auditory status % within psychological abuse	48 50.0 40.7	48 50.0 36.6	96 100 38.6	
Hard of Hearing % within auditory status % within psychological abuse	16 41.0 13.6	23 59.0 17.6	39 100 15.7	
Total	118	131	249	

Table 9. *Relationship with Abuser*

	Frequency	**Percent**	**Cumulative Percent**
Partner	105	60.7	60.7
Spouse	3	1.7	62.4
Acquaintance	7	4.0	66.5
Date	37	21.4	87.9
Stranger	9	5.2	93.1
Family member	4	2.3	95.4
Other	8	4.6	100.0
Total	173	100.0	
Missing	87		
Total	260		

A cross tabulation of victim's and offender's auditory status reveals that the majority of abuse is intra-auditory status. Auditory status achieved statistical significance (Chi-Square .000) – there is a statistically significant difference

between hearing, Deaf, and hard of hearing victims and offenders. Hearing victims are assaulted by hearing offenders over 75% of the time, while there are no Deaf offenders with hearing victims and only 2 hearing victims report hard of hearing offenders (20%). Deaf victims are assaulted 77% of the time by Deaf offenders but also experience abuse at the hands of hearing offenders 11.3% of the time. Hard of hearing victims experience abuse at the hands of other hard of hearing individuals 40% of the time, Deaf offenders 40% of the time and at the hands of hearing offenders 20% of the time. Abuse is primarily intra-auditory status for Deaf and Hearing, but not for hard of hearing. Hard of hearing is spread across auditory status although the majority of hard of hearing victims experience abuse at the hands of someone who is either Deaf or hard of hearing, while 20% of hard of hearing victims experience abuse at the hands of hearing offenders (Table 10).

Table 10. *Cross Tabulation of Victims' and Offenders' Auditory Status*

			Respondent Auditory Status				Chi-Square
			Hearing	Deaf	Hard of Hearing	Total	(2-sided)
Offender's auditory status	Hearing	Count	73	11	13	97	.000
		Percent within offenders' auditory status	75.3%	11.3%	13.4%	100.0%	
	Deaf	Count	0	47	14	61	
		Percent within offenders' auditory status	0.0%	77.0%	23.0%	100.0%	
	Hard of Hearing	Count	2	4	4	10	
		Percent within offenders' auditory status	20.0%	40.0%	40.0%	100.0%	
Total		Count	75	62	32	169	
		Offenders' auditory status	44.4%	36.7%	18.9%	100.0%	

Table 11 details whether a child witnessed parental abuse by auditory status. Over 63% of hearing respondents reported they had witnessed parental abuse as a child, while over 50% of Deaf and over 57% of hard of hearing had been a child witness of parental abuse. There was not statistical significance between auditory status and witnessing parental abuse as a child (Chi-Square .175).

Table 12 summarizes the experiences of child maltreatment by auditory status. Among hearing respondents 45.3% reported being victims of child maltreatment while 24.4% of Deaf respondents and 34.4% of hard of hearing

respondents reported being victims of child maltreatment. Auditory status does achieve statistical significance (Chi-Square .004) indicating there is a difference between hearing, Deaf, and hard of hearing individuals who have experienced child maltreatment.

Table 11. *Cross Tabulation of Auditory Status by Witnessing Parental Abuse as a Child*

			Child Witness Parental Abuse		Total	Chi-Square
			No	Yes		(2-sided)
Respondent Auditory Status	Hearing	Count	42	73	115	.175
		% Within Respondent Auditory Status	36.5%	63.5%	100.0%	
	Deaf	Count	45	46	91	
		% Within Respondent Auditory Status	49.5%	50.5%	100.0%	
	Hard of Hearing	Count	17	23	40	
		% Within Respondent Auditory Status	42.5%	57.5%	100.0%	
Total		Count	104	142	246	
		% Within Respondent Auditory Status	42.3%	57.7%	100.0%	

Table 12. *Auditory Status by Child Maltreatment*

			Child Maltreatment			Chi-Square
			No	Yes	Total	(2-sided)
Respondent Auditory Status	Hearing	Count	63	52	115	.004
		% within Respondent Auditory Status	54.8%	45.2%	100.0%	
	Deaf	Count	68	22	90	
		% within Respondent Auditory Status	75.6%	24.4%	100.0%	
	Hard of Hearing	Count	29	10	39	
		% within Respondent Auditory Status	74.4%	25.6%	100.0%	
Total		Count	160	84	244	
		% within Respondent Auditory Status	65.6%	34.4%	100.0%	

A binomial regression analysis that included child witness, auditory status, gender, and race found that only witnessing parental abuse as a child was statistically significant for being an adult victim of psychological abuse. Individuals who witnessed parental abuse as a child were over nine times as likely

as those who had not witnessed parental abuse to become victims of psychological abuse as an adult (Table 13).

Table 13. *Binomial Regression Analysis of Auditory Status and Witnessing Parental Abuse as a Child and Becoming a Victim of Psychological Abuse as an Adult*

		B	S.E.	Wald	df	Sig.	Exp(B)
	Child witness	2.240	.303	54.587	1	.000	9.389
	Constant	-1.179	.233	25.496	1	.000	.308
a. Variable(s) entered on step 1: child witness, auditory status, gender, and race/ethnicity.							

Table 14 details a binomial regression analysis that examines the effects of witnessing parental abuse as a child and becoming a victim of physical abuse as an adult. The findings indicate that being a child witness increasing the odds of experiencing physical abuse as an adult by 4.663 times. The odds are nearly doubled for women and over 2 ½ times as much for a member of a racial or ethnic minority.

Table 14. *Binomial Regression Analysis of Auditory Status and Witnessing Parental Abuse as a Child and Becoming a Victim of Physical Abuse as an Adult*

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 2[a]	Child witness	1.540	.309	24.746	1	.000	4.663
	Gender	.784	.297	6.948	1	.008	2.190
	Race/Ethnic	.959	.295	10.595	1	.001	2.610
	Constant	-2.126	.343	38.452	1	.000	.119
a. Variable(s) entered on step 1: child witness, auditory status, gender, and race/ethnicity.							

Table 15 illustrates the relationship between being a victim of child maltreatment and becoming an adult victim of psychological abuse. The findings indicate that those who were victims of child maltreatment were 1.857 times as likely to become a victim of psychological abuse and women were 1.695 as likely to become victims of psychological abuse.

Table 15. *Binomial Regression Psychological Abuse and Child Maltreatment*

	B	S.E.	Wald	df	Sig.	Exp(B)
Gender	.527	.269	3.849	1	.050	1.695
Child Maltreatment	.619	.284	4.751	1	.029	1.857
Constant	-.405	.211	3.678	1	.055	.667
a. Variable(s) entered on step 1: Auditory Status, Gender, Race/Ethnicity, Child Maltreatment						

Table 16 details the results of a binomial regression analysis exploring the effects of being a victim of child maltreatment and the chances of becoming adult victims of physical abuse. The findings indicate that the odds of becoming an adult victim of physical abuse are nearly doubled for women, racial and ethnic minorities and those who were victims of child maltreatment.

Table 16. *Binomial Regression Child Maltreatment and Physical Abuse as an Adult*

	B	S.E.	Wald	df	Sig.	Exp(B)
Gender	.737	.287	6.599	1	.010	2.089
Race/Ethnicity	.922	.281	10.721	1	.001	2.513
Child Maltreatment	.746	.294	6.414	1	.011	2.108
Constant	-1.409	.267	27.760	1	.000	.244
a. Variable(s) entered on step 1: Auditory Status, Gender, Race/Ethnicity, Child Maltreatment						

Discussion

Overall, the rate of psychological abuse in the current sample was very high. More than 59% of the sample reported such abuse. This is comparable with prevalence rates of partner victimization reported by college students as reported in previous studies (Black et al. 2010, Harned 2002, Hines and Saudino 2003). The prevalence of physical violence in the current study is also consistent with prevalence rates in previous studies (Black et al. 2010, Cogan and Ballinger 2006, Hines and Saudino 2003).

The first purpose of this study was to examine the extent of intimate partner violence victimization and among a sample of hearing, Deaf, and hard of hearing male and female college students and whether these experiences varied by auditory status. Previous research indicates higher rates of partner violence victimization for Deaf and hard of hearing individuals than those who are hearing (Anderson and Leigh 2011, Porter et al. 2011a, 2011b). These results were not found in the current study. Rather, no significant differences were observed for psychological abuse or physical abuse among Deaf, hard of hearing, and hearing college students. Although there were no significant differences in being abused by auditory status, the dyad for abuse and auditory status indicated that abuse for hearing and Deaf victims is mostly intra-auditory status. However, this does not hold true for hard of hearing victims whereby 60 percent of their perpetrators were either Deaf or hearing. Barrow (2008) suggests that because hard of hearing individuals are often members of both Deaf culture and mainstream (hearing) culture, this places them at a differing risk of abuse than those who are Deaf or hearing. Along these lines, as Anderson et al. (2011) acknowledges, within the dynamics of the relationships that include one hearing partner and a hard of hearing partner, there lays the potential for the hearing partner to abuse their hearing privilege. This may include the perpetrator using their hearing to manipulate the victim (not share with him or her is being said) and/or communicating with police officers and others because they are hearing (Deaf Hope 2006). This suggests the need for more directed research, including qualitative studies, on victimization and factors that contribute to victimization on college campuses.

The second purpose of this study was to examine whether risk factors, in addition to disability, increase the risk of IPV victimization. Compared to hearing students, Deaf and hard of hearing students were significantly more likely to have witnessed parental abuse and experience child abuse than hearing students.

However, findings did not indicate that auditory status was statistically significant and different for hearing, Deaf, or hard of hearing for witnessing parental abuse or being the victim of child maltreatment and becoming an adult victim of psychological or physical abuse. The current findings are unexpected given the expansive research on the role of witnessing violence in the family of origin and physical child abuse on subsequent partner violence (Coffey et al. 1996, Foshee et al. 2004, Gover et al. 2011, Jankowski et al. 1999, Marshall and Rose 1988 O'Keefe 2005, Simons et al. 1998). This suggests the need to investigate factors beyond those relied upon with hearing college samples to understand the dynamics of partner violence victimization among Deaf and hard of hearing college students.

Although the current study extends our understanding of the correlates of partner victimization, findings should be viewed with caution in light of several limitations. First, data were obtained by self-report. Thus, the possibility of deliberate response distortion must be considered. Second, present findings may not generalize beyond the particular sample. We note our sample consisted of a small number of Deaf and hard of hearing college men and women who may differ from other groups in their experiences of psychological and physical abuse. The study does, however, provide evidence for future comparisons. Third, the cross-sectional design of this investigation does not allow causal inferences to be made as the temporal order of variables. Future research is also needed concerning specific episodes of psychological and physical abuse to learn more about the dynamics of such abuse.

Finally, substantiation of the present findings, which indicate that partner abuse occurs with frequency among hearing, Deaf and hard of hearing college students, and that most traditional risk factors for partner violence among hearing college samples are not significant when examined for Deaf and hard of hearing students, is crucial for the dissemination of educational information. The findings presented here reiterate the need for a continued focus on risk factors for partner violence, both in terms of victimization and to address and prevent further instances of partner violence.

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Intimate Partner Violence Impacts University Students in Ghana

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Intimate partner violence cuts across cultures and types of relationships. While the phenomenon has received considerable academic attention in many contexts, few scholarly works exist in Ghana. This research project was limited to tertiary level students at Ghana's premier university. The study, using open-ended qualitative questions, examined the phenomenon from a multidimensional perspective as it affects both male and female in dating relationships. Additionally, the study attempts to fill a gap in the literature by examining abuse in relationships between largely unmarried intimate partners in a university. It also pushes beyond the academic realm and offers a guide for practice, by establishing a public relations campaign targeted to the university students. Researchers investigated the scope and types of intimate partner violence among students in dating relationships, students described experiencing physical and emotional abuse, citing reasons for continuing non-healthy relationships. This study seeks to understand why university-educated victims remain in abusive relationships.

Keywords: *abusive relationships, dating relationships, Ghana, Intimate partner violence, university students.*

Introduction

Civil society leaders and government officials around the world continue to announce that violence against women and girls is a human rights matter. From a policy concern, the persistence of domestic violence threatens the achievement of gender equality, and for Ghana it presents a challenge in achieving the Sustainable Development Goal 5 of gender equity. Moreover, domestic or partner violence results in poor emotional and physical health, along with higher risks of sexually transmitted diseases, decline in human development and lower productivity (Garcia-Moreno et al. 2006, Moosa 2012). In 2008, 38.7 of ever-married Ghanaian women between the ages of 15 and 49 had experienced physical, emotional or sexual violence by a husband or partner at some point in their lives. Although much of the information and policies on domestic violence focus on women and girls, men and boys were also affected. In fact, a number of Ghanaian males have reported experiencing physical or emotional violence perpetrated by their wife or

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partner. The purpose of this qualitative study, however, is to provide an in-depth understanding of partner/domestic violence in Ghana and what messages are communicated resulting in such violence, particularly among university students. It is our hope that this project will increase advocacy, promote policy and education, countering such violence in Ghana.

The World Health Organization (2012) defines intimate violence in terms of behavior that results in physical or psychological harm to a partner in the relationship. Wingood et al. (2000: 270) also define intimate partner abuse as 'physical or sexual assault by a husband, intimate partner, or ex-intimate partner. In reality, the most common perpetrators of violence against women have been found to be male intimate partners or ex-partners although women are sometimes also violent (WHO 2012). Previous research indicates that women are both victims and perpetrators of intimate partner abuse, a phenomenon which occurs in all settings and among all socioeconomic, religious and cultural groups (Amoakohene 2004, Appiah and Cusack 1999) making it widespread in all countries (WHO 2012). According to Truman and Morgan (2016), the U.S. Bureau of Justice Statistics showed 57.9 of IPV cases in 2014 and 54.1 in 2015. As one of the most common forms of violence against women, it includes physical, sexual, and emotional abuse as well as controlling behaviors by an intimate partner (Garcia-Moreno et al. 2006).

McHugh and Frieze (2006: 121), however, note that widespread changes have occurred, in the consciousness of people regarding intimate partner abuse dating back to the 1970s when feminists called attention to the problem of husbands beating their wives. They further indicated:

> Over the past 35 years, approaches to domestic violence have evolved from viewing the problem as limited to a very few problematic marriages, and disbelieving and blaming battered women, to recognizing the prevalence of serious levels of physical violence and psychological abuse in many intimate relationships (p. 121).

The researchers found that early conceptions of the phenomenon centered on the initial focus of physical violence experienced by married, heterosexual women hence the use of such terms as "wife abuse" and "domestic violence." They have, however, noted differences in their conceptualization.

In Ghana, as elsewhere, only a few studies (Appiah and Cusack 1999, Amoakohene 2004) have documented intimate partner abuse among married women. However, no known study has documented or reported on abuse while dating or in unmarried relationships. The present study attempts to fill that void by examining abuse in relationships between largely unmarried intimate partners at the tertiary or university level. Since Amoakohene's (2004) study, governmental (principally the Ministry of Gender, Children and Social Protection and the Domestic Violence and Victim Support Unit [DOVVSU] of the Ghana Police Service) and non-governmental organizations have engaged in interventions to limit the violence in Ghana. Focused on students at a Ghanaian university, our study sought to investigate the scope and types of intimate partner violence among

students in dating relationships. It also sought to understand if, and why, victims might continue in such relationships in spite of their high educational levels.

Literature Review

A review of the literature on intimate partner relationships showed the prevalence of violence against women, especially within western societies (Garcia-Moreno et al. 2006) is well documented. In comparison, efforts to document the situation in developing nations were less common (WHO 2012, Amoakohene 2004, Jewkes 2002). Amoakohene's (2004) study reported and discussed perceptions of educated, married and employed women in Ghana of acts of violence in marriages as well as policy responses available to protect victims. She identified similarities and differences in the types of violence suffered by women irrespective of their education or socioeconomic standing. The women regarded intimate partner violence as normal occurrences in marriage relationships, and consequently, victims of such abuses were unlikely to report violent acts to law enforcement agencies. This behavior was attributed to socio-cultural constructions of the Ghanaian society which appeared to disapprove of them reporting the acts of violence. Government and civil society organization interventions, sensitizing and educating women to distinguish between culture and human rights, played a minimal role in curbing violence.

On the contrary, statistics from the Domestic Violence Unit of the Ghana Police Service, however, show an increasing trend of female-to-male violence. The Unit's 2013 statistics showed 770 reported cases of husband or male partner victims of physical abuse, an increase from 725 or 6.2 in 2012. In 2014, those numbers skyrocketed to 3,143 cases or 75.5 of male physical abuse. In 2015 that number decreased 2,807 or 12%. Most of these incidents occurred during Christmas, Easter and other festive seasons as well as the re-opening of school. Domestic violence officials observed that money for school fees and for purchasing new items usually generated arguments that triggered assault. Moreover, Jewkes observed that one of two factors, "the unequal position of women in a particular relationship (and in society) and the normative use of violence in conflict" (2002: 1426) worked together with others to cause intimate partner violence. She disclaimed survey findings that suggested social and demographic features, including age and education, as risk factors associated with the phenomenon. Instead, she identified poverty as an exceptional demographic factor associated with increased risk of intimate partner violence.

Students Report IPV Situations

One area of focus on intimate partner violence (IPV) for researchers has been the nature and attitudes of college students towards IPV. Employing the "bystander model," Branch et al. (2013) in a survey involving freshmen college students discovered that about 54% were likely to report IPV should they witness a friend or colleague suffering it. This finding was an illustration of the

assumption that by equipping students with information on how to recognize the symptoms of IPV and whom to report such issues to, they were likely to report it if they realized that a friend was experiencing it.

Katz et al. (2011) found that high school students who had been exposed to the Mentors in Violence Prevention (MVP) – assumptions of this model are similar to those of the bystander model – were more likely to intervene and report whenever they encountered situations involving more aggressive types of behavior. In the survey, they employed the Likert-type scale and asked students questions such as how wrong they considered certain actions such as "telling jokes that make fun of women and girls" and how likely they were to take action to stop such a behavior.

Koelsch et al. (2012), in focus group discussions, studied the likelihood of university students intervening to prevent the perpetuation of sexual violence during parties. They discovered that although most of the participants in the study, male students in particular, believed it was the responsibility of women to ensure their safety and that of their friends at parties. The study revealed that most students were armed with intervention strategies such as reporting the incident to the authorities, and they were willing to engage these strategies as bystanders.

Students Experience Various Forms of IPV

Investigating types of IPV students suffered, consequences and predicators of IPV, Umana, Fawole and Adeoye (2014) studied the prevalence of IPV among students of University of Ibadan, Nigeria. After surveying female students who resided in hostels on campus, the researchers estimated that the prevalence lifetime of IPV experience was 42.3%, with majority of the students (41.8%) reporting that they had suffered psychological abuse; 7.9% and 6.6% reporting physical and sexual violence respectively. Types of physical injuries sustained included cuts, punctures, bites (55%); scratches, abrasions, bruises (48.3%); sprains, dislocations (18.3%), while psychological effects of IPV experienced included loss of concentration (71.1%), loss of self-confidence (68.9%) and school absenteeism (56%). The study also established a correlation between respondents who used substances such as alcohol or cigarettes experienced inter-parental violence and their attitudes towards IPV. According to the researchers, these persons were more likely to suffer IPV than their counterparts; making drugs – alcohol and cigarette – and inter-parental violence experiences predictors of IPV.

Kordom and Arunachallam (2014), like Umana et al. (2014), conducted a study into the prevalence and socio-demographic factors associated with IPV among undergraduate nursing students in a South African tertiary institution. Their survey discovered that students suffered psychological abuse as the highest type of abuse (65), followed by financial abuse (39), physical abuse (34) and sexual abuse (23) 12 months before the study. Contrary to most research findings which suggest that survivors of IPV are usually young, Kordom et al. (2014) discovered that respondents within the 35-44 age brackets experienced more IPV than other age groups. They argued that this finding could be due to the fact that 35-44-year-olds

were either married, cohabiting, separated or divorced – all of which are risk factors of IPV – while younger women, although dating, were relatively young, unmarried and still under the protection of their parents.

Barrick et al. (2013), in an online survey, examined which IPV types were prevalent among students from various racial groups in Historically Black Colleges and Universities (HBCUs), and the correlation between certain demographic characteristics and other IPV risks and experience of IPV among these students. Their study revealed that about 64% of the respondents had experienced IPV at least once in the year before the study was conducted. Of this percentage age, the majority (63.7) identified verbal or controlling IPV such as yelling, screaming, and insulting, 17.8% reported experiencing physical forms of IPV such as hitting, slapping, and pushing, and about 1% reported having suffered sexual assault. Contrary to Kordom et al. (2014), Barrick et al. (2013) found that younger students, more than older ones, were more likely to report IPV victimization. Also, compared with married women or those in a form of domestic relationship, single women were less likely to report experiencing any IPV type. Similar to Umana et al. (2014), Barrick et al (2013) reported that women who indicated use of some illicit drug other than marijuana since entering college were more likely to experience physical and sexual violence; thereby making use of illicit substance a risk factor for IPV. Like Nabors and Jasinski (2009), Barrick et al. (2013) discovered that women who had violence socialization, specifically sexual assault victimization, were more likely to experience a form of IPV when they got to college. Thus, the literature shows similar trends in intimate partner violence across different demographic settings and presents a base to study, analyze and explain current trends in intimate partner violence among university students in developing countries, particularly in places like Ghana where patriarchal cultural norms often define social relations among men and women.

Methodology

Centered on language and words, focus group methodology is labeled qualitative (Creswell 2007). Researchers highlight themes or perspectives, and should use specific methods to analyze patterns during the conversation (Creswell 2007). In our study, 20 focus group discussions were held over a two-week period in April 2015. One half (10) of the groups were composed of females; the other half comprised male students. Most of the participants were undergraduate students. Included also were 10 postgraduate students with ages ranging from 20 to 30 years. The number of participants in each group ranged between six and 10 a respectable standard of practice (Amoakohene 2005, Bernard 2006). Focus group conversations occurred at one of Ghana's largest public institutions. Participants were engaged in their campus living spaces to create a more comfortable environment for discussions.

Qualitative designs require a sampling strategy to assist researchers in deciding what questions to ask and whom to ask (Lindolf and Taylor 2002). Groups were fairly homogeneous, consisting of students of the same sex, age

group, and academic levels, purposively selected to enable group synergies. Thus composed, the groups enabled participants to discuss abuses in their relationships more openly and candidly with no discernable limitations on personal disclosures even of their own involvement as perpetrators. Additionally, students were selected using both purposive and snowball sampling which involved participants recommending colleagues they knew to be in abusive relationships for inclusion in the study. In fulfillment of ethical disclosure obligations, the rationale for the study was carefully explained to would-be participants.

According to Lincoln and Guba (2000), credibility (vs. internal validity) refers to the idea of internal consistency, where the concern is ensuring rigor (Gasson 2004: 95, Lincoln and Guba 2000). To increase credibility, researchers used thorough descriptions of source data and the emerging analysis (Geertz 1983). To further ensure candor, we acquired consent and offered focus group participants complete confidentiality. In each group, the 40-50-minute discussion was recorded. Each session was moderated by one researcher. Audio recordings of the discussions were subsequently transcribed for thematic analysis (Creswell 2008). The institutional ethics board approved the research process.

Focus group participants had been in relationships lasting between six months and five years. The majority of the participants had on average, about three relationships each. The average age difference between participants and their partners was five years. Apart from one participant who had had two children with her partner and another who had one child, no other participants had children. Many of the participants had partners outside the university campus (popularly called 'exter' or 'externals') but saw them frequently. There were many, though, whose boyfriends and girlfriends attended the university, a phenomenon generally referred to as 'inter' or 'internals.' One female participant had been married for a year.

Findings

In order to provide an in-depth understanding of intimate partner violence among university students, we discussed salient issues concerning forms of abuse/violence with participants. Abuse ranged from threats, blackmail, and financial exploitation to physical assaults. Participants also reported emotional or psychological abuse in the form of insults, uncharitable remarks and disinterest by partners. Group members also discussed the role of sex in their relationships. In fact, male participants reported that they were mostly in intimate relationships because of sex, companionship and comfort. Meanwhile female participants were primarily in the relationships for companionship, comfort, affection, attention, security and financial benefits. For these participants, any assaults on status and expectations often constituted abuse. Many of the female participants were victims of abuse in their relationships, however; a few admitted they were perpetrators. Similarly, the majority of male participants were perpetrators, but a few reported that they were also victims.

Participants Face Emotional/Psychological Abuse

Those who said they suffered emotional or psychological abuse cited insults and/or uncomplimentary comments from their partners. Some expressed disinterrestedness in the relationship which caused one partner to wonder about the other partner's love and commitment. Although no male participant admitted to being emotionally or psychologically abused, it was clear from some of the female participants that they sometimes intentionally passed their partners through some "emotional torture." Not only did they find such cases risible, they also felt it as pay-back for accumulated wrongs suffered. In one very revealing situation, a female participant who appeared to have support of the group said:

> What is the big deal if they also go through pain? After all, we (females) go through pain almost on a daily basis. If I can't beat him physically or hit him I also have my trump card and I never fail to use it to my own advantage. I know he loves me to bits and will not dare to leave me. … What he hates is to find me with another boy or see me chat heartily with any other boy. So, that is exactly what I do when I want to pay him back for anything he does wrong…

However, for some female participants, emotional abuse was the worst form of abuse one could experience. They believed that was the form of abuse that touched on one's "inner self," and had the capacity to destroy one's own conception of who she or he is. According to some participants, emotional abuse was "a silent torture" which undermined one's ego and self-worth. One participant, who had resolved to remain single because she suffered so much emotional abuse in all her previous relationships said:

> …I prefer to stay single because guys have always abused me emotionally in the past. The emotional torture alone, my sister … it's not easy at all. … My immediate ex would not go anywhere with me. He won't introduce me to anyone as his girlfriend, he won't make me feel special in anyway - no gifts, no outings, you know, the hide and seek kind of thing. It was emotionally so hurting that I always felt less of a lady.

Women Encounter Threats and Blackmail

Some participants, mainly females, reported receiving threats from and being blackmailed by their partners while others expressed fear of losing their lovers. Another female participant who felt threatened and was blackmailed by her partner, said any time they had disagreements he threatened to publicize some naked photographs of herself she had earlier sent to him.

> There was this time when I was in level 200 that I sent him some naked pictures of myself. I don't even know why I did that thing but well we had just started dating and it was one of those days. I was in a crazy mood, I was

home and I'd missed him. I guess I thought he was going to delete them after watching or something. But he says he just looks at them when maybe he's horny and I'm not around or something. But now, anytime we argue he goes like if I leave he will make sure everybody sees those pictures. He'll disgrace me and I'm like geez that's so immature.

Male participants often equated manipulation to abuse. They mentioned girlfriends alleging pregnancy and withholding sex. Meanwhile, women described major threats of death and slander.

Women Undergo Financial Abuse

Financial abuse was reported in several intimate relationships. Abuse was largely reported by females citing cases where their male partners sought to take advantage of their resources, especially money, forcing them to share their meager incomes and/or allowances. A number of female participants who narrated such instances said they felt financially abused by their partners. According to one of them:

> I was still quite young, I was only 17, and my friends were having boyfriends so I also wanted to have a boyfriend. I started a relationship, and the guy was then 25 years old. Imagine the age gap so he was kind of like my big brother so I was always answerable to him. By then my parents used to give me my monthly allowance because I was already in school. This guy will expect me to give him money because he would tell me that he is not financially independent so he needed my financial support. I would be so emotional and willing to help him so I would divide my allowance into two and give him half. There is no way I would give him 48% and take 52% because he would not allow me. This went on for years until a particular day that my parents didn't give me money because I did something wrong so I went to him and told him that this month there is no money.

Another participant who had suffered financial abuse reported that:

> I have never been physically abused but financially, I have been abused. When I was dating my last guy, he said he was not from a rich home. I will send him money but he never gave me anything when I was in need and he would ask me to call my parents. When we go out together, he makes me pay but later I found out that he had money. It still continued for a long time and I noticed something when he sees something new with me. For example, my father bought me a blackberry, he came all the way from his school, which is three hours journey to come and complain about the people I will call. The next week he also bought a blackberry. So, I asked him where he got the money from and he said he got it from his friends…. Then, when someone sends me a message or I use a friend as my profile on Facebook, he will come all the way from his school to insult me and that was part of the reason I ended the relationship.

For university students, financial resources help with retention and persistence. When partners financially abuse students, this can directly impact academic performance.

Physical Violence Plagues Participants

Physical violence was also prevalent in the discussions. Participants described physical assaults, including at times forced sexual engagement. More than often women were the victims of this abuse, but in a few instances, men were physically harmed. A male participant who felt jealous and justified in assaulting his partner said:

> My partner got me really angry once. She was giving a lot of attention to this other guy and when I confronted her she said they were just friends. One time I went to her room, and he was there on the bed. After he left I raised the issue and she asked me what my problem was. I grabbed her and pushed her onto the floor.

Another male participant admitted to slapping his partner once for referring to him as a greedy person. He recounted:

> …yes, I have ever slapped my woman. She said I was greedy. That was the first time I physically assaulted her but I'm not sure that will be the last time. She has a loud mouth… it's likely to happen again…

He too had been a victim of abuse in their relationship suggesting that they might be a violent pair. According to him: "…When she gets mad [angry], she throws things at me but I manage to dodge. She hasn't gotten me yet." Despite the suffering that many endured, several participants believed they deserved the poor treatment. A female victim of physical abuse (slapping) claimed it was her fault that she was abused, explaining that: "We were arguing and I kept reminding him of certain personal things that really hurt and I guess he just lost it. He actually slapped me; but it was partly my fault."

Several female participants who mentioned abortions, remorsefully, said their partners hit and raped them anytime they refused to have sex with them and often did not use a condom. Another revealing situation of sexual abuse was one female participant whose partner incessantly demanded for anal sex. The student explain-ned:

> …Mine was in a past relationship. Well, I experienced this abuse in my very first relationship, the guy used to always try to have anal sex with me. The first time he tried, I cried because it was so painful, but he wouldn't let go. Honestly, that was the main reason why I left him. I mean I just think a guy who can do that is a gay. It was absolutely disgusting. I've heard of people putting on diapers because of these things, and I certainly didn't want to get there at all. After all we were not married.

While not as violent, a few male participants said they felt sexually abused in their relationships. As one of them put it:

> My girlfriend almost always demands for sex whenever we meet, and we have been battling with this issue over a long period of time. I really feel I'm being abused in this relationship. It is as if I am only useful as a sex machine.

The issue of sex in relationships was discussed openly within the groups. Many did not see premarital sex as a problem because they thought they were old enough to determine for themselves what they needed in their relationships. Some male participants said they felt rejected when denied sex by their partners and interpreted that as abuse of their rights in the relationship. Many of them usually saw this as a punishment inflicted by their female partners especially when they felt aggrieved. One participant said his partner often used this form of "punishment," whenever they had disagreements and this often led to abuse. Another male participant said he once abused his partner when she denied him of sex:

> Oh yes, I have abused her several times and usually because of her excuses when it comes to sex. I will give you an example. Once she came to my place and, fortunately, nobody was in the room. It was just the two of us. However, as always, it was one excuse after another. Of course, I got fed up. I just pushed her from the room. I told her to leave my room. I pushed her out, and she fell in the process.

One recurring complaint of female participants was their partners demanding sex even during their menstruation periods. One participant said:

> …in my case, my boyfriend sometimes wants to make love to me even when I'm in my menses. But I've spoken to him about the health hazards, and he has agreed to stop so I hope I don't have that issue anymore.

IPV Means Life and Death

Women described emotional and physical assaults including rape. But at least two female participants spoke about receiving death threats from a partner. One received a death threat from a partner who was suspicious of her leaving him.

> There was this time my boyfriend for reasons best known to him thought I would leave him. We had gone out and he was dropping me at home. He started to say that he had put his all into the relationship and that I shouldn't disappoint him. He actually knelt in front of me and I told him he was being ridiculous and I guess that pissed him of course he told me that if I ever cheated on him one of us would die.

This situation, she reckoned, put her in fear of her partner and finally contributed to ending the relationship. Another female participant said:

He keeps saying he will kill me if I leave him. He goes like he's invested so much time and money in me so if he can't have me, he won't leave me alive for those small, small boys to come after me. … My father died when I was in SHS [Senior High School] and he takes very good care of me. He has even opened a shop for my mom in front of our house. And so, he's always rubbing it in. Anytime there's a problem, he'll start reminding me of the things he does for my family and stuff.

Participants shared intimate details of their personal, and at times, abusive relationships. The conversations recounted events that occurred prior to the focus group conversations and this study.

Women Share Reasons for Enduring Abusive Relationships

For most participants, there was no reason why they would remain in abusive relationships. However, for the hesitant, several reasons were given to justify why they stayed. Some participants gave love (whatever its definition and how they understood it) as a reason while others still felt comfortable in spite of the occasional abuse. For yet others, the fear of being maimed by an abusive partner if they decided to quit was sufficient to keep them in those relationships. Financial benefits, apart from familiarity with their partners, were by far the most important reasons why most female participants would not leave abusive relationships thereby underscoring the dependency syndrome. According to one participant:

I think the devil you know is better than the angel you don't know, but my main reason is the financial support I get. At this age, I can't go asking my parents for money for all my needs so my boyfriend supports me.

Another confirmed the importance of financial support from male partners:

My boyfriend is virtually the one footing my master's program.
After my national service, I wasn't getting any job, and I thought of coming back to school but I had no money, and he offered to foot my bills and see me through school. So, I stay with him.

Another female participant who had similar reasons for staying said she would rather stay and try to make the relationship better:

…Well I guess it's because of the reality that there's really nothing like a perfect relationship so I just weigh the good and bad sides and figure that aside the trashy hurtful things he says sometimes, he's still a good person. Everyone has his bad sides. This just happens to be his so I just try to live with it.

In a few cases, some especially female participants, will not leave their abusive relationships because of the influence and support of their parents for their

male partners and for the relationship. According to one female participant who just could not imagine herself leaving the relationship:

> I can't just leave him. My parents really like him. They think he'll make a cool husband. And my mum's always backing him when we have a misunderstanding. She's always saying that there's nothing like a perfect man so I have to compromise and learn to live with him like that.

Male participants provided a different perspective regarding why they felt compelled to stay in their relationships. While some reported they were happy with their partners, in spite of occasional abuse, others simply felt no need to quit because quitting would be a waste of time. According to one such male participant who had been in his current relationship for five years: "Well… having come this far, I think it would be a waste of time to break up and start a new relationship." After all, "all women are the same." Another male participant said:

> I still love my girlfriend, and I think I will be better off with her than entering into a new relationship. After all, it is said that the devil you know is better than the angel you don't know.

It was revealing that in a few cases, participants believed that despite the abusive nature of their partners, they would still make good marriage partners. According to one male participant:

> Yes, we're having fun. Aside her loud mouth, I will say she will be a good home wife in the future because of the way she cooks and also attends to my needs when I am in a tight corner.

For participants who had children, the involvement of children in a relationship and the hope of things getting better were also given as reasons for staying in abusive relationships. A female participant who had a child with her abusive partner said she was still in the relationship for the sake of the child. However, many female participants expressed the need for women to be assertive in relationships and have the courage to quit abusive relationships.

Discussion

While the college women in our study did exhibit some harmful, mean, behaviors, the women also experienced IPV more often and more extreme measures of abuse than males. Did perpetrators see abuse differently? Many of the participants who were perpetrators of abuse claimed that what they did were not acts of aggression but only reactions to provocative actions and words from their partners. In some cases, the perpetrators recognized that their actions constituted abuse but, instead of showing remorse or regret, they believed they had good reason for doing what they did. For example:

> The first time I hit her, we had just returned from the cinema and all she said was you wasted my time, instead of showing appreciation. Meanwhile, she was the one who requested that we go to the cinema in the first place. I was furious.

The literature 'suggests that different types of violence often coexist': physical abuse is often accompanied by sexual abuse, and then by emotional abuse (WHO 2012: 2) though more than a quarter of intimate relationships involve at least an incident of physical assault (McHugh and Frieze 2006). The findings of this study corroborate those findings as various forms of abuse were identified by participants: ranging from verbal, emotional, psychological, and financial to physical. Most forms of abuse ended in physical assault of partners, which was consistent with an earlier study on violence against women in Ghana (Amoakohene 2004).

Additionally, the findings of the present study showed that almost all the female participants had experienced some form of sexual abuse in their relationships with only a handful of males reporting such incidence. Emerging themes such as threats, financial exploitation, physical, verbal, emotional, psychological and sexual abuse corroborate findings of earlier studies conducted in Ghana (Appiah and Cusack 1999, Amoakohene 2004). Whereas participants in the present study openly talked about sex, in those previous studies sex appeared to be a taboo subject. Perhaps participants' education and the collegial atmosphere coupled with intensified coverage (education and discussion) of sex in television, radio, cinema and other media could account for this change. Whereas in Amoakohene's (2004) study most women did not consider rape as an offense within marriage, some participants in the present study reported instances of rape as detestable in their relationships. The findings of this study highlight the importance of sex, especially to male participants who saw a denial of sex as an offense and an abuse of their rights.

Heise et al. (1999) provide various reasons why women may stay in abusive relationships including: fear of retaliation, lack of alternative means of economic support, lack of support from family and friends, stigma or fear of losing custody of children associated with divorce; and love and the hope that the partner will change (cited in WHO 2012: 3). Findings of this study largely corroborate the above conclusions as to why people, particularly women, continue to stay in abusive relationships. That participants would not quit because of love, financial support (dependency), familiarity (the devil you know … syndrome), comfort despite abuse, a waste of time, influence of parents and/or family, children in the relationship, and hope of things getting better, influence decisions to stay in abusive relationships.

Most participants believed that although some instances of abuse were bound to occur in relationships, people should decide for themselves when it is time to quit. Still, participants acknowledged that repeated and/or aggravated abuse signaled the end of the relationship. A female participant concluded that:

> When you've been abused repeatedly, especially when it's physical, then you have to get out. Being in a relationship is good. You have someone who cares about you and does things for you. If you're happy you stay. If you are unhappy, simply get out!

Another female participant said:

> ...such people should leave such relationships because they are unhealthy relationships and obviously, the person has no respect for you. You will never know what this person can do to you in the future.

The focus groups showed a hesitancy to label situations as IPV, but all perceived IPV as unacceptable aggression.

Conclusion

The study suggests that educational level does not necessarily mitigate intimate partner abuse. In fact, individual needs for love, and financial and emotional support were reported as reasons for sustaining abusive relationships. Generally, male partners were mostly perpetrators while female partners were predominantly victims; however, there were a few female participants who reported verbally, emotionally and, sometimes, physically abusing their partners. Those women reflect current trends. The Domestic Violence Unit shows a rise in female-to-male violence in Ghana. This trend suggests that abuse may just be a human phenomenon although more males than females are still recorded as perpetrators. Given these observations, future studies may want to examine how widespread the phenomenon of female-to-male violence is as well as isolate factors which engender intimate partner abuse, including the role of the media and communication messages.

A practical recommendation would be for institutions to develop strategic communication plans to increase awareness of IPV among students. A short-term goal of the plan is to raise awareness and educate college students about IPV, specifically to recognize what IPV looks like in real-life situations and to understand the severity of IPV. Creative arts could be used to help educate communities. Using live theatre as the method to educate about IPV is not a new idea, but instead is one that has been successful in the past, enabling discussion about issues that are uncomfortable and that "individuals might otherwise find threatening or prefer to avoid" (Dill-Shackleford et al. 2015: 970). Previous studies about the effectiveness of an education-entertainment campaign found that, not only were the unintended effects of a public relations campaign lessened, but also: "Those who watched a play about abusive relationships not only demonstrated greater knowledge about relationship abuse than controls but were also less likely to endorse myths about relationship abuse" (Dill-Shackleford et al. 2015: 973). While university students experienced a varied range of intimate partner violence,

research suggests that stronger educational efforts can decrease the number of young people impacted by intimate partner violence.

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The Psychological Impact of Discrimination on the Mental Health of Egyptian Christian Students

By Monir F. Morgan*1

Egyptian Christian students in K-12 school settingsare negatively stereotyped based on an assumed range of activities, characteristics, or behaviors. They are discriminated against and treated less favorably by radical Egyptian Muslim students, teachers, and administrators on the grounds of their ethnic and religious background. Literature suggests that the frequency of perceived discriminatory practices results in negative health outcomes. This qualitative study is the first of its kind to investigate the relationship between ethnic and religious discrimination and well-being in the Egyptian K-12 school settings. Focus group discussions and key informants' interviews were used in an attempt to reach an in-depth understanding of Egyptian Christians students' lived experiences with discriminationin the Egyptian K-12 school settings. The analysis of the relevant constructed meanings that emerged from the discussions and interviews shows that Egyptian Christian students in the Egyptian K-12 school settings suffer from daily individual, institutional, and structural discrimination. Such discrimination is manifested in discriminatory educational practices and policies, curriculum and textbook, daily interactions, and school environment and results in many untreated mental health problems.

Introduction

We witness serious and distressing expressions of prejudice, racism, discrimination, and related intolerance in different countries and in different settings. In many countries, ethnic and religious minorities are subjected to individual, institutional, and structural discrimination represented in daily prejudice, injustice, stereotyping, and micro and macro aggressions. According to Kottak (2000), the historical, social, economic, political, cultural, or religious injustice, discrimination, prejudice, and stereotyping minority groups are the main sources of ethnic conflicts around the world. Morris (2011) indicates that stereotyping for various reasons continues to be alive and is seemingly engrained in the human psyche. Discrimination refers to differential behavioral acts, ranging from exclusion to physical assault, that disadvantage an individual or group based on social group membership (Brown and Bigler 2005, Gee et al. 2009). Perceived everyday discrimination has been conceptualized in terms of routine behaviors, such as receiving poorer service, being treated with less courtesy and less respect, and being called names (Williams, Yu, et al. 1997).

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A growing body of research shows that discriminatory practices and policies toward racial, ethnic, and religious minorities have been and continue to be of great concern (Byrd and Mirken 2011, Lewis et al. 2015). Discrimination could be a public health problem (Kaholokula et al. 2012, Mossakowski et al. 2017). Discrimination can be manifested in different forms such as, (a) "stereotypes", which are generalizations about a social group that are often linked to experiences of discrimination (Brown and Bigler 2005), (b) "prejudice", which is a predetermined judgment or bias based on one's social group membership, an unfair negative attitude toward a social group or a member of that group, and looking down on —a group because of its assumed behavior, values, abilities, or attributes (Dovidio and Gaertner 2000, Fiske 1998, Kottak 2000), (c)"racial micro aggressions", which often take the form of interpersonal slights based on common stereotypes (Cheryan and Monin 2005, Sue et al. 2007).

Discrimination is linked with negative mental health outcomes (e.g., anxiety, depression, and negative self-esteem, distress, hopelessness, loneliness, psychological distress, social and emotional difficulties, stress, suicide, etc.). Literature on the relationship between discrimination and mental health has emphasized that continued discrimination toward racial, ethnic, and religious minorities results in psychological, physiological, and psychosocial distresses (Guyll et al. 2001, Meyer 2003a, Schulz et al. 2000, Williams et al. 1999) and negatively influences their academic achievement (Banks and Banks 2010, Gay 2010, Taylor and Whittaker 2009). Discrimination has also been found to be associated with significantly more and higher psychological distress (Kessler et al. 1999, Williams, Watts et al. 1997). Reported experiences of prejudice and discrimination are related to greater levels of psychological distress (Klonoff et al. 1999, Landrine and Klonoff 1996, Utsey and Ponterotto 1996). Reviews on discrimination and health have documented strong and consistent links between self-reported experiences of discrimination and a variety of indicators of mental health and psychological well-being (Greene et al. 2006, Huynh and Fuligni 2010, Paradies 2006a, Pascoe and Smart Richman 2009, Schmitt, et al. 2014, Williams and Mohammed 2009). Racial, ethnic, and religious minorities suffer from poorer mental and physical health than their majority counterparts (Adler and Rehkopf 2008, Williams and Mohammed 2009, Williams et al. 2003). Research findings also showed that direct or vicarious discrimination has negative impact on the health and mental well-being of children and young people (e.g., Coker et al. 2009, Kelly et al. 2012, Nyborg and Curry 2003, Pachter and Garcia Coll 2009, Paradies 2006b, Priest et al. 2010, Sanders-Phillips 2009, Simons et al. 2002, Szalacha et al. 2003, Williams and Mohammed 2009). Pertinent literature indicates that experiences of individual, institutional, and/or structural discrimination negatively impact children and young people's well-being and negatively affect their development and adjustment, with potential consequences throughout the life course (Mays et al. 2007, Sanders-Phillips 2009). Brown and Bigler (2005) point out that when children and adolescents perceive themselves as a target of discrimination, commonly in terms of being excluded or being called names, can harm their identity formation, peer relations, and physical and mental well-being.

Egypt is one of the countries, where religious and ethnic minorities like Copts (Egyptian Christians) continuously face different types and forms of discrimination. The discriminatory policies in all facets of life including education against minorities, particularly Christians in Egypt have resulted in mass exodus. Heikal (2000) states, "There is a migration phenomenon among Copts that we should not ignore. We should neither overlook its causes, even if they were psychological "(p. 14). The name 'Egypt' is derived from the Greek word *Aegyptos.* Egypt was essentially a Christian country for the first six centuries. Atta-Alla (2008) states that when the Arabs invaded Egypt in 641 AD, they called the Egyptians "Qipt"*, "*Gibt", or "Gypt". They use the word Qipt, Gibt, or Gypt to mean both Egyptians and Christians. The modern use of the term "Copts" describes Egyptian Christians. According to the Central Bureau of Statistics and Mobilization (October, 2017), Egypt's population reached 104 million, becoming the 13th largest in the world, Copts (Egyptian Christians) form almost 22% to 25% of the population. The culture of modern Egypt includes a variety of live traditions that remain from the time of the Pharaohs, as well as those that were brought in by the many invaders throughout the centuries. Atta-Alla (2008) states, "Contemporary Egyptian culture is a mixture of a multitude of elements, shaped by the progression of historical events, which has contributed to the development of Egypt's current atmosphere" (p. 114). Copts, who are the indigenous people of Egypt, have their own ways of thinking, believing, feeling, and acting that constitute their unique minority group culture. Their culture is a major component of their identities within a framework of their social cohesion. Atta-Alla (2012) points out that although Copts are integrated into the body of the Egyptian nation, they experience the three forms of discrimination: individual, institutional, and structural because they can be easily distinguished. Most Christian men and women have a cross tattooed on the inside of the right wrist. Names also distinguish Muslims from Christians. Muslims have Arab and Islamic names and Christians have biblical or secular Egyptian names.

Egypt education system should reflect the nature of the Egyptian pluralistic multicultural society. It is supposed to allow all minority group students to proclaim their identities without coming into conflict with the majority population. However, the Egyptian government and the radical Egyptian Muslims generally neglect and marginalize the Coptic culture in different settings including school settings. They consider it the culture of a minority group that lives in the shadow of the Muslim majority population who has different and dominant cultural ideology. As indicated by Shukrallah (1994), Islamist revivalist movement in Egypt has challenged the full participation of certain minority groups, including Christians. Religious minorities in Egypt continued to face significant threats of terrorist attacks and sectarian violence (International Religious Freedom Report for 2016). In spite of the continued and repeated request of President Abdel Fatah Al Sisi beginning June 2014 and the call of many liberaland moderate Muslim scholarsfor the renewal of religious discourse in Egypt, the revision and modification of the educational policies and curriculum as well as the retraining of teachers and administrators, nothing has happened yet.

Egyptian Christian students are always subject to continued discriminatory educational practices and policies that undermine the bases of their existence.

These discriminatory educational practices and policies are represented in negative stereotyping, biases, prejudice, discrimination, and micro and macroaggressions by radical Egyptian Muslim majority students, teachers, and administrators. They are clearly manifested in the curriculum, textbooks, school environment, and classroom interactions. The discriminatory practices towards Egyptian Christian students in the Egyptian K-12 school settings vary considerably and include physical and psychological attacks, defamatory or erroneous textbooks used in public schools, negative stereotypes, and violation of due process rights. Such continued educational unjust and discriminatory practices and policies nullify and impair the Egyptian Christian students' recognition, enjoyment, and exercise of their human rights and radical freedoms in the social, cultural, educational and other dimensions of public life in their country. They are becoming social and psychological stressors that have negative impacts on the Egyptian Christian K-12 students' mental health.

Methodology

As stated before, many studies have investigated the mental health consequences of discrimination in different contexts and few studies have examined the mental health consequences of discrimination in school contexts (Tummala-Narra and Claudius 2013). In spite of the continued daily discrimination towards Egyptian Christians in general and Egyptian Christian students, in particular, there has been less attention to Christian students' experiences due to the little information available about the discriminatory practices and policies that they experience. Therefore, my study, which is the first to focus on Egyptian Christian students, aims to investigate the psychological impact of discrimination in the Egyptian K-12 school settings on the Egyptian Christian students' mental health.

Research Questions

The purpose of this qualitative study was to investigate the psychological impact of discrimination on the mental health of Egyptian Christian students. This study was designed to bring Egyptian Christian students of similar religious backgrounds together to create discourse around their perception of day-to-day discriminatory practices and policies in the Egyptian K-12 school settings. Consequently, the following three research questions drove the present study:

1. How do educational policies, curriculum, textbooks, and school environment discriminate against Christian students in the Egyptian K-12 school settings?
2. How do majority students, teachers, and administrators discriminate against Christian students in the Egyptian K-12 school settings?
3. How do the discriminatory educational policies, practices, and daily interactions in the Egyptian K-12 school settings impact Egyptian Christian students' mental health?

Sampling and Data Collection Protocol

According to Patton (2002), sample size in qualitative research depends on the purpose of the research, what would be useful and credible, and the amount of time and resources that are available. "There are no rules for sample size" (p. 244). McCracken (1988) states that for qualitative methods the researcher should select a small sample, preferably fewer than eight participants. To increase the utility of information obtained from the participants of the present study, I used a purposive sample of 12 high school Egyptian Christian students (6 males and 6 females) who volunteered to discuss their lived experiences with discrimination in the Egyptian K-12 school settings. The participants were high school students attending the weekly youth meeting in one of the churches. They were enrolled in public Egyptian schools for 10 to 12 years.

In conducting the present qualitative study, I used four traditional qualitative methods of data-gathering, namely focus group discussion/interview, key informant interviews, researcher observations, and the researcher as an instrument. Focus group discussion/interview was selected as the main instrument of this study due to its unique capacity to provide participants the opportunities to react to each other, support each other, disagree with each other, and co-construct new understandings and shared meaning, which cannot be evidenced through individual interviews. It was used to engage the participants in a face-to-face dialogue regarding their lived experiences with discriminatory educational practices and policies in the Egyptian K-12 school settings. I used open-ended questions which led to further discussions among participants as well as further in-depth exploration of their lived experiences with discriminatory educational practices and policies. The focus group discussions that lasted 90 minutes were audiotaped and field notes were taken for data analysis.

In addition to the focus group interview, I conducted four individual interviews with key informants, two with female students and two with male students on a one-on-one basis. The four key informants were identified from the focus group discussion in light of their willingness to discuss their lived experience with discrimination in-depth. The purpose of conducting the four one-on-one individual interviews was to flesh out the richest possible data and to gain information that was not directly observable. These key informants' interviews that lasted from 24 to 40 minutes were also audiotaped to be used in data analysis. These interviews allowed me to build on the information presented in the focus group discussions and to come in greater contact with the perceptions, reflections, and meaning associated with participants' lived experiences with discriminatory educational practices and policies in the Egyptian K-12 school settings. I encouraged the key informants to provide insights regarding meanings attached to some major discriminatory practices and their psychological effects, which were described extensively during the focus group discussions, but were not fully addressed in terms of meanings attached to them. The information obtained from the key informants was triangulated against the data that was gathered through the focus group discussions to enhance the trustworthiness of the study results.

I also used my focused and unfocused observations as a method for collecting data for the present study. Patton (2002) argues that "to understand fully the complexities of many situations, direct participant observation in and observation of the phenomenon of interest may be the best research method" (p. 21). My focused and unfocused observations began forty years ago as an Egyptian Christian student in the Egyptian public schools and college. My observations enabled me to "become increasingly familiar with the insider's world so as to refine and focus subsequent observation and data collection" (Jorgensen (1989: 82), to identify the participants suited for the individual interviews, to become an instrument used to collect data about Egyptian Christian students' lived experiences with discriminatory educational practices and policies in the Egyptian K-12 school settings, and to triangulate and refine the data during the analytic process.

Moderating the focus group discussions and conducting the key informants' interviews, I used myself as one of the research instruments. This required me to be reflexive during the study. Therefore, I maintained an internal dialogue to explore what is known and how it is known (Berg 2007) and used field notes and a reflection journal. I also kept examining and reviewing my personal actions and reactions related to the study. In describing myself as a research instrument and a participant observer throughout the study, there is some obligation on my part to provide a more extensive description of who I am, and of my experiential background, so that the reader may form a context in which to situate the comments and the conclusions of this study. I was born and raised in Egypt as a Coptic (Egyptian) Orthodox Christian. I received my K-12 education and higher education in public schools and college. I studied in K-12 school settings where I experienced continued discrimination because of my ethnic and religious background. I grew up observing how Egyptian Christians experience daily individual, institutional, and structural discrimination.

Focus Group and Key Informants'Interview Protocol

The interview protocol included the following open-ended questions:

1. Describe the educational policies that made you feel discriminated against in the Egyptian K-12 school settings because of your ethnicity and religion.
2. Describe how school curriculum and textbooks discriminate against Christian students in the Egyptian K-12 school settings.
3. Describe how school environment discriminates against Christian students in the Egyptian K-12 school settings.
4. Describe when you felt uncomfortable, insulted, invalidated or disrespected by a comment that had ethnic and religiously-based discriminatory overtones in the Egyptian K-12 school settings.
5. Describe when other students, teachers, and administrators expressed stereotypical beliefs about your ethnicity and religion in the Egyptian K-12 school settings.

6. Describe when other students, teachers, and administrators suggested or made you feel that you do not belong at the school because of your ethnicity and religion.
7. Describe the impact of the discriminatory educational policies and practices on your mental health and well-being.

Using open-ended questions in the focus group interview in this study allowed me to exercise some flexibility in addressing issues that were not anticipated before data collection and allowed the participants to choose the direction they wanted to respond from, provided them an opportunity to answer from a broader perspective, and gave them freedom to talk about their daily lived discrimination experiences. The participants in this study were able to answer most of the interview questions without formal prompts. In a few cases, I had to ask more specific open-ended questions and use some prompts to supplement the main questions of the interview protocol and encourage the participants to elaborate and give more details about their lived experiences with discrimination in their Egyptian K-12 school settings.

The focus group interview was digitally recorded. Using the semi-circle setting for the focus group discussion and asking the participants to respond to all questions in the same turn made it easy for me to observe the process and take field notes about each participant which were helpful throughout the data analysis stage. In addition to being an active listener throughout the discussions, I took field notes to supplement the interview transcripts (noting physical gestures or mannerisms), as well as documenting any early emerging themes that might lead to follow up on.

In using these questions during the focus group discussions/interviews and the key informants' interviews, I attempted to bracket my assumptions about Egyptian Christian lived experiences with discrimination. I kept in mind throughout the process of data collection, that bracketing assumptions is a continual process. In some interviews, when I was confronted with some life stories that did not fit with the assumptions I made about ethnic and religious discrimination, I stayed open to the participants' experiences and tried to understand such experiences.

Data Credibility and Trustworthiness

Although data retrieved from focus group are evidenced-based (Levers 2006), I took some measures to ensure the utility, validity, reliability, and trustworthiness of the study findings. Immediately following the focus group discussions, I documented my reflections on the interview process (how the interview went, my rapport, or something that could be improved for next time), as well as the topics discussed in the interview (both pre-planned topics, and topics or themes that emerged from the participants). In addition, I reflected at that time about how the participants' lived discrimination experiences and opinions either matched or contradicted my own, to minimize my bias. To accurately analyze the

collected data, I constantly checked, rechecked, and built a solid foundation for the duration of the process of interpretation.

To enhance the relevance and credibility of the present study, I undertook several steps to support trustworthiness in this study. I used audio-taping, note taking, and observations to ensure accuracy in recording data. I used triangulation and member-checking techniques (Lincoln and Guba 1985) to enhance the credibility of the study. I established triangulation of data through using the digital audiotapes, notes, observations, review of related literature, and member check-ins. Each of the main categories of themes emerged from the collected data was triangulated by confirming that data had been collected from different participants and through different methods (i.e., focus group interview session, member-checking, and note taking). I used the field notes, which I took along with the focus group discussions and the key informants' interviews, to describe observations such as participants' body language, tone of voice, environmental distractions, contextual factors, changes in physical condition and comfort (Cohen et al. 2000).

To ensure research credibility or internal validity in this study, I did my best to remain adaptable and responsive during data collection and analysis. I also bracketed my assumptions, which were related not only to participants' responses but to the language they used. To protect the validity of the study results, I engaged myself in persistent observation, which required prolonged engagement in the material during data analysis methods (Lincoln and Guba 1985). The perpetual review of related literature has helped me to ensure the relevance of the research questions.

My experience as an Egyptian Christian student, who received his education in Egyptian public schools and college and suffered from similar discriminatory policies and practices contributed to my ability to think theoretically by providing a basic understanding of the participants' lived experience with ethnic and religious discrimination in the Egyptian K-12 school settings. With issues of trustworthiness and sensitivity in mind, actual data analysis became possible. To achieve the sensitivity of the study findings, I used the relevant literature and my personal experience to inform the analytic process.

Data Analysis

In analyzing the collected data and describing the units of meaning, I used Patton's (2002) reflexivity. The formal data analysis continued throughout the project until no new themes emerged from the data and until the emerged themes constitute an integrated description of the participants' lived experiences with ethnic and religious discrimination in the Egyptian K-12 school settings. I considered the analysis complete when I reached Glasser and Strauss's theoretical *saturation* (as cited in Rubin and Rubin 1995). That is when I was no longer able to identify more new themes. I compared my overall impressions to the initial codes that were noted throughout the research process, and I formulated the preliminary findings. Then, I compared these preliminary findings to the data with a final read through, with special attention paid to disconfirming evidence. After

that, I used my earlier observations, my personal experiences, and the knowledge I have gained from the literature to reflect on the emerged units of meaning to entail the transformation of participants' everyday expressions into psychological language with emphasis on their lived experiences with the discriminatory educational policies and practices. Finally, I synthesized and integrated the insights contained in the transformed meaning units into a consistent description of the participants' lived experiences with discrimination. I used the cross analysis of the emerging themes and patterns in the focus group and key informants' interviews along with observations and the field notes to generate "thick descriptions" of the data, and thereby, of the lived experiences of the participants (Denzin and Lincoln 2000).

Findings

The emerged constructed meanings were organized under three major categories:

1. Perception of experienced discriminatory educational policies, curriculum, textbooks, and school environment,
2. Perception of experienced discrimination from majority students, teachers, and administrators, and
3. Impact of discriminatory educational policies, practices, and daily interactions on mental health.

Category I: Perception of Experienced Discriminatory Educational Policies, Curriculum, Textbooks, and School Environment

Research Question 1 asked, "How do educational policies, curriculum, textbooks, and school environment discriminate against Christian students in the Egyptian K-12 school settings?" The participants provided a few responses to the question to express their lived experience with discriminatory educational policies, curriculum, textbooks, and school environment. These responses are summarized as follows:

Discriminatory Educational Policies

The following examples are some of the most commonly described experiences by the participants in the focus group and key informants' interviews regarding the discriminatory educational policies in the Egyptian K-12 school settings:

1. Experiencing an Education system that reflects the Islamic nature of the state, omits secular knowledge in favor of religious beliefs, and focuses on passing along the heritage of Islamic knowledge, first and foremost through its primary sources, the Qur'an and the Sunnah.

2. Experiencing an Education system that clearly reflects discriminatory educational policies, curriculum, pedagogy, school system, school atmosphere.
3. Being forced to follow discriminatory educational policies that impose a monocultural education system by focusing on Muslim majority culture and history.
4. Being forced to follow discriminatory educational policies that imply exclusive Islamic legislative interpretation of laws because the Islamic sharia is the major source of legislation.
5. Being forced to follow discriminatory educational policies that areboth institutional structural.
6. Experiencing discriminatory educational policies that insist on including religion as an identifying piece of information in all official school records, forms, and transcripts.
7. Experiencing discriminatory educational policies that discourage any openness towards others who have different cultural, social, ethnic, racial, or religious backgrounds.
8. Experiencing discriminatory educational policies that do not foster harmonious co-existence within and between majority and minority groups.
9. Experiencing educational policies created by radical Muslim policy makers who use their religious beliefs to create and use policies, general rules, and practices that do not allow Christian students and teachers to practice their cultural and religious differences.
10. Experiencing discriminatory educational policies mandating that the weekdays of schooling are Saturday through Thursday and Friday is the school weekend because it is the Muslim weekend in the whole Arab Muslim world.
11. Experiencing discriminatory educational policies that contribute to the segregation of Christian students.

The following are examples of what the participants shared in the focus group and key informants' interviews:

"In addition to the K-12 public schools that include both Muslims and Christian students, there is another public education system that includes Muslim students only. This education system is called the —Azharite education system. The graduates of this Islamic education system have the right to join Azharite University and become doctors, engineers, teachers, etc. Although these religious institutions are funded by our taxes, we do not have the right to join them."

"Forcing us to go to school on Sunday deprives us from going to the church. This is hurting and makes us feel the injustice and structural discrimination."

"They hold examinations during our Christian Holidays, feasts, and celebrations. When we try to protest, they make them immediately after our celebrations, I mean the day that follows our celebration. It is the same for us because we cannot enjoy our Christian Holidays, feasts, and celebrations since we must study for the exams."

"The Islamic names, places, events, and stories are included in most content area textbooks and we are forced to study them and get tested on them. We are also forced to study texts from the Quran (the Muslims Holy Book) and the sayings of the Islamic prophet, recite Islamic songs and slogans, and get tested on them."

"In my elementary school years, I experienced segregation and injustice during religious education lessons which are mandatory. Muslim students stay in the classrooms where they have a qualified Muslim teacher to teach them Islamic religious content and Christian students have the option to stay in class and learn the Islamic stuff or to go to the playground just to chat or play."

"At my high school, there are Muslim teachers (usually graduates of the Islamic Religious Azharite University). They are appointed by the Ministry of Education to teach religious education lessons to Muslim students. The teaching of religious education lessons to Christian students is usually delegated to unqualified Christian teachers at the school, who usually finds themselves reluctant and unprepared to teach such lessons."

Discriminatory Curriculum and Textbooks

The following are examples of the most commonly described experiences by the participants in the focus group and key informants' interviews regarding the discriminatory curriculum and textbooks in the Egyptian K-12 school settings:

1. Experiencing a national K-12 curriculum that is not culturally or religiously pluralistic, not culturally relevant and responsive, and does not reflect the experiences of the diverse population of Egypt.
2. Experiencing a national K-12 curriculum that does not make room for teaching about minorities' culture, history, traditions, values, or views.
3. Experiencing a national K-12 curriculum that capitalizes only on the Muslim students' cultural and religious background and always attempts to override and negate Christian students' cultural and religious background,
4. Experiencing a national K-12 curriculum that does not promote intergroup harmony and increases conflict between Muslim students as a majority and Christian students as a minority,
5. Studying textbooks that are full of discriminatory evidences against Christian students and reflect the monocultural and Islamic education system,

6. Studying textbooks that demotivate Christian students and hinder their academic success.
7. Studying textbooks that overlook the cultural and religious diversity of all learners, neglect the existence of indigenous Christians in the past and present and totally ignore their history and language.

The following are examples of what the participants shared in the focus group and key informants' interviews:

"The K-12 curriculum is intentionally planned to abolish the Christian identity from Egypt by mainly focusing on the Islamic images, history, culture, traditions, values, and characters. These images negatively influence our view of ourselves as a religious and ethnic minority."

"The majority of the textbooks reflect the Islamic nature of the society. They glorify and embellish the scientific discoveries of Arab Muslim scholars and philosophers, praise the golden age of Islam, and focus on the difference between the enlightenment of the golden age of Islam and the darkness in which westerners (Christians) were living in during the middle Ages."

"Throughout our K-12 schooling, we are forced to memorize the Quran and take exams on it through the lessons of the Arabic language textbooks, which are full of discrimination against Christian students and their religious beliefs."

"The textbooks are not culturally or religiously responsive to us as a religious and ethnic minority. They ignore the continuing contributions of Christians to the Egyptian society and their life."

"The textbooks and syllabi are mainly focusing on the Islamic history and the wars and victories of Mohammed, the Prophet of Islam. The history textbooks deliberately neglect whatever Coptic (e.g. the Coptic era, Coptic monasteries, ancient Coptic sites, churches, etc.). The Geography textbooks also deliberately neglect the Coptic Egypt. The Egyptian science textbooks don't include the contributions Christians made to science, and if it happens it is just the name of the Christian scientist without details. Even the Egyptian Mathematics textbooks always include Muslim names."

"K-12 Christian students are forced to memorize the Quran and take exams on it through the lessons of the Arabic language textbooks, which are full of discrimination against Christian students and their religious beliefs. Each lesson starts with a Quranic verse. Some lessons are suras (chapters) from the Quran, the Muslims' Holy Book. All names of people, places, incidents, etc. are Islamic names. The girls and women's pictures are Islamic; they are wearing the Islamic dress and hijab."

"We do not feel comfortable studying materials in the textbooks that hinder our academic success because they do not see ourselves and our personal experiences reflected in the texts and images."

<u>Discriminatory School Environment</u>

The following examples are some of the most commonly described experiences by the participants in the focus group and key informants' interviews regarding the discriminatory school environment in the Egyptian K-12 school settings:

1. Being the only Christian student in the classroom, and activities, or games.
2. Being excluded from participating in group projects and social activities,
3. Experiencing racial jokes and teasing in a variety of school settings.
4. Overhearing ethnic and religious discriminatory conversations between students in the classroom.
5. Experiencing a supportive, positive, and learning stimulating atmosphere that focuses only on Muslim majority students.
6. Experiencing a school environment that develops and promotes a positive sense of self-esteem of the Muslim majority students and neglects Christian students.
7. Experiencing daily educational practices at schools that reflect the nature and goals of Egypt as an Islamic nation.
8. Experiencing a school environment that is not welcoming, not supportive, not inviting, and not empowering for Christian students.
9. Scheduling school-wide tests and project due dates on and around Christian religious occasions.

Here are some examples of what the participants shared in the focus group and key informants' interviews:

"The weekly school holiday is Friday, which is a sacred Islamic day. Sunday is a regular school day and we have to go to school on Sundays. The school year calendar is designed to reflect the Islamic holidays, celebrations and occasions. Our religious occasions are not included."
"The school day starts with the Quran and Christian students are obliged to listen to the Quranic and Hadith (Islam Prophet's speeches and sayings) readings and repeat them every day. Sometimes we are forced to listen to the curses and hatred directed to Christians and Jews. We do not have the right to respond or object."

"In the classroom, both the Islamic Basmala (Besm Allah Al -Rahman Al Raheem, which is ─In the name of God, the Most Compassionate, and the Most Merciful) as well as the Islamic date are permanently written on the board and all students have to use them."

"I feel as if I do not belong when I am the only Christian in class. I also feel uncomfortable in the playground because of my religion and ethnicity."

"I feel that my contributions in different learning contexts were minimized and that I was made to feel inferior because of my ethnic and religious background. Many Muslim students make me feel that I am not taken seriously in class because I am Christian."

"I've been in classes where people avoided sitting around me. Radical Muslim classmates don't talk to me and when it is time to gather in groups they seem to not want me in the group."

Category 2: Perception of Experienced Discrimination from Majority Students, Teachers, and Administrators

Research Question 2 asked, "How do majority students, teachers, and administrators discriminate against Christian students in the Egyptian K-12 school settings?" The participants of the present study provided a few responses to the question to express their perception of experienced discrimination from majority students, teachers, and administrators. The following are some of the most commonly described experiences:

1. Being stereotyped by radical Muslim students, teachers, and administrators based on an assumed range of activities, characteristics, or behaviors.
2. Hearing stereotypes in the content of lessons and other course materials,
3. Hearing inappropriate comments made by students, teachers, and administrators,
4. Listening to the perpetuation of unaddressed stereotypes during classroom discussions,
5. Receiving hostile reactions to participation in the classroom discussions,
6. Being assigned inferior status and social segregation that excludes them from meaningful interactions with the Muslim students in schools,
7. Experiencing injustice and deprivation of freedom of speech,
8. Experiencing segregation and humiliation,
9. Continuing to deliberately mispronouncing their Biblical or religious Christian names, even after correcting that several times,
10. Using inappropriate humor and jokes in class that degrade Christian students,
11. Hosting debates in class that place Christian students in a difficult position,
12. Singling Christian students out in class because of their ethnic and religious backgrounds,
13. Denying the experiences of the Christian students by questioning the credibility and validity of their responses,
14. Using discriminatory language,

15. Assigning projects that ignore differences in cultural and religious backgrounds.
16. Ignoring complaints regarding discrimination in classroom and at schools.

The following are examples of what the participants shared in the focus group and key informants' interviews:

"Christian students, teachers, and administrators are arrested and detained for any peaceful, private religious speech and expression about Christianity. At the same time, Muslim students, teachers, and administrators are permitted to speak freely about Islam to Christian students, teachers, and administrators and to encourage conversion to Islam."

"Christian students are almost excluded from academic activities, sports activities, friendship groups, social activities by many radical Muslim teachers and administrators limit our status and popularity."

"We often hear in classroom discussions the distinction between 'them' and 'us'. 'Them' being Jews and Christians who are the infidels, the enemies, the inferior and second class. 'us' being the Muslims who are the only true believers, and the paradise inhabitants."

"During my elementary and middle school, many radical Muslim students, teachers, and administrators treated me less favorably and socially segregated me. Excluding me from meaningful interactions with at least the moderate Muslim students was very painful. Like millions of Christian students, I had to accept such injustice."

"I remember my Arts teacher in my elementary school was racist and discouraging. She never allowed Christian students to work on projects that explore their own social, ethnic, or religious identities. One day she assigned us a project to draw a place we like to visit and stay in. When I drew a church, she got mad and said, 'This is not what I wanted; you must choose another project."

"Radical Muslim administrators always ignore Radical Muslim teachers' discriminatory interactions with Christian students, and Radical Muslim teachers always ignore the radical Muslim students' discriminatory interactions. This is what happened to me when a Radical Muslim teacher hit me with a stick on my head after insulting me for objecting to what he was saying about my Christian faith. My dad filed a complaint in the school principal's office, but nothing happen till this day."

"My first grade teacher was radical Muslim. He used to make fun of me and my name in almost every class period. He used to call me 'Marcob' that means 'shoe'. I used to correct it and tell him that my name is 'Marco' not

Marcob. However, he insisted to mispronounce my name to make the Muslim students laugh at me. I hated this teacher because he used to make me cry a lot and to hate school."

"I do remember our Social Studies teacher who was an extremist. He used to call on and validate Muslim students and ignore Christian students during class discussions. For example, when we raise our hands to answer his questions, he does not select us; e.g., let's call on Mohammed again). He seems to have good and correct answers to most of my questions because he is definitely smart."

"Our Radical Muslim high school English teacher always makes inappropriate jokes and uses silly humor in class that degrades Christian students. (e.g., let me tell you a joke about someone named 'Fanous' (a Christian name that means lantern). Once upon a time, there was a man called Fanous who was walking in the dark.... "

"In the fourth grade, I had a Christian friend whose name is Saleeb. His name was the source of his daily suffering inside and outside classroom because of his name means 'Cross' and crucifixion is denied in the Qur'an, the Muslim Holy Book. Radical Muslim students, teachers, and school administrators always make fun of his name.... some students even used to spit on him and say we hate your name because it is a lie... . I remember the Arabic teacher giving him a bad grade in one of the assignments requiring us to write on the good qualities of the Islam prophet. His paper was almost perfect in light of the information available to us in the book...the teacher gave him the paper back with a 'C' or something like that saying, 'I failed you because you are lazy and ignorant' ... I deducted some marks for your being ignorant, some marks for being Christian, and some marks because your name is Saleeb (Cross), which I hate.'"

"My name 'Botresein' that literary means two Peters and my Christian faith came up in different ways as I interacted with my Muslim classmates and teachers. I remember a teacher telling me that one Botros (One peter) is more than enough. Why are you annoying us with two Peters. I also remember a Muslim classmate telling me that I was good and friendly, but the only bad stuff about me is both my faith and my name."

"I still remember my new Math teacher in my 3rd grade when he asked us to introduce ourselves... when I said I am Hady, he asked for my middle name, and then the last name. I could tell how confused he was when he could not distinguish if I am Christian or Muslim. He continued saying OK, are you Christian or Muslim? I still visualize the surprise on his face."

Category 3: Impact of Discriminatory Educational Policies, Practices, and Daily Interactions on Christian Students' Mental Health

Research Question 3 asked, "How do the discriminatory educational policies, practices, and daily interactions in the Egyptian K-12 school settings impact Egyptian Christian students' mental health?" The participants of the present study responded in turn and each provided a few responses to the question to express their perception of how the discriminatory educational policies, practices, and daily interactions in the Egyptian K-12 school settings impact their mental health. The following are some of the most commonly described experiences:

1. Feeling powerlessness towards the unjust discriminatory educational policies and the inequality exercised on them.
2. Feeling inferior to their Muslim counterparts.
3. Experiencing frustration and negative emotions regarding the loss of their Coptic language and Christian history and culture.
4. Experiencing isolation, loneliness, and sacrifice.
5. Experiencing anxiety and mild depression.
6. Having low levels of self-esteem.
7. Suffering psychological distress.
8. Experiencing social and emotional difficulties and stress.
9. Feeling hopelessness and helpless.
10. Experiencing negative self-worth, and loss of their Coptic Christian identity.
11. Experiencing a sense of assertiveness in a few situations.
12. Having positive emotions and feelings of strength and power sometimes.

Here are some examples of what the participants shared in the focus group and key informants' interviews:

"The continuing discriminatory practices in the classroom and school made me feel unwanted and unaccepted. This led to feeling inferior to my Muslim classmates."

"The continuing prejudice and injustice exercised on us from radical Muslim students, teachers, and administrators and being helpless and powerless made us accept negative stereotypes and sometimes we do not recognize them."

"The discrimination in the curriculum and textbooks towards Christians enhances the development of our sense of low self-esteem."

"Being segregated by radical Muslim students, teachers, and school administrators motivate us to even re-segregate ourselves and make a corner in the playground of the school as 'our territory'. This enhances our feelings of being isolated, lonely, and our being the escape goat."

"The different discriminatory practices in the classrooms, school, curriculum, textbooks, and daily interactions make us feel a lot of anxiety and sometimes depression."

"The pain and suffering connected with unmet unrealistic expectations from our society, our parents and our church that we should always obey and be patient make us feel devastated and often result in high level of punitive self-evaluation and dichotomous thinking."

"Neglecting our Coptic history, language and traditions and marginalizing us causes a lot of frustration and negative emotions regarding the loss of our heritage."

"The injustice and inequality when we try to complain or object towards what is happening to us make us feel hopeless that things might get better in the future."

"Our feeling of being powerless is enhanced not only by the discriminatory practices at schools, but also by parents and priests who always repeat passages from the bible that talk about being a slave to all ... . Whoever wants to become great among you mustbe your servant, and whoever wants to be first must be slave of all… . For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many."

"I think because there were so few of us in my secondary school (high school), I felt hurt, weak, disrespected, and unwelcomed. I also felt different and proud to be different as a Christian. I have found it to be helpful for me to grow in my relationships with God. I found that to be strengthening and empowering for me."

"I am very grateful for being Christian and grateful to the daily discriminatory interactions from many of Muslim students and teachers due to being Christian and having the name 'Fady' that means 'savior'. Those actions make us work hard… . To be successful, we have to work twice as hard as our Muslim classmates. Although this adds to our sufferings, but it makes us brighter, stronger, and more emotionally intelligent."

Discussion and Conclusion

The findings of the present study show that Egyptian Christian students are continually suffering from individual, institutional, and structural discriminatory policies and practices reflected in the school curriculum, syllabi, examinations, scholastic and social activities. They also show that the most painful discriminatory practice for Christian students is the discrimination from many of their Muslim peers, teachers, and administrators. Such findings confirm the findings of other

studies that indicated the suffering of minority students due to individual, institutional and structional discrimination (e.g., Greene et al. 2006, Grossman and Liang 2008, Rivas-Drake et al. 2008, Rosenbloom and Way 2004, Qin et al. 2008). They also show that the Egyptian Christian students are exposed to blatant discrimination that happens most frequently in the form of verbal harassment, bullying, and exclusion by Muslim peers and teachers. These lived experiences that include being stereotyped, calls names, made fun of and excluded from group activities results in negative psychological consequences. These findings are consistent with the findings of many empirical studies on ethnic, racial, and religious discrimination (e.g., Fisher et al. 2000, Rosenbloom and Way 2004).

The findings of the present study also show that discrimination in school settings can be manifested in different forms such as, "stereotypes", "prejudice", "racial micro aggressions". These findings confirm the findings of previous studies (e.g., Brown and Bigler 2005, Cheryan and Monin 2005, Sue 2007). They also show that the frequency of perceived discriminatory policies and practices results in negative health outcomes. Such findings are consistent with the findings of the growing body of research on discrimination and psychological effects (e.g., Byrd and Mirken 2011, Lewis et al. 2015, Kaholokula et al. 2012, Morris 2011, Mossakowski et al. 2017). They also indicate how continued discrimination towards students from racial, ethnic, and religious minorities in school settings results in a variety of negative psychological, physiological, and psychosocial distresses. These findings are also consistent with and confirm the findings of many empirical studies on the effects of discrimination on children and young people's wellbeing (e.g., Coker et al. 2009, Kelly et al. 2012, Mays et al. 2007, Nyborg and Curry 2003, Pachter and Garcia Coll 2009, Paradies 2006b, Priest et al. 2010, Sanders-Phillips 2009, Simons et al. 2002, Szalacha et al. 2003, Williams and Mohammed 2009).

The similarities in the participants' perceptions of their lived experiences with discriminatory educational policies and practices in the Egyptian K-12 school settings were striking. There was a great focus on the discriminatory contents of the curriculum, syllabi, and textbooks. There was a great focus on the hurting discriminatory interaction, negative communications, and stereotyping from many Muslim students, teachers, and administrators, especially the radical ones. The Egyptian school environment is causing both intentional and unintentional hurt to Christian students. Discriminations towards Christian students in the Egyptian K-12 school settings is resulting in hostile and unwelcoming classroom and school environments. In most cases, Christian students accept such negative stereotypes, prejudice, injustice, micro and macro aggressions because they are helpless and hopeless and have no support system from the State. To conclude, the findings of this study show internal consistency. The findings show that Christian students suffer continuing discrimination in the Egyptian K-12 school settings. They also show that there was a consensus among the participants that the discriminatory educational policies and practices in the Egyptian K-12 school settings negatively influence their mental health.

Limitations of the Study

The findings of this study should be considered in light of several possible limitations. First, the results of this study are drawn from a comparatively small purposive sample of participants (12 Christian high school students). Second, the data in this study come from a self-report instrument which might include intentional misreporting of behaviors and a possibility of socially desirable responses by the participants. Third, my biases and predispositions as a researcher-observer could have an influence on the data collection, analysis, and interpretation of the findings.

Recommendations

In light of the findings of this study, I recommend the following:

1. The Egyptian ministry of education must review its educational policies and make them inclusive and culturally responsive.
2. The Egyptian K-12 curriculum syllabi, and instructional materials must be reviewed and modified by qualified multicultural experts to reflect the multicultural society.
3. Teachers and administrators, and materials developers must be trained in multiculturalism and diversity.
4. Instruction at schools must acknowledge students' differences as well as their communities.
5. Teachers must validate students' actual identities, classroom practices, and instructional materials.
6. Students must be educated about the diversity of the Egyptian society and the whole world.
7. Equity and mutual respect must be promoted among students, teachers, and administrators.
8. Positive interactions among students, their families, the community, and school must be fostered.

Suggestions for Further Research

In light of the study findings and recommendations, I am interested in pursuing the following extensions of this research:

1. Replicating this study using quantitative research instruments.
2. Replicating this study for college students.
3. Studying how K-12 Egyptian Christian students cope with discrimination and micro aggressions.
4. Studying how college Egyptian Christian students cope with discrimination and micro aggressions.

5. Studying how Egyptian Christians cope with discrimination and micro aggressions in the workplace.

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A Cooperative and Dialogic Development Increases Well-being at Work

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The national development project "Productivity and Competitive Strength through Joy of Working (2016-2017)" was funded by European Social Fund and implemented in three Finnish regions: Tampere region, Northern Savonia and South Ostrobothnia. The project was conducted by Tampere University Work Research Centre, Tampere University of Applied Sciences, Savonia University of Applied Sciences and Seinäjoki University of Applied Sciences. The project was cooperative, dialogic and research-assisted in nature and its goal was to increase productivity, well-being at work, cost-efficiency and competitiveness in participating companies (N=11). This article focuses on the results of two care companies that took part in the project. The research question is: What kind of effect did the project have on employees' well-being? The data were gathered through an electronic questionnaire that was filled out by the personnel at the beginning and at the end of the project. The response rate was 65% (n=65) at the initial measurement and 54% (n=54) at the final measurement. The questionnaire consisted of more than 150 statements of which 62 measuring well-being at work were selected for this study. The data were statistically analyzed using SPSS. There was a statistically significant change in employees' well-being between the initial and final measurements. Respondents in the final measurement estimated that the project had positively affected communication (55%), performing the basic tasks (53%), well-being at work (52%), development at the workplace (50%), interpersonal relationships and atmosphere (49%) and relationship between employees and employers (49%). Employees' joy of working was strongly correlated with versatility and clear distribution of work whereas lack of opportunities to affect the working pace and the prevalence of gossiping within the work community were associated with employees' increased mental workload.

Introduction

Finland experienced a deep economic depression between 1990 and 1993, which caused personnel reductions and demands for more efficiency in all fields. The burden on the remaining personnel increased, resulting in a significant decrease in experiencing work as meaningful and joyful. There was a temporary turn towards the better between 1994 and 2000, but experiences have fallen again since 2001, being particularly low in 2004 and 2012. Results in 2016 suggest the trend may be turning (Figure 1) (Mähönen 2017).

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Figure 1. *Balance of Trends in Experiencing Work as Meaningful and Joyful 1992-2016 (Percentage Points)*
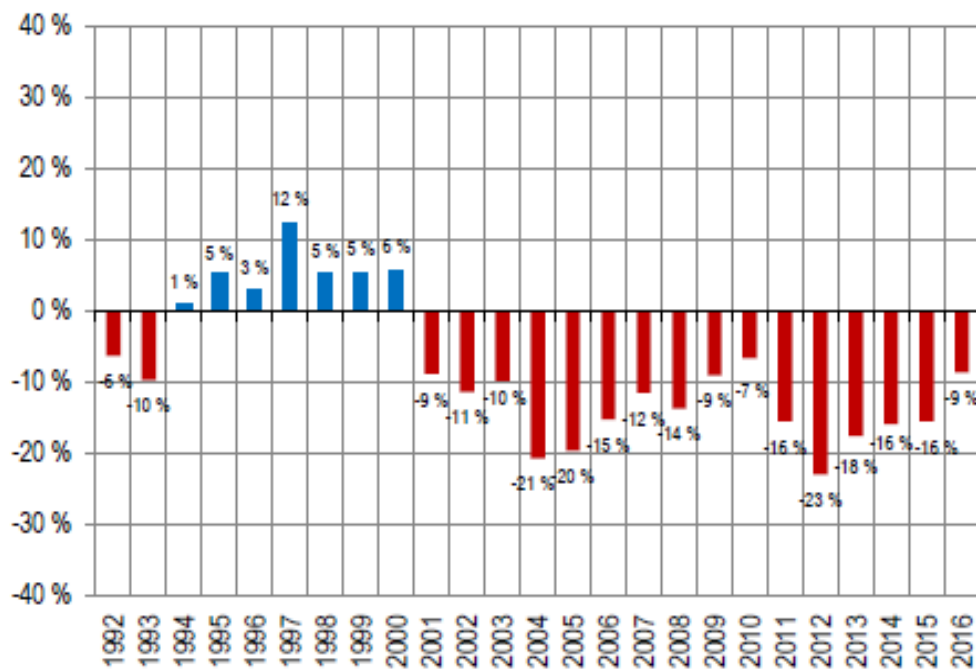
Source: Mähönen 2017.

Studying employee well-being is extremely important, as only happy and contented employees use their full potential, are productive and provide quality health care. Employee well-being can be seen as a whole formed by a sense of meaning, health and safety (Mähönen 2017, Celma et al. 2018). Manka et al. (2011: 8) broaden employee well-being to consist of four areas: organization factors, manager factors, group factors and work factors. Organization factors include goals, flexible structures, constant development and functioning work environments. Managers who lead by encouraging and empowering employees increase their employees' well-being. Important group factors include team spirit, openness, functionality and common rules. Significant work factors are opportunities to affect things, learning and rewards. As employee well-being is a broad and multifaceted concept, job satisfaction is easier to limit to mean the employee's positive thinking and attitude towards the work and work environment (Robbins and Judge 2012: 74–75). Joy through work rises from the employee's experiences of success, being allowed to use their expertise, and receiving support and feedback (Manka et al. 2011: 8).

Opportunities for promotion, education and professional challenges increase employee satisfaction (Lorber and Savic 2012). The ability to control one's work and opportunities to advance in one's career increase commitment, while tasks that require little skill are predictors for changing jobs (Sawatzky et al. 2015, Sveinsdóttir and Blöndal 2014).

One prepequisite for employee well-being is the employee's trust in their manager. Lack of trust in the manager decreases employee loyalty and work

motivation (Seifert et al. 2016). The possibility of specializing in a specific area of work increases workplace commitment (Sloan et al. 2017). Giving employees more opportunities to affect their work can be used to improve their attitudes, well-being and work efficiency (Ogbonnaya and Valizade 2015).

In their broad study of nurses, Brunetto et al. (2013) found that the manager-nurse relationship, co-operation and employee well-being accounted for nearly half of nurses' commitment to the hospital, or alternatively their plans to leave. They also discovered that baby boomer nurses experienced greater well-being and commitment than younger nurses. Jones's study (2015) however discovered no difference in commitment between nurses of different ages, but found that practical nurses had statistically significantly lower levels of commitment to the workplace than registered nurses.

Professional commitment, work environment and workplace values have been found to be connected to employee well-being (Caricati et al. 2014). Experiences of trust and a fair and attractive system of rewards also have a significant effect on employee satisfaction and commitment to the organization (Hsu et al. 2015). Fairness in leadership and particularly fairness in procedures has been found to increase older nurses' remaining at workplaces. Older and younger nurses may have different needs, which managers should recognize to be able to meet the needs of all their subordinates (Armstrong-Stassen et al. 2015).

Positive humour between managers and employees increases employees' commitment to their work (Goswami et al. 2016). Joy of working is connected to commitment to the workplace and work goals (Plester and Hutchison 2016) as well as being absorbed in the work and patient-centric care (Abdelhadi and Drach-Zahavy 2012). Workplaces can increase job satisfaction by the most effective practices, which are job security (permanent contracts), working in teams and non-discrimination. To increase trust in management, the most effective practices are non-discrimination, motherhood not hurting the employee's career, full-time work, and internal information on the firm's goals (Celma et al. 2018). Research findings have shown that investing in employee well-being is economically viable for every organization, as it has a positive relationship to productivity, customer satisfaction and employee sustainability.

This article presents the results of a national project of employee well-being and productivity. The national development project "Productivity and Competitive Strength through Joy of Working (2016-2017)" was funded by the European Social Fund and implemented in three Finnish regions: Tampere, Northern Savonia and Southern Ostrobothnia. The project was conducted by Tampere University Work Research Centre, Tampere University of Applied Sciences, Savonia University of Applied Sciences and Seinäjoki University of Applied Sciences. The project was cooperative, dialogic and research-assisted in nature. Its goal was to increase productivity, well-being at work, cost-efficiency and competitiveness in participating companies (N=11).

The Organization as a System

Community and communality are concepts related to whether humans feel a sense of togetherness, and what unites people in communities. Communities can be spatial, such as continents, cities or villages, or formal such as universities and companies. People within the same structure do not however necessarily feel a clear sense of togetherness. Large communal unions or corporate fusions can cause a feeling of separateness, and the formation of a new sense of community can take years or ever decades (Nivala 2008). To enable the members of work communities to function together and in accordance with common goals, the organizational leadership must understand the phenomena of community dynamics and culture.

Organizational culture can be analyzed as a factor influencing the organizationnal system (Roman 2017). From a system theoretic approach, organizations are social units which consist of sub-systems and which are built and re-built to reach specific goals. How the organization functions is formed by the interrelationships between sub-systems and the system and its environment.

According to Roman (2017), a systemic understanding means that nothing and no one exists in a vacuum and that everything affects everything. For instance, a work community forms a system, which itself is part of another system, such as an organization or the entire field. The functioning of a work community is thus born from interactions, only a small part of which are visible. This is also related to the workplace culture, which makes the members of the group act and even feel in certain ways. A group's culture is born through its history, which is why situations such as heavy reductions of personnel, threats of bankruptcy or removals of leaders influence communities even after the situation is over. Uniting organizations and large mergers cause resistance to change, which can rise from the personnel's loyalty to the old leaders or workplace culture (Roman 2017).

The formation of community in a work organization is however subservient to its hierarchical nature. The leadership determines the goals of the organization and hires the staff to reach them. Despite this, there is nearly always an unofficial organization under the official organizational structure, whose functioning can be unreachable to the leadership (Kuittinen and Kejonen 2009).

Structures of Cooperation

Structures of cooperative development require procedures that allows for interaction in the workplace. If the culture of leadership at the workplace has traditionally been authoritarian or heavily instructive, adopting new practices may require educating both the leadership and personnel. Meeting practices, work culture within teams, physical work environments and the availability of managers are precisely the so called structures, which can either enable employees to influence their work environment and feel part of the community or deny them the opportunity.

In his book, Ari Rämö (2015) considers why it is sometimes difficult for leaders or managers to give a voice and influence to their subordinates. Some key questions are whether the superior feels that by giving another power they are

losing part of their role as superior for which they have worked, and whether there is a learned habit of the superior making the decisions in the organization. Having employees participate in planning and decision-making requires an organization with a clear and understood way of working, which is based on cooperatively formed goals and strategy. Trust is based on appreciating the employee and believing that they are the best expert on their own work (Rämö 2015).

Systemic Principles

Systems built by humans such as work organizations have four systemic principles, whose violation or disregarding may cause visible and often even unacknowledged problems. The first principle is *belonging,* which means that everyone has a right to be seen, heard and accepted at their workplace. Ignoring and excluding a worker are strong violations of this principle (Roman 2017).

Another important perspective is the principle of *giving and receiving.* At the workplace this includes receiving just wages from work, a reciprocal relationship between the manager and the employee and appreciative and honest feedback received from clients and colleagues (Roman 2017).

The third principle relates to the *individual's place or position* in the organizational system. Theories of group dynamics have long recognized that humans will instinctually seek their place in a new community. If, for instance, a new manager joins the group either from within or outside the group, the internal hierarchy will seek a new balance, sometimes even through crisis. The highest levels of the internal, frequently invisible hierarchy are occupied by those who have been at the organization the longest, those who have the greatest skill and those with the most to lose. Hellinger (1999) speaks of the "systemic conscience", which makes the community feel experiences such as the dismissal of a single parent as more devastating than that of a colleague who can easily find a new position (Roman 2011).

The fourth principle concerns *respecting reality,* which requires openness at the workplace and the identification and acknowledgment of facts. Things can be discussed and problems solved only if there is enough courage to face difficult topics and address them together (Roman 2017). When workplace conflicts are seen as opportunities to develop, for example, functional processes, problem solving can focus on improving work and work assignments, rather than always finding a guilty party.

Dialogue as the Foundation of Cooperation

Social skills related to cooperative working include leadership, building trust, communication and conflict management. Cooperation means sharing professional knowledge, experiences and new ideas, which is why skills related to self-assessment and giving and receiving input are particularly important (Johnson and Johnson 2002).

According to Goleman (2009), social skills are what allow for efficient interactions between people. Their lack causes confusion and constant

interpersonal catastrophes in communities. Mere intelligence is thus not enough to maintain functioning relationships. Social skills allow us to inspire and encourage others, present our capabilities, influence things and make others feel comfortable (Goleman 2009).

Building a dialogic interaction differs from mundane, often shallow talks, one-sided debates or fast negotiations for compromise. A dialogue is built on genuinely listening to others and recognizing and considering other perspectives while critically assessing one's own. Its goal is to change opinions and practices, to foster learning and creativity and to create something new (Alhainen et al. 2011).

According to Paulo Freire (2000), a significant feature of dialogue is the *word,* which has two dimensions: reflection and action. If the word, that is speech, loses its connection to practice, speech turns into mere verbalism. Genuine speech must question the world, which will allow speech to change it through action. Reflection is what makes action considered and responsible (Freire 2000).

One quality of dialogic interaction is cooperation, which can only exist between equal individuals, even though their roles and areas of responsibility may be different (Freire 2000). It is important for work communities to practice open dialogues on all levels of administration and between them. That is only possible with structures and practices that permit and support dialogue.

Method

The aim was also to find ways for employees and employers to have continuous collaboration to develop productivity and well-being at work during their ordinary working days. This article focuses on the results of two care companies that took part in the project. The research question is: What kind of effect did the project have on employees' well-being? This presentation focuses on the results of the two care companies that took part in the development project.

The data from two participating care companies were gathered through an electronic questionnaire that was filled out by the personnel at the beginning and at the end of the development project. The questionnaire consisted of more than 150 statements, most of which had a 5-point Likert scale. For this study, 62 statements measuring employee well-being at work were selected from the questionnaire and further divided into five different categories; (1) job satisfaction, (2) utilization and development of employee competence, (3) performing basic tasks, (4) functionality of the work community, and (5) functionality and safety of the work environment. The response rate was 65% (n=65) at the initial measurement and 54% (n=54) at the final measurement.

The data were statistically analyzed using SPSS. Statistical methods included Frequencies, Mann-Whitney and Spearman Correlation. The Mann-Whitney U test is used to measure statistical significance between initial and final measurements on each selected variable. The Spearman Correlation is used to investigate correlation between two variables, for example, mental workload and the prevalence of gossiping within the work community (Curtis and Drennan 2013).

Results

In both measurements, the average age of the respondents (n=65) was around 44 years with more than 90% of them being female. Approximately 10% were registered nurses, 70% were practical nurses and 20% were managers. 43% of the respondents had been working in their current position for less than six years, while some had more than 30 years of experience in their current position (Figure 2).

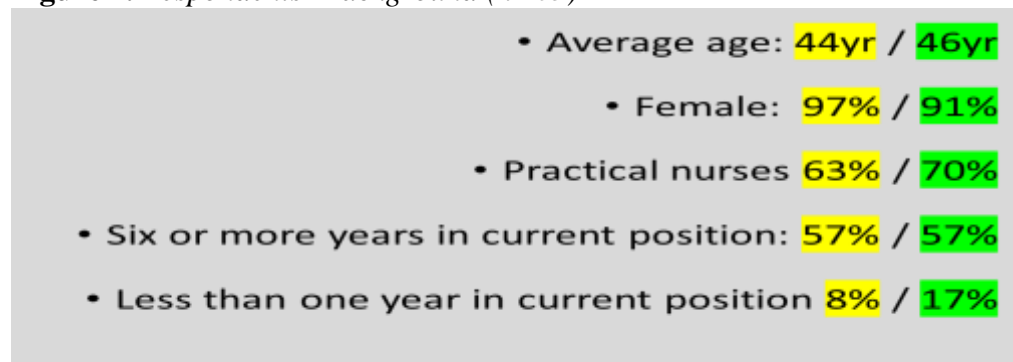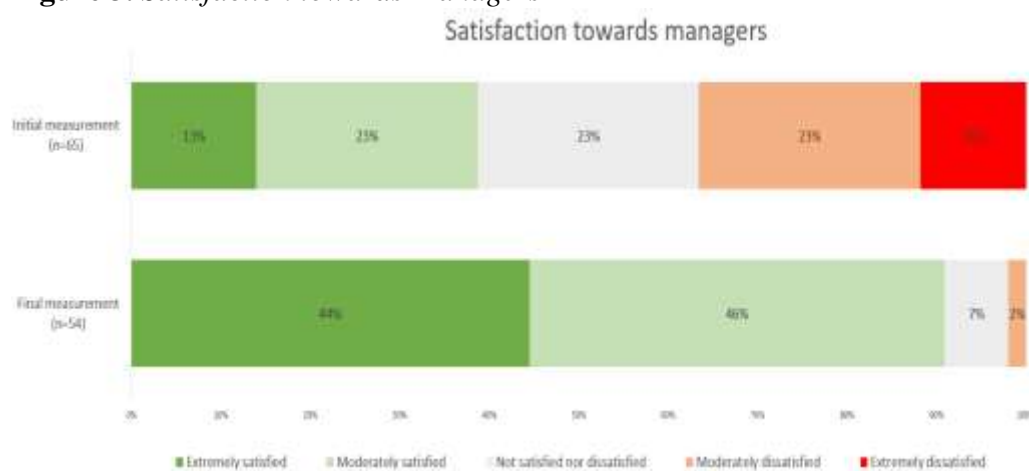**Figure 2.** *Respondents´ Background (n=65)*

Figure 3. *Satisfaction towards Managers*

There was a statistically significant change in employees' well-being at work between the initial (n=65) and final measurements (n=54) in all five areas of employee well-being. In the final measurement, two statements received lower scores, 60 statements higher scores and 22 of them had a P-value less than or equal to 0.01. The highest single improvement occurred in employees' satisfaction towards managers. In the initial measurement, 42% of the respondents were satisfied with managers, whereas in the final measurement 91% (p<0.001) were satisfied with managers (Figure 3). Atmosphere in the work community was also evaluated to be more invigorating (58% → 85%, p<0.001) (Figure 4). Other major changes (all p<0.001) occurred in employees' possibilities to participate in decision-making (48% → 81%), employees' work motivation (45% → 80%),

work ergonomics (43% → 78%), development of work (43% → 77%), employees' satisfaction towards management of the company (32% → 74%), and feedback given by managers (58% → 85%).

Figure 4. *Atmosphere in the Work Community*
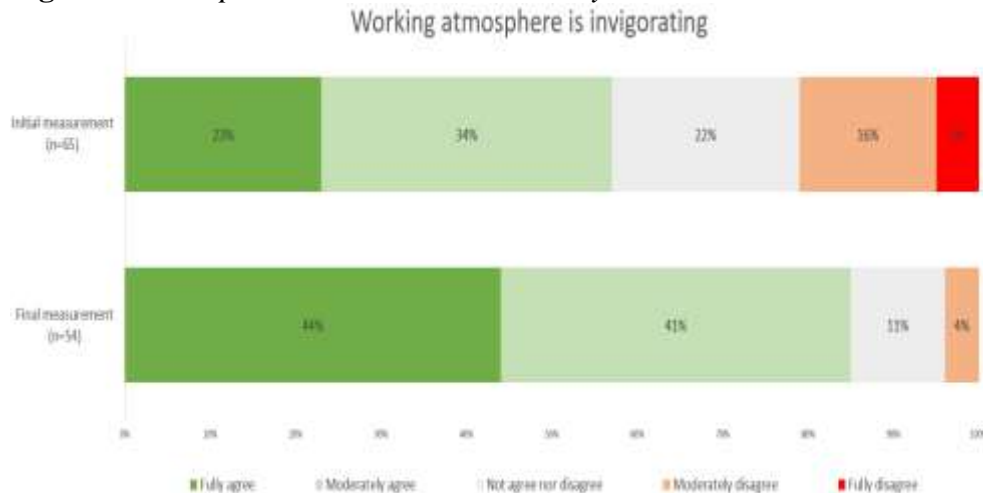
Respondents in the final measurement were asked to evaluate whether the development project had had positive, negative or no effect at all on given subjects. Respondents estimated that the development project had positively affected performing the basic tasks (53% of respondents), personnel motivation (39%), interpersonal relationships and atmosphere (49%), communication (55%), relationship between employees and employers (49%), working conditions (44%), initiative of personnel (44%), possibilities for personnel to participate and influence things (42%), bringing out the creativity of the employees (42%), well-being at work (52%), and development at the workplace (50%) (Figure 5). Apart from one respondent who evaluated the development project to have negatively affected communication, no other respondent associated the development project with any negative effects.

Figure 5. *Respondents´ Views on the Effects of the Project*

	POSITIVELY	NO EFFECT	NEGATIVELY
Performing the basic tasks	53%	47%	0%
Employees' work motivation	39%	61%	0%
Relationship between employees and managers	49%	51%	0%
Communication	55%	43%	2%
Well-being at work	52%	48%	0%
Bringing out the creativity of the employees	49%	51%	0%

In the initial measurement, employees' joy through working was strongly correlated with versatility of work (r=0.764 p<0.001), clear distribution of work (r=0.641 p<0.001), working according to company's values (r=0.592 p<0.001), creating work community's rules in concert (r=0.550 p<0.001), satisfaction towards the company's way of rewarding and encouraging its employees (r=0.526 p<0.001), possibilities to affect the content of work-tasks (r=0.524 p<0.001), opportunities to utilize one's skills and knowledge (r=0.508 p<0.001), fair distribution of work (r=0.501 p<0.001), and feedback given by supervisors (r=0.452 p<0.001) (Figure 6). Moreover, 90% of those respondents to whom work brought joy felt that their work was versatile and only 11% of those who considered their work to lack versatility stated that their work brought them joy. In the final measurement, more respondents (75% → 93%) felt joy through working and the correlations were generally weaker.

Figure 6. *Joy through Work was correlated with Several Variables*

• Versatility of work	(P<0.000 R=0.764)
• Clear distribution of work	(P<0.000 R=0.641)
• Creating work-rules together	(P<0.000 R=0.550)
• Opportunities to affect the contents of work	(P<0.000 R=0.524)
• Opportunities to utilize one's skills	(P<0.000 R=0.508)
• Fair distribution of work	(P<0.000 R=0.501)
• Managers give feedback	(P<0.000 R=0.452)

80% of the employees in the initial measurement and 71% in the final measurement considered their work to be mentally burdensome. Mental workload was correlated with prevalence of gossiping within the work community (r=0.422 p<0.001), lack of opportunities to affect the working pace (r=0.407 p=0.001), inadequate communication (r=0.389 p=0.001), unfair distribution of responsibilities (r=0.365 p=0.003), not creating the work community's rules in concert (r=0.329 p=0.008), and not working according to the company's values (r=0.326 p=0.008) in the initial measurement. 85% of those respondents who considered work to be mentally light estimated that they could affect the working pace. On the other hand, 56% of respondents thought that they could affect the working pace only a little or not at all and 94% of these respondents felt that their work was mentally burdensome. In the final measurement, most variables associated with increased mental workload had gotten better, but work was still evaluated to be mentally burdensome. Correlations were also generally weaker in the final measurement.

Conclusions

Employee well-being increased during the development project. The most statistically significant changes occurred naturally in those variables which received lower scores in the initial measurement, as it is harder to improve

something that is already working well. Only two variables received lower scores in the final measurement, but those changes were not statistically significant.

Opportunities to affect the content of work-tasks were associated with increased joy through working. The results were similar to earlier studies that show nurses' autonomy as a major source of increased job satisfaction (Hayes et al. 2015, Furtado et al. 2011, Roberts-Turner et al. 2014, Curtis and Glacken 2014, Sansoni et al. 2016). Joy through working was related to opportunities to utilize one's skills and versatility of work. Somewhat similar results appeared in Sveinsdóttir's and Blöndal's (2014) study, although they found that having nurses perform tasks which require no special knowledge and skills is correlated with nurses' intention to leave the workplace. As in the studies of Goetz et al. (2015) and Kaitelidou et al. (2012), this study also found that clear distribution of work is associated with joy though working. Overall, joy through working had strong correlations in the initial measurement, but as joy through working and associated variables received better evaluations in the final measurement, correlations became weaker. This leads to the conclusion that the joy of working can be easily ruined if work lacks, for example, versatility. However, the versatility of work alone is not a guarantee for the work to be enjoyable as there are multiple factors in play.

Like in the earlier studies (Jetha et al. 2017), poor opportunities to affect working pace increased the mental workload. Work remained mentally burdensome even though the associated variables became better in the final measurement. For example, the prevalence of gossiping was linked to increased mental workload in the initial measurement and as gossiping decreased in the final measurement the correlation vanished, but the work remained mentally burdensome. From this, it can be concluded that gossiping increases mental workload, but having a gossip-free work community is not enough for work to become mentally light. It is still unclear why work remained mentally burdensome even when the associated variables were improved. Respondents had to choose which best described their sense of mental workload from a 4-point Likert scale that lacked a neutral option. It is perhaps simply not natural for someone with a responsible job to describe their job as mentally light.

This study has some weaknesses which limit the conclusions that can be made. The response rate was lower at the final measurement, which makes the results less representative, and the sample size was quite small for the results to be generalizable. All personnel in the care companies were eligible to fill the questionnaire in the final measurement. Respondents did not have a response id and they were not asked if they had participated in the initial measurement. This means that individual respondents cannot be unified and it is impossible to know what percentage of respondents participated in both measurements.

Given the study limitations, it cannot be claimed that the positive changes during the development project were exclusively due to the project, as it is hard to identify every influencing factor. Nevertheless, it is likely that the project played a considerable role, as the changes were significant and half the respondents evaluated the project to have had a positive effect on a variety of subjects.

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Culture and Mental Health Counseling:
A Reflective View Based on Observations in China

By Changming Duan[*]

Western initiated internationalization of professional psychology has resulted in mental health counseling, a profession indigenous to the Euro-American culture, being transplanted in different parts of the world. Questioning the cultural appropriateness of applying Western theories in non-Western cultures has become more and more imperative and urgent. This article reflects on the cultural context of Western professional counseling and its internationalization and discusses possible harm and problems of practicing Western mental health counseling internationally. Based on observations of counseling development and research in China, the argument is made that lack of attention to the role of culture leads to harm. All professionals who are interested in being part of this internationalization movement need to adopt an international attitude, conduct sharing and learning through a dual-directional collaborative pathway and show a commitment to doing courageous work in de-constructing and re-constructing the science and practice of professional psychology for the global community. Only with proper and sufficient culturally informed effort, internationalization of mental health counseling can result in mutual enrichment and benefit all people in all cultures.

Keywords: *culture, mental health, counseling, internationalization, China*

In the last few decades, one of the significant developments in the field of psychology and mental health has been internationalization of mental health counseling, an indigenous European-American cultural product (Christopher et al. 2014). Increasingly, scholars and practitioners from selected Western countries developed an "on-going commitment to and involvement in the international arena" (Casas et al. 2010: 191). This trend is inevitable in the context of modern globalization (Friedman 2006), and reflects the interest and motivation of the Western professionals to make professional psychology international. While many parts of the world have generally embraced Western psychology and counseling, with or without choice or deliberate intention, there have been reasons and observations that call for responsible and serious reflections about how this internationalization movement has influenced individuals, families and communities around the world. Such reflections may lead to reconsideration of how internationalization should be defined, conducted and promoted so it can reach the desired goal of benefiting but not harming those we intent to help.

In this paper, I briefly describe the cultural context of Western mental health counseling and discuss the possible lack of cultural fit when it is practiced in non-Western cultures. Based on my limited understanding and observations, I share what I see as problematic and reflect on what is needed to put corrective effort forward and prevent further harm. Internationalization will continue and deliberate

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efforts are needed to make it a great movement benefiting the entire global village. For the sake of convenience, I used the term West or Western to group the United States and some parts of Europe where there is a shared history of psychology discipline development.

This paper unavoidably contains my personal biases as a China-to-U.S. immigrant whose perspectives have been shaped by life experiences both in China and in the United States. I grew up in China, and have received graduate training, lived and worked in the United States. On a continuous basis, I am engaged in collaboration with Chinese scholars in mental health counseling research and training in China. My general, perhaps biased, conviction is that while the globe is gradually flattening (Friedman 2006) in economics and other areas, the diversity of culture remains a beauty of the world and mental health a culture-driven phenomenon. Thus, I plea to our academic and professional community that significant attention be given to the role of culture in everything we do to promote mental health, and please recognize that failure of doing so is harm to non-Western individuals and societies that constitute a large part of the world.

Cultural Contexts of Mental Health Counseling Development and Internationalization

It is probably not accidental that mental health counseling along with its parenting scientific discipline, psychology, started in only a few small areas of the globe (West Europe and North America) and among a small portion of the world population, namely, the Western, Educated, Industrialized, Rich, and Democratic (WEIRD; Henrich et al. 2010). Nor is it arbitrary that the principles and ideologies reflected in the professional counseling, as we know it today, are mostly consistent with those rooted in individualism (Baumerister 1987) that dominates Euro-American cultures (Hofstede, 2001) and are highly valued among the WEIRD. As these cultures promote individual rights, autonomy and independence, and free choice, mental health counseling logically and conveniently emphasizes self-understanding, self-identity, self-actualization, freedom, individual happiness, and so on. As noted, the development of mental health counseling or psychotherapy has been viewed "a clear American tale of discovery, entrepreneurship, and self-promotion" (Engel 2008: xiv).

Culture is the foundation of human behavior and it shapes personalities (Triandis and Suh 2002) and permeates human existence (Geertz 1973). However, there has been empirical effort, based on biology or by "cross-cultural" studies that treat culture as a nuisance demographic variable, to show that a universal human nature or certain personality factors are cross culturally valid (Vogt and Laher 2009). This is not surprising given "the entrenched parochialism and ethnocentrism" (Christopher et al. 2014: 645) of Western psychology and publishable research being known to reflect "psychology that is incomplete and does not adequately represent humanity" (Arnett 2008). In fact, even the "significant" result supporting universality does not nullify the role of culture in human nature.

From a hermeneutic perspective, studying Western personality constructs among individuals in other cultures where "self and culture are inextricably linked" (Christopher et al. 2014: 650) would require a lot more than what published studies usually do (examining the individuals without attending to the inseparable part of them: culture). Using Western scientific method studying Western psychological constructs (many of which are meaningless to people outside of Western countries and even not translatable to non-English languages) for understanding people in culture is fundamentally problematic because of its inability of observing "shared meanings and their import for subjectivity and social relations," (Christopher et al. 2014: 653) which is part of the self of those people. From another angle, an evolutionary psychological perspective, it is more likely than not that culture selectively activates complex psychological mechanisms in human mind (Buss 2001) even if the biology is the same. Moreover, using available empirical evidence to argue for universality is problematic because "most studies have not included emic (culture-specific) traits and have not studied samples that are extremely different in culture from Western samples" (Triandis and Suh 2002: 133).

It is apparent that the narrow cultural focus of psychology, unrepresentative of the majority of cultures worldwide, led to a culturally exclusive psychological knowledge base that is difficult for international application due to lack of cultural fit. Nonetheless, the past few decades have witnessed mental health counseling in theoretical and practical packages being transported from the West to many parts of the world regardless of local cultures. The privilege of circulating cultural products in a culturally neutral manner certainly belongs to Western professionals and shapes the development of psychology in the international arena.

The push from the West to popularize psychology and mental health counseling in China occurred in late 1980s as the world globalization was marked by new progresses (Boughton 2002) and when China embarked on its economic reform following the "Open Door" policy issued in 1978. This Open Door action opened not only China's economic market but also its people's mind toward the West and interest in Western cultural and intellectual products. At the time when mental health counseling as a profession had matured in European and North American countries, the idea of expanding its influence and disseminating its products seemed natural, timely and appealing. Thus, a gradual movement transpired in the West to introduce professional counseling to other countries (Norsworthy et al. 2009).

As the result, under the name of "internationalization," and sometimes accompanied by the label of "indigenization," counseling theories and systems entered China from the United States and some European countries, along with devoted scholars and practitioners who generously offered their time and expertise to training Chinese practitioners. Having little non-medical professional mental health care at the time (Qian et al. 2002), China eagerly accepted the newly imported theories and systems. For instance, psychoanalysis, in its rather traditional form, became a hot and attractive area quickly, and caused high "folk fever" among professionals and the public (Jia 2016: 379). With the persistent effort from several groups of psychoanalysts from Germany, United States and

Norway, China let "Freudians put China on the couch" (Tatlow 2010) just in a few short years. It is quite provocative for us to witness the increasing popularity of Western imported psychoanalysis in China during the time when the medical historian Jonathan Engel (2008) noted "Psychoanalysis has largely died" (p. x) in the United States and the president of American Psychoanalytic Association Dr. Warren Procci acknowledged, in 2010, that "There is an unavoidable message here, much as we do not want to hear it … We are in a decline" (cited in Osnos 2011: 56). In significant ways, psychoanalysis defined mental health for the Chinese yet-to-be-developed mental health care system. Its large influence filled the center of the professional space and attention, and entered the public's initial knowing about mental health and counseling. Quickly, the Chinese mental health counseling market became heavily psychoanalytic/psychodynamic, and other therapeutic approaches had a harder time to gain as much public acceptance and recognition as quickly.

Addressing the Issue of Cultural Fit: Optional or Imperative?

While such Western enthusiasm and assistance helped jump start professional counseling in China at a time when the globalization and China's opening door to the world unavoidably brought new mental challenges to its citizens, the issue of cultural fit started troubling the academic community and intensified over time. However, due to being largely in a powerless recipient status (without existing counseling professional literature or system) and perceived as suffering from significant increase of mental illness due to the economic reform (Yan 1998), China was not in a position or had the resource to scrutinize or examine those Western imports for cultural relevance. Therefore, the mental health counseling field took shape and developed with mostly Western features and styles, from its operation to its intervention strategies. Mainly translated textbooks and materials from English were used for teaching and training.

One area in which cultures differ is the degree to which individualism and collectivism predict human behavior and emotions (Hofstede 2001). There has been a significant amount of empirical evidence showing that some countries are more or less individualist or collectivist than others, with the United States topping the list of the most individualist countries (http://www.clearlycultural.com/geert-hofstede-cultural-dimensions/individualism/). Viewing humans as cultural beings, Triandis and Suh (2002: 907) summarized years of research and unambiguously stated "People in collectivist cultures, compared to people in individualist cultures, are likely to define themselves as aspects of groups, to give priority to in-group goals, to focus on context more than the content in making attributions and in communicating, to pay less attention to internal than to external processes as determinants of social behavior, to define most relationships with ingroup members as communal, to make more situational attributions, and tend to be self-effacing." This is a good description of the psyche of people from most non-Western cultures. Thus, questioning the cultural fit of Western theories in these cultures is imperative.

There has been research examining mental health related concepts as associated with individualism and collectivism. By comparing mental health stigma among several different ethnic groups in UK, Papadopoulos et al. (2012: 270) revealed that, "the more stigmatizing a culture's mental illness attitudes are, the more likely collectivism effectively explains these attitudes. . . . the more positive a culture's mental illness attitudes, the more likely individualism effectively explains attitudes." These findings are not surprising considering the nature of individualism and collectivism, but what is interesting and provocative is that such findings are often taken as denoting something negative about collectivism in terms of mental health care. The Westernized thinking is that stigma is an obstacle for promoting interventions and therefore should be reduced or eliminated. Rarely researchers have openly reflected on the possibility that findings like these indicate how mental health is defined, mental illness identified, and mental health care provided are inappropriate in collectivism dominant cultures.

Lack of attention to the role of culture is reflected in even social-justice-oriented and assistance-focused efforts addressing negative stigma against the mentally ill. Issues of ignorance, prejudice and discrimination embedded in the stigma were brought to the front (Thornicroft et al. 2008), but questions concerning who are the targets of the stigma and how they became the target were not asked. As expected, existing stigma intervention theories often lack cross-cultural effectiveness (Yang 2007). Unfortunately, the way in which mental illness is defined and stigma viewed is almost universally accepted due to evidence generated by Western trained or Western theory influenced stigma researchers. The scholarship in this area implies that higher stigma is a sign of weakness and more deliberate intervention is needed (Link and Phelan 2001), and fails to acknowledge cultural biases in the definition of mental illness in the first place.

Cultures vary in how they view un-conventional or un-normal behavior. The U.S. based Diagnostic and Statistical Manual of Mental Disorders, a creation of American Psychiatric Association, demonstrated a high tendency to pathologize behaviors. From the first to the fifth edition, it grew from 129 pages containing 106 diagnoses in 1952 to 950 pages with roughly 375 diagnoses in 2013. However, when DSM diagnostic criteria consistent behaviors were presented to Chinese, most people would not label them as being symptoms of illness. Rather, they would see the "symptoms" as evidence of "taking things too hard" or "being stuck in thinking" (Li 2015). This phenomenon is conveniently labeled by Western standards as lack of "mental health literacy" (Jorm 2012), the connotation of which is unambiguous. Clearly, emphasis on labeling mental illness is culturally determined but the culture-neutral stance or cultural inaptness of Western research has portrayed non-Western countries as being lagged behind or under developed in removing stigma toward mental illness, which is culturally insensitive, improper, and possibly damaging.

Mental Health Counseling as an Internationalized Profession

Gradually and surely, mental health counseling has become an international phenomenon. While the Western internationalization has contributed to development of the profession in many parts of the world, a critical view has always existed regarding the one-directional nature of such international effort and its unintended negative consequences (Duan and Goodyear 2015). However, this concerning view has not made any significant wave under the impetus for showing generosity in helping the needed. In his thought provoking and influential book *Crazy like us: The globalization of American Psyche,* Watters (2010: 254) documented several ways in which the best-intentioned helping efforts by American mental health professionals disseminated the "American brand of hyperintrospection and hyperindividualism" and supported "the grand project of Americanizing the world's understanding of the human mind" (Watters 2010: 1).

Using narrated country specific case examples, Watters detailed how psychopathology or mental illness, defined by the West, was introduced and passed on to different countries. As a result, anorexia nervosa that used to be an exclusive Western eating disorder (Swartz 1985) became prevalent in Hong Kong through the promotion of Western thinking concerning healthy/unhealthy eating behavior, and by popularizing diagnostic labels, illness-focused prevention and intervention strategies to reinforce the notion of eating disorder. Through a different route, "Americanized version of depression" (Watters 2010: 2), along with corresponding SSRIs (Selective Serotonin Reuptake Inhibitors), was introduced and imposed to Japanese after the targeted "educational" campaign by American drug companies with involvement of credible psychiatry experts. Japanese were educated by Westerners to change their negative attitude toward depression, which marked the beginning of the current state of affair that increasingly more people became depressed and depression was medicalized (Kitanaka 2006). Packaged with the post-crisis assistance, PTSD (Post Traumatic Stress Disorder), an American socio-political specific label for a particular group of veterans at a particular point in time, was brought to Sri Lanka after 2004 Indian Ocean tsunami by well-intentioned U.S. professionals. Operating out of their own knowledge base, experts introduced PTSD symptoms as must-be-present after natural disasters and taught the locals how to think or feel as victims. The gross cultural inappropriateness was "disappointing and sometimes shocking" (Ganesan 2006: 360) to local professionals and created- negative consequences with real people being harmed (Christopher et al. 2014).

From one angle, these cases illustrated how one-directional internationalization could result in exporting Western mental illness and its interventions, which has caused harm in various cultures. Undoubtedly, such potential harm was unintentional, but unintentional harm is harm and should not be brushed over. In the counseling profession anywhere nowadays, Western knowledge is clearly privileged and local scholarship and healing practices discouraged or refuted. One major reason is due to the power structure, where scholars from the Western countries run premier scholarly journals and host prestigious academic and professional conferences; Western universities train world's most influential

academics and clinicians; Western generous volunteers have the resource to engage in world crisis interventions; Western medical models (implicit but prevalent in counseling) enjoy world-wide recognition and acceptance; Western drug companies spend big money promoting psychotropic medications everywhere; and so on. The values embedded in most currently available counseling systems and assumptions about how human mind works are representative of those by the WEIRD populations rather exclusively. From top or powerful positions, Western professionals can easily apply their knowledge as universally helpful and offer assistance accordingly, which in turn helps maintain the Western position of power.

Culture-bound Nature of Mental Health: A Comparison between U.S. and China

Both anecdotal and empirical observations in China support the argument that mental health is a culture-bound concept, and harm is really possible when it is viewed in a cultural vacuum. Facing the reality that Western counseling theories and practices have gained acceptance and popularity among mental health providers, it is time for researchers, practitioners and consumers as well as the governmental agencies to ask serious questions concerning the consequences of such practice. Fortunately, conversations on issues related to cultural fit of imported counseling theories and methods have started (Jia and Zen 2014). There have also been empirical studies examining cultural characteristics of Chinese mental health, mental illness, therapeutic interventions and healing arts, which will enrich the understanding of ways to enhance mental health in China.

In the United States, goals of mental health counseling reflect the mega theme of individualism, namely, "helping individuals to overcome obstacles to their personal growth, whereever these may be encountered, and toward achieving optimum development of their personal resources" (American Psychological Association 1956: 283). The markers of mental health include adequate self-understanding or insight, self-identity, self-realization, autonomy, freedom, choice, independence, individual happiness, no negative emotions, etc. The focus on the individual and individual rights and interest is in the center of these definitions. The well-known existential theorist and psychotherapist Rollo May reflected toward the end of his life:

> ". . . we in America have become a society devoted to the individual self. The danger is that psychotherapy becomes a self-concern, fitting what has recently been called a new kind of client, the narcissistic personality. . . . we have made of therapy a new cult, a method in which we hire someone to act as a guide to our success and happiness. Rarely does one speak of duty to one's society – almost everyone undergoing therapy is concerned with individual gain, and the psychotherapist is hired to assist in this endeavor "(May 1992: xxv)

In sharp contrast, China defines the goals of mental health services as "to improve public mental health, promote social stability and interpersonal harmony, and enhance public well-being, … and to cultivate good morality, promote coordinated economic and social development, nurture and exercise socialist values and principles" (Committee of National Health and Family Planning 2016: 1). The central focus is on stability, harmony, public well-being, and morality to ensure economic and social development. These goals differ from those cherished by most mental health counseling theories in 1) emphasizing public health, 2) promoting harmony, which has to involve others or society, and 3) stressing morality and social responsibility.

The different views of mental health reflect different cultural values, particularly those values concerning the individual and self. There have been theories differentiating individual, collective and relational self (Sedikides and Brewer 2001) and independent and dependent self (Markus and Kitayama 1991). Theorists tend to view these various selves co-existing in individuals, but recognize the patterns of experienced self in cultures (Oyserman and Lee 2008, Sedikides et al. 2011). It is not hard to derive the general understanding from a myriad of theories and research findings that the independent self and individual self are more salient than relational, collective, or dependent self for individuals from the West (more individualist than collectivist culture) and the vice versa for those from the East (more collectivist than individualist culture).

Having different types of self is no small matter in terms of how mental health should be understood and cared for. The China's definition of mental health does reflect collectivist nature of the culture, where "we" or "our" mentality (collective, dependent and relational self) is much more prominent than "I" or "my" focus (individual and independent self). For instance, people are much more like to use "our" than "my" in daily language, such as "our country" (vs. "my country)." Interestingly, "country" in Chinese is 国家 containing both "state" (国, guo) and "home" (家, jia). In the traditional view, Chinese value "One should be the first to worry for the future of the state and the last to claim his share of happiness" (先天下之忧而忧, 后天下之乐而乐) (From Poem by范仲淹 Song Dynasty[5]; Researchers have described basic Chinese values in modern time as respect for age, group orientation, concept of face, and importance of relationships (Lockett 1988), or that for family or kinship, elders, obligations toward friends and relatives, and harmony and face (Tan 1990).

Arguably, Chinese culture has been changing and adjusting in the context of being a member of the globalized world (Liu 2012), but distinct cultural characteristics remain. A study of mental health values among college students revealed several traditional cultural tenets in how mental health is viewed (Lei 2016). After running several focus groups, interviews, and a survey of a large number of students, Lei found six themes of their mental health values: functionality in contexts, family, relationship, character and attitude, purpose and meaning, achievement and communication. These themes contrast those used to measure mental health values in the United States: self-acceptance, negative traits,

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[5]Retrieved from https://zhidao.baidu.com/question/490725319040991852.html.

achievement, affective control, good interpersonal relations, untrustworthiness, religious commitment and receptivity to unconventional experiences (Tyler et al. 1983). Chinese students' values seem to be more collectivist than individualist and more other-focused than self-focused. In her report, Lei particularly emphasized that throughout her research process, family and relationship arose as top considerations among the participants whenever they thought about mental health.

There have also been limited discussions and empirical explorations on cultural variations regarding mental illness and its diagnosis, which demonstrates researchers' attention to the importance of culture. Nonetheless, DSM still becomes a widely used diagnostic bible all over the world and mental illness is talked about linguistically as a universal concept. Notably, a recent study in China produced evidence to question this practice. Using a large sample drawn from multiple provinces and representative of a wide range of age and educational levels, Li (2015) examined the public's view of mental illness. The result showed that Chinese public lacked a clear concept of mental illness/disorder (not seeing certain DSM symptoms as expression of mental illness), focused on consequence/ impact when led to think about mental illness, emphasized multi-factors if asked to make attributions, and recognized both the role of individual subjective willpower and that of social/family support when talking about healing from mental illness. In contrast, studies in the United States had demonstrated a strong public concept of mental illness, high stigma toward those who are mentally ill in society; strong focus on causes and biomedical interpretations in discussing mental illness; and enthusiasm in advocating for professional care (Martin et al. 2007). Evidently, Westerners endorsed more of a medical view and made stronger call for professional interventions than Chinese, and Chinese were less likely to see atypical behaviors as expression of illness and more concerned with consequences of those behaviors than Westerners.

Observable in clinical settings, Western beliefs about psychological trauma (how it occurs and recovers), necessity of venting emotions for recovery (seen as healthier than stoic silence), human fragility and mental illness, biomedical approach to understanding and treating mental illness have shaped treatment of mental illness all over the world. In my many conversations with and supervision of Chinese counselors, I have observed that they tried very hard to apply the "right" intervention, even if they feel it being counterintuitive and lacking cultural fit. For instance, once in a supervision group when one relatively unexperienced member reported that her male college student client, who came to counseling for lack of motivation to study, reported feeling better after two "supportive" sessions, several more experienced counselors in the group expressed doubt about the progress and deemed the client being in denial. They believed that he couldn't have really felt better because he had not developed deep understanding of the trauma his strict mother (Client said that his mother was strict and would ban him from playing when he received bad grade) had caused him, got in touch with and express his inner anger toward mother, and experienced transference with the counselor to fully express his anger toward mother in session. I was in absolute disbelief, seeing the degree to which the Western psychoanalytic thinking

compromises local clinician's sense of cultural reality. It is alarming knowing that prior to counseling being internationalized, "Nowhere else in the world do people explore their deepest and most intimate secrets with total strangers with such alacrity and enthusiasm" (Engel 2008: xiv).

Culture shapes mental health, mental illness, its diagnosis and its treatment (Watters 2010), it would be irresponsible and unethical if we do not ask serious questions concerning efficacy or harm of existing mental health practice. Equally important that local cultural practice be revealed and understood. In this spirit, a series of counseling process and outcome studies in China were conducted and demonstrated that Chinese clients' help seeking behavior (Xia et al. 2015), counseling expectations (Duan et al. 2011), preferred interventions (Duan et al. 2014), as well as coping and change processes (Lei and Duan 2015) were often different from those commonly believed and observed in the Western countries. For example, Xia, Jiang and Duan found that one of the most important determinants of professional help seeking among college students was client self-efficacy of being a good client. Students would not seek help if they do not believe they can be good clients, which hasn't been much of a topic in Western literature.

The research on use and effect of counselor directives (Duan et al. 2012, Duan et al. 2014, Jiang et al. 2017) showed that both counselors and clients expect counselor directives (counselor telling client what to do) as it is culturally appropriate for a hierarchical relationship like that between counselor and client. Counselors do in fact often use directives but a) want to hide the fact that they used them, knowing they "shouldn't" based on their training, b) want to deliver the directives indirectly, so clients won't lose face, c) evaluate non-directive counselor behavior higher than that of directive counselors, knowing that is what theories say, and d) prefer directives that "plant a seed" or are "encouraging" than those that give solutions. On the other hand, clients reported wanting to have counselor directives, receiving more directives than their counselors said they had given (deriving them from counselor comments), feeling better (more hopeful, thoughtful, and relieved) after receiving directives (before or without implementation) and only intending to implement the directives if they are beneficial and doable. These results make sense in the context of Chinese culture, but are not typical from the perspective of established theories.

Reflective Comments

Internationalization of mental health counseling should and will continue. With proper culturally informed effort it will benefit all people in all cultures. There are significant challenges, however. First, although the existence of cultural diversity has been generally acknowledged, the danger of its absence in mental health counseling has not generated due attention. Sufficient awareness is yet to be achieved that psychology and established mental health counseling are indigenous to the Euro-American culture, and without proper de-constriction and re-construction, transplanting it to other cultures runs the risk of being culturally colonizing (Adams et al. 2012), homogenizing (Melluish 2014), and even

exploitation (Jagger 2002). Further, the one-directional internationalization from the West to developing countries or the "global south" during the time of their economic and social vulnerability has created large markets for Western imported counseling systems and inadvertently marginalized local professionals and local folk psychologies. American "definitions and treatments" of mental illness "have become the international standards" (Watters 2010: 2), which gives more power to Western exporters and more urgency to locals to import what is offered by the West. The language barrier also contributes to the existing power structure by using English in the world's understanding of mental health. While students of psychology in many non-English speaking countries have full access to English literature, most English-only speaking professionals may have limited knowledge about the countries where they are offering help. Much of the research outcome from non-English speaking countries has not been integrated in the knowledge of the profession.

Actively pursuing an international agenda is on the right side of history, but making this course mutually beneficial requires deliberate, intentional and well-thought equal-power collaborations among all who are involved. There are proposed models and methods such as emic-and-etic integrative approach (Cheung et al. 2011) or cultural lens approach (Hardin et al. 2014) that are appropriate for international work, but acquiring international and multicultural competence should the preamble for involved professionals. Individuals who are to conduct international work need to position themselves with an appropriate attitude and clear direction as well as a commitment to doing the necessary learning before embarking on the task.

An International Attitude

An international attitude involves a new worldview that acknowledges the uneven distribution of power, a new understanding of how this power structure shapes human experience in international communities, and a new commitment to dismantling this power structure for the sake of being truly humanitarian and generating mutual benefit. Further this attitude contains a view seeing all international work as a mutual learning process, because there are no experts when the knowledge changes cultural settings. It falls on the shoulders of the powerful to be willing to share power, adopt a learning mindset, and respect equal partnership. The less powerful should recognize their power on other scales such as the knowledge of local culture, being in a relatively more relational context, and having access to local resources. Each side has advantages and disadvantages and has the responsibility to share with and learn from the other. This has to be a deliberate and intentional process in which both offerors and receivers cultivate a critical cultural awareness and initiate examinations of cultural fit for everything that is transported.

In clinical settings, an international attitude allows us to see that culture defines mental health and constructs clinical reality (Kleinman et al. 2006), and any ethnocentric view of mental health is harmful to others in different cultural

reality (Comas-Diaz 2011). It is a sobering fact that the current body of psychological knowledge is largely grounded in mono-cultural perspectives that promote Euro-American ethnocentrism, because it was "created by the mainstream to serve the mainstream… has failed marginalized people in fundamental ways" (McLellan 1999: 325).

Internationalization should not be "the 'Americanization' or 'Westernization' wrapped around on the outside by a nice wrapping paper with an 'international' label" and instead, should be "an ongoing process of integrating knowledge from research and practice derived from different cultures and applying this knowledge to solve problems in local and global communities" (Leung et al. 2009: 112) and involves "collaborations and equal partnerships in which cultural sensitivity and respect are required for success" (p. 115). An ethnocentric view would make Western professionals of mental health counseling feel being in an "advanced" position and having little to learn from other countries. An international attitude, however, would enable them to see the actual reality that Western professionals do not know as much as those from other countries about folk psychologies, different worldviews and diverse moral visions (Christopher et al, 2014), the very foundations of mental health. As pointed out by Moghaddam et al. (2007: 181), alternative psychologies by the third world countries have more advanced abilities to generate locally relevant knowledge and "achieve greater contextual sensitivity to address the diverse needs of continually changing societies." Moreover, there has been cultural wisdom around the world that U.S. or other Western countries could benefit from. For instance, understanding meaning of suffering, mindfulness practice, or lighting a lamp for someone else as means to brighten one's own path, to name a few, from Eastern cultural or Buddhism traditions can potentially help even the WEIRD at times.

A Dual-Directional Communicative Path

Building two-way streets in all international work is necessary and constructive, and learning and sharing should always go hand in hand for all who are involved. Quite often professionals from the West are automatically seen as teachers or experts when working in other countries, which could make it difficult for them to engage in knowing and learning what they lack while sharing what they know. Scholars have pointed out that Western professionals may not be aware of the weakness in their knowledge and skills when cross-cultural work is attempted. These areas include insufficient understanding of the "cultural grounding of human experience and social relation" (Christopher et al. 2014: 652), weak tools and skills to "discern folk psychologies and moral visions that differ from their own", and others. A deliberately designed two-way street with collaborative partnerships will allow necessary mutual learning to avoid harm inherit in one-directional sharing and maximize the benefit of dual directional assistance and enrichment.

There are wisdom to be gained and lessons to be learned in both directions. It has been well recognized that the mental health counseling profession in the West

has a lot to be internationalized, and the rest of the world has been trying to "catch up" by learning as much as possible from the West. Little effort has been made to bring awareness that many non-Western countries have a lot offer as well, in areas such as understanding folk psychologies, healing people in relationships, holistic philosophy in health care, prevention via prioritizing public health, Eastern religious teachings related to psychological peace and harmony, and so on. Further, there are also various cultural practices around the world that are effective in non-professional interventions aiming at coping, relaxation, and maintaining well-being. A good example is that mindfulness and meditation from the Eastern tradition have been widely accepted and proved to be efficacious in psychological healing and well-being for people cross country and culture boundaries. Lack of intentional learning from other cultures is failure to use resource, which hinders progress and development of a healthy discipline or profession.

An Agenda of Courageous Effort

It takes courage to do the needed self-work before, during and after reaching out internationally for Western professionals, because this work involves recognizing serious limitations and blind spots, as well as the ethnocentrism embedded, in the knowledge that was generated mainly by and for the WEIRD populations. Willingness to see the possible harm of directly applying this knowledge in different cultures is necessary. Specifically, answering the call for decolonizing psychological science (Adams et al. 2012) and critically examining the knowledge that is being disseminated require courage to challenge, to self-exam and to adopt different perspectives. Liberation Psychology that addresses privilege-power dynamic and Cultural Psychology that emphasizes the interplay of culture and mind (Shweder 1990) are good resources for learning. Getting out of the comfort zone and seriously considering de-construction and re-construction of what has been established are necessary to meet the challenge of the 21st century (Marsella 1998). Further, it is important that one takes an *emic* perspective in understanding any culture, and prioritizes achieving cultural fit. Being fluent in a specific foreign culture is challenging but necessary, and it is impossible for anyone to be an "expert" without being fluent in the culture and understanding the construction of the cultural reality.

On the side of the professionals from non-Western cultures, it also takes courage to show responsibility learning what is being offered, asking serious questions concerning its cultural fit, and offering local cultural understanding to assist the necessary deconstruction and reconstruction processes. It is always challenging to speak up to the powerful when being on the bottom of the power totem. What may be helpful is the knowledge that no one knows particular cultural contexts better than those who live in the culture. The similar logic applies that mental health professionals within the culture have the unremitting responsibility to prevent harmful imports that lack cultural fit. In fact, Western professionals are generally interested in learning new cultures and respect those who can think critically and challenge existing knowledge, which is a practice Western scientific

community values. They need assistance from the local professionals to pursue an international agenda!

Summary

Culture is the foundation of mental health and of everything we do in professional counseling. In the 21st century, we face the challenge of deconstructing the science and practice of psychology that are indigenous to the Euro-American culture, and re-construct theories of mental health and counseling to serve the diverse cultural communities in the global world. For the common goal of promoting mental health worldwide and advancing the psychological science, international collaborative efforts are needed and professionals in the different corners of the world should share the responsibility. Equal power based international collaborations have to prevail the past one-directional international export/import to avoid harm and to achieve mutual benefit.

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