AN INVESTIGATION OF THE HELP-SEEKING PROCESS
AMONG OMANI STUDENTS AT SULTAN QABOOS UNIVERSITY

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ABSTRACT

Matriculation to college life can often pose adjustment problems that require identification and help. This is especially true in societies where gender separation is the norm. This qualitative study explores the help-seeking process from the subjective and cultural perspective of Omani students. The process of help-seeking behavior within the Omani cultural framework are explored in terms of recognizing and defining a problem, seeking help, and selecting sources of help.

A triangulation methodology was used in this study that included two and a half months of observation and interaction at Sultan Qaboos University in the office of Deanship Student Affairs, the Counseling and guidance Center, and the Psychiatric Department of the university medical center. Individual and focus group interviews were conducted. There were two focus groups. Individual interviews were conducted with students, psychiatric patients, staff members, counselors, instructors and physicians as well as a traditional healer. The interviews were, for the most part, extensive dialogues. Statistical documents in regard to student academic probation as well as newspaper articles aided in understanding the Omani help-seeking process.

The results show that Omani students experience multiple challenges that impact their psychological adjustments. These challenges can be associated with the novelty of academic life and the coeducational culture of the institution. Freshmen face with new
expectations of learning as well as separation from their close ties, struggle to find a balance between their traditional points of reference and the new sets of values to which they are exposed at Sultan Qaboos University.

The influence of traditional culture on the dynamic of problem recognition may be expressed by anger and rejection, declining academic achievement, and violation of religious principles. For these students, traditional values and religious practices are seen as key coping mechanisms. The study shows that, at the present time in Oman, and specifically at Sultan Qaboos University, there is a lack of student guidance for addressing help-seeking, and there is a need for established university policies and practices for identifying and addressing student emotional problems.

Approved:

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CHAPTER ONE
The Background of the Study

In every culture individuals encounter challenges associated with psychological distress and behavioral deviance because all cultural groups have developed their own definitions of what is considered normal. When an individual’s behavior deviates from the culturally defined and accepted limits for optimal psychological or physical performance, cultures offer different paths for dealing with these issues (Lee & Armstrong, 1995; Sue & Sue, 1999). For the past several decades, people in the United States (US) have found help for personal problems from individuals recognized as healers. Those people are acknowledged within their communities as possessing special training, insight, and skills (Bojuwoye, 2001; Lee & Armstrong, 1995).

In the United States the process of helping evolved into a specialized profession known as counseling to meet the needs of society. The 1960s was a period of revolution, change, and growth in the counseling profession. It was also during this era that the multiculturalism movement was born (Gibson & Michell, 1995; Jackson, 1995). With the emergence of this movement, a great deal of attention was directed to cross-cultural research (Green, 1995; Pedersen, Draguns, Lonner, & Trimble, 1981; Sue & Sue, 1999). And the necessity for the counseling profession to incorporate a cultural context was recognized. Hence, the strengths, limitations, and differences of each culture was viewed as simply different, rather than being deficient (Parham, White, & Ajamu, 1999; Sue & Sue, 1999).
Counseling has become increasingly internationalized and thus has been a call to provide perspectives of counseling in a particular culture. While the concept and the meaning of counseling may seem evident within a Western perspective, in other cultural contexts, counseling may have a different meaning and imply a different type of relationship between parties (McWhirter, 2000). Cheung (2000) emphasized the need to deconstruct counseling into a cultural context and research such fundamental questions, as the type of problems that require the attention of professional counselors and how different cultures conceptualize problems. Such cross-cultural research leads to a new perspective in understanding culturally different individuals, especially when those individuals express their perceptions in the context of their own cultures.

The emergence of counseling in different countries is, in part, an adaptation to specific situations (Cheung, 2000; McWhirter, 2000). For example, the rapid modernization of developing countries has led to a loosening of traditional ties and has produced uncertainty and conflict in individual values, especially among the young. It has also placed excessive stress on its members (Farah, 1992; Higginbotham, 1979). As Fried (1966) indicated, accelerated social and cultural changes require some adaptations. When people and institutions that have been culturally stable for a long time suddenly experience change, problems of adaptability become severe. Cultural stress is associated with the occurrence of psychological problems and the concurrent need for therapeutic sources (Higginbotham, 1979).

Many Arab countries, particularly those producing oil, have undergone a rapid increase in industrialization and community growth. These societies have experienced
tremendous changes (Sendiony, Azaem, & Luza, 1978; Soitman, 1986) and people are struggling to adjust to the transformations (West, 1987). For example, Arab college women have found themselves conflicted in regard to traditional and modern values that have resulted from cultural change (Racy, 1977). The changes in traditional roles give way to conflicted behaviors among family members. These social changes have led to a need for organized guidance and counseling programs and services (Farah, 1992). The call to provide counseling in Arab cultures has been acknowledged and has received considerable attention from many researchers (Moracco, 1979; Soitman, 1986; Soliman, 1987).

Counseling in Arab countries is still in the development stage. As a profession, it is not regulated. There are no formally defined requirements for certification to be a professional counselor, and there are no specific procedures for official accreditation of graduate training in the counseling program (Farah, 1992). A small number of Arab universities offer a Master's degree in counseling. These universities are the University of Jordan, Yarmouk, King Saud, and the American University in Beirut (Soliman, 1991). Of the twenty-two Arab countries, only three (13.6%) offer counseling in their schools. Those countries are Jordan, Kuwait, and Saudi Arabia (Soitman, 1986; Soliman, 1991). Oman offers counseling services for students through the Counseling and Guidance Center (CGC) that was established in 1999 at Sultan Qaboos University (SQU). There is no up-to-date information regarding the availability of mental health services, particularly counseling services and programs in Arab countries. In 1998, this researcher conducted a
search for counseling programs in Arab countries, and found there to be little progress in this area.

Mental health services and attitudes toward seeking help in Arab countries are shaped by economic, political, social, religious, and cultural factors (Abudabbeh, 1996; Dwairy, 1998a; Okasha, 1999). Culture not only determines the definition of health and disorder, but also determines when and where help is sought (Okasha, 1999). For example, through years of practice and research within Arab and Arab American communities, Abudabbeh (1996) noticed that there was a distinct difference between non-Western and Western perceptions about the concept of psychology and mental health treatment. Clients from cultures such as Saudia Arabia, China, and India presented their problems in terms of somatic symptoms (Dwairy, 1998a; Okasha, 1999; Roach, 1999). Another difference between Western and non-Western perspectives is that, in non-Western cultures, there is often little or no distinction between spiritual and secular life. In some non-Western cultures the psychospiritual aspect of personality is dominant in all domains of social interaction as well as in the helping process (Lee, Oh, & Mountcastle, 1992).

Delivering better mental health care in developing countries necessitates a clear understanding of the factors responsible for mental illness, the perceptions of mental illness, and people’s methods of curing themselves (Bojuwoye, 2001). Research examining help-seeking behavior is very limited in the Arab world. Therefore, identifying the sources of help that students seek and the frequency with which
professionals such as teachers, counselors, and social workers are approached for help
will aid in implementing counseling services programs in Arab cultures (Soliman, 1993).

The Problem in the Research Context

The Problem within a Western Context

Students frequently experience complex and difficult personal and psychological
issues throughout their journey in higher education (Archer & Copper, 1998). Due to the
increase in the number and complexity of problems, the need for services has been
growing within the past 50 years (Gallagher, Golin & Kelleher, 1992). For example, the
1998 U.S. national survey of counseling center directors indicated that more than 75% of
universities and colleges reported an increase in the severity of psychological problems
(Bishop, Gallagher, & Cohen, 2000). In one study, one fourth of 1,589 university
students indicated the presence of a psychiatric disorder (Johnson, Ellison, & Heikkinen,
1989). A large percentage of students (43%) seen in counseling centers were judged by
their therapists as seeking help for developmental issues, 29% were rated as exhibiting
underlying pathologies, and 28% came as a result of situational problems (Keutzer et al.,
1998). Such findings confirm that students on college campuses are experiencing
psychological distress of one sort or another (Bishop et al., 2000).

College students also frequently need help with issues related to education and
career. In a study of 608 students on an urban campus, it was found that over half of the
students reported a need for help with job search strategies and dealing with
procrastination (Gallagher et al., 1992). Another study found that 53% of the total sample
of 2,574 freshmen reported an interest in seeking help for educational and vocational
concerns (Hill & Sedlacek, 1995). However, a relatively small percentage of college students use the services provided by counseling centers. For every student that seeks help, there are six to eight students with identified needs who do not seek help (Bishop et al., 2000). It thus appears that students under-utilize such services (Bishop, Bauer, & Becker, 1998). Bishop et al. (1998) emphasized the need for further investigation of the factors that impact students to acknowledge a need for assistance and the types of assistance students perceive as appropriate.

Minority groups, particularly, under-use counseling services. The study by Sue and Sue (1999) pointed out that approximately 50% of African-American clients did not continue counseling after the initial visit compared to 30% of Caucasian American clients. People of African descent are more likely to depend upon traditional support networking when they experience stress, anxiety, and tension (Parham et al., 1999). Cauce, Roderiguez, Paradise, and Shea (2002) indicated that ethnic minority youth who had identified a problem along with their families frequently dropped out of the help-seeking pathway before they ever come in contact with mental health providers.

International students studying in the U.S. also under-utilize counseling services on campuses. Various explanations have been given for this under-utilization. One explanation suggests that international students hold negative attitudes toward mental health. Counseling is perceived by international students as a service for crazy and weak people (Lin, 2000). Another explanation suggests that international students are unfamiliar with the concept of counseling as professional help to deal with emotional problems and, thus, do not avail themselves of counseling services (Sandhu, Singh,
Asrabadi, & Rostami, 1991). Some international students may perceive such problems as family issues and discredit disclosing private information to a stranger (Lin, 2000). Language is another barrier for using counseling services. Difficulty in articulating their problems and expressing their feelings in English may also inhibit international students from using university counseling services (Brinson & Kottler, 1995; Lin, 2000).

**The Problem within Arab Cultural Contexts**

A reluctance to seek help from counseling services has been noticed in Arab cultures as well. One of the few studies that was conducted with Arab college students found 65% of the 235 students in Kuwait reported a need for support to deal with stress, 61.70% wanted assistance to achieve a goal, 60% needed help to deal with academic problems, 47.60% needed guidance to deal with a financial issue, and 47.60% had a need to understand themselves better. In spite of the reported needs, the study indicated that professionals, such as counselors, academic counselors, or social workers were those least consulted (Soliman, 1993). Soliman speculated the reasons for students’ reluctance to utilize counseling services was due to unfamiliarity with the concept of counseling, belief that counseling was for sick people, and the belief that a personal problem was considered to be a family matter.

Arabs often seek help only after years of delay. This behavior raises a question regarding Arabs’ perceptions toward the phenomenon of counseling and psychotherapy (Dwairy, 1998a). According to Dwairy (1998b), Arabs tolerate psychological distress for a long period before seeking help. For example, among Palestinian clients who sought help from a mental health clinic in Nazareth, Israel, it was noticed that 44% came to
therapy after years of hesitating, another 44.2% waited several months to seek help, 11% of the clients came after a couple of weeks, and 0.6% came immediately when they realized that they needed help. Avoiding psychotherapy is related, in part, to the stigma attached to mental health. Also, physicians, native healers, religious personnel, and family members are more likely to be the most preferred sources for alleviating distress.

Arab and international counselors and educators argue that counseling and mental health services can play an important role in facilitating students’ development and helping them to deal with their problems (Moracco, 1979; Soliman, 1987). Students also pointed to the importance of the services that counseling can provide. It was found in a study by Ahmady (1988) that 73% of the Saudi students surveyed viewed orientation programs as a very important function of a counseling center. Counseling of personal problems was also perceived to be important. In another study, 19 participants from five Arabic countries—Kuwait, Qatar, Bahrain, Iraq, and Egypt perceived developmental counseling to be the first function of a counseling center. The developmental category within this study includes development of abilities and skills, promoting self-understanding, and decision-making (Soliman, 1987).

The need to conduct research on psychological health has been seen as a need by many Arab educators, especially in determining what is normative and what is considered to be abnormal (Ibrahim & Alnafie, 1991; Ibrahim & Ibrahim, 1993; Soliman, 1993).

The Statement of the Problem

The broad aim of this study was to gain insight and understanding regarding the counseling phenomenon as experienced by students at SQU. The dimensions of this study
were generated from reviewing the related literature on mental health and particularly reviewing the literature related to counseling. A review of the literature indicated that the help-seeking process was presented in several themes: recognition and definition of the problems, the decision to seek help, and selection the source of help (Goldsmith, Jackson, & Hough, 1988; Greenley & Mullen, 1990; Pescosolido, 1992).

This study was exploratory. The exploration was guided by research questions in four areas. 1) How do students recognize a problem or issue? 2) How do students define the problem? 3) How do students make the decision regarding seeking help? 4) What source of help do students choose? (See Appendix A). Context and culture was integrated in this study because literature showed that they had distinct roles in defining the problems, seeking help, and identifying the source of help (Cauce et al., 2002).

In Western societies human problems are perceived from various dimensions. Each aspect has its own set of specialties that required training for dealing with individual concerns. These specialties differ from culture to culture. For example, in the United States, a person consults a physician for physiological problems; a counselor, psychologist or psychiatrist for psychological problems; social workers and related experts for social matters, and ministers, priests, rabbis, and imams for spiritual guidance (Vontress, Johnson, & Epp, 1999). In many non-Western cultures, the psychosocial unit often tends to be the family, group, or collective society (Sue & Sue, 1999).

Additional basic questions were taken into consideration during the collecting of data. These questions were: was there a discernable set of patterns, a mixture of options
or strategies that persons used during the mental illness episode, and were these patterns socially organized? (Pescosolido, 1992)

The Significance of the Study

A review of the literature found there to be a paucity of research regarding counseling in Arab countries. Because counseling is in the developmental stage in Arab cultures, Ibrahim and Ibrahim (1993) noted that the research of mental health issues in most Arab cultures is dispersed, and that there is no comprehensive epidemiological data on the incidence of mental health problems in Arab Middle Eastern countries. However, the absence of research in this area does not signify an absence of the existence of psychological problems. In the study by Ibrahim and Alnafie (1991), a large number of the university students in Saudi Arabia surveyed, reported depression symptoms and other concerns such as self-blame (64%), inability to concentrate (54%), shyness (53%), shaking when someone gets on their nerves (42%), and concerns related to school and study (33%).

The lack of literature on attitudes toward counseling in Arab countries, particularly Oman, justifies the need for this study. This study is the first to identify and acknowledge Omani students’ perceptions of counseling services in the frame of the help-seeking process. The study serves as the starting point to provide baseline information on students’ thoughts, feelings, and needs to help design an effective help service and intervention system. Understanding students’ perceptions regarding the decision-making process used in seeking help from mental health professionals, generally, and the counseling center in particular, will help counselors to understand the
social factors that are embedded in students’ conceptualization of the phenomenon and the dynamic of help-seeking behavior (Greenley & Mullen, 1990).

Conducting this study may also assist in expanding the scope of contemporary counseling practices in a culturally diverse society such as the United States (Sue & Sue, 1999). Cross-cultural research may aid in expanding multiculturalism beyond its United States’ framework and enrich the field of multiculturalism (Cheung, 2000; McWhirter, 2000).

Methodology

Multicultural research indicated that many constructs in multiculturalism are complex and multidimensional (Ponterotto, Costa, & Werner-Lin, 2002). Part of the complexity of multiculturalism in the counseling field has been identified in terms of assessing and understanding culturally different clients (Sue & Sue, 1999). Another part of the complexity is that help seeking behavior is subjective and embedded in the social network, and, thus, it is difficult to depict in quantitative research (Vega, Kolody, & Gaxiola, 2001). The complexity and dynamics of the culture suggest the need for a new conceptual and methodological approach (Pederson, 1991). Some authors challenged researchers to go beyond the methods of physical science and adopt an ethnographic approach to incorporate a cultural context and broaden the base of contemporary cross-cultural counseling (Goldman, 1976; Wehrly et al., 1985).

Acknowledging the relationship between people’s subjective perceptions and mental health may assist in bridging the gap between addressing the dynamic interaction of culture and the therapeutic systems, as Higginbotham (1979) stated. Higginbotham
argued that the planners of mental health in developing countries ignored the relationship between the dynamic of culture and therapeutic system. He based his argument on the fact that the mental health services are led by the notions of Western psychiatry.

This study was based on ethnographic phenomenological terms. During two and a half months at SQU the objective was to learn and understand the help-seeking process from students’ perspectives. Through observations, extensive conversations, interviews, and gatherings, jalsāt, students’ ideas and stories regarding the culture of the help-seeking process were collected.

Limitations of the Study

The ambiguity and unfamiliarity of the concepts of mental health and counseling limited students in their reflections on mental health services. The nature of the challenges limiting their reflections were due to it still being a new phenomenon, and lack of information created misunderstandings about the nature of counseling among people. Masalha (1999) emphasized the importance of spending time to clarify the rules and the regulations of the therapeutic relationship. As he stated, Arab people are unfamiliar with the concept of psychotherapy, and tend to compare the experiences in mental health with services in the health care system.

The values and characteristics of the counseling process and its goals may not be seen by a client from the third world in the same way as perceived by clients from the United States (Sue & Sue, 1999). Sue and Sue indicated that the culturally different clients may not be familiar with the concept of counseling, and the process may be
perceived as confusing. Culturally different clients may also recognize guidance as being associated with leading, coaching, and advising (Dogan, 2000).

Delimitations of the Study

This study was limited to Omani students at SQU. However, the data that was obtained from this study can provide a wider perspective in understanding the phenomenon of seeking help from mental health professionals within the Omani context.

All interviews were conducted in Arabic since this is the students’ native language. Thus, a challenge for the researcher was to translate and reflect the essence of the students’ worldview of counseling and the help-seeking process into English. As Ryen (2002) declared, “The further the distance between the cultures, the more an interpreter has to transform language to convey the same contents.” (p. 344)
Definition of Terms

The following are the definition of terms that were used throughout this study. Other terms may not be directly stated in this study, but they are considered to be part of understanding the counseling phenomenon and other helping paradigms within Omani culture.

Help-Seeking Behavior

Help seeking is defined as seeking help from mental health services and other formal or informal support sources for the purpose of alleviating emotional or behavioral problems (Srebnik, Cauce, & Baydar, 1996).

Counseling

Counseling can be comprehended as a dynamic process associated with an emerging profession. It occurs between a professionally trained counselor assisting a client with a specific concern. It can be described as an art and a science (Nystul, 1999). According to Gibson and Mitchell (1995), counseling is a helping relationship that deals with a person’s growth, adjustment, and problem solving and decision–making needs.

Psychotherapy

The relationship between counseling and psychotherapy can be viewed within a continuum. Psychotherapy can be applied to counseling. Strupp, quoted by Peterson and Nisenholz (1999), defined psychotherapy as, “the systematic use of a human relationship for therapeutic purposes.” (p.37) The distinction between counseling and psychotherapy is that the former deals with mild cases and the latter is used with more serious conditions.
**Psychiatrists**

Psychiatrists are qualified physician who can prescribe medication in the treatment of mental health disorders, so the treatment relies more on medication than psychotherapy (Gibson & Mitchell, 1995; Peterson & Nisenholz, 1999).

**Junnoon**

This is the Arabic word for madness, which is derived from the word jinn. The root word means evil spirits or supernatural spirits, where they can be either good or bad (Dwairy, 1998a; Okasha, 1999).

**Zar**

Zar is a ritual ceremony where individuals “experience a state of trance under the influence of drumming, chanting, and dancing, during which they can express worries and wishes that are otherwise socially prohibited” (Dwairy, 1998a, p.318). It is designed to adduce a variety of illnesses caused by jinn (Racy, 1977).
CHAPTER TWO

Review of Literature

The framework of presenting the literature is based on a broader perspective that consists of the recognition of a problem, definition of a problem, the decision to seek help, and the selection of services, rather than relying upon a specific theoretical view. The reasons for adopting this framework are: 1) the concept “mental health”, with the properties of well-being and mental disorders, is shaped within cultural systems that are reflected in the subjective experiences of individuals (Marsella, 1985), 2) to create an appropriate frame of reference that is culturally associated with the group being researched, and 3) the four themes provide the phenomenon under investigation with a broader context, making the investigation more meaningful.

This review includes the process of help-seeking behavior involving recognition of a problem, definition of a problem, the decision to seek help, and the selection of services. The review on the selection of services includes the supernatural healing system, the naturally oriented healing system, the medical physiological oriented-treatment, and the counseling and informal social support systems. This review also covers the structure of locus of control within an individual worldview.

Help Seeking Behavior

Culture has become a significant variable in understanding human behavior in the counseling and mental health fields. The cross-culture literature of counseling has emphasized the cultural influence of individuals’ appraisal and behavioral responses to problems (Marsella, 1985). Several researchers argue that abnormal behavior can be
better understood if the cultural context is taken into account (Ibrahim, 1999; Marsella & Scheuer, 1988; Pedersen, 1988; Sue & Sue, 1999).

The conceptualization of culture within a narrow definition has been criticized (Pedersen, 1988). Pedersen asserted that defining culture to specific categories, such as nationality and ethnicity, would limit understanding the differences that exist within the group. A broad definition of culture that includes demographics, status, affiliations, and ethnographic variables has several functional benefits. One advantage is that the counselor or researcher becomes more aware of the complexity regarding cultural identity dimensions. Another benefit is that the counselor and researcher become more accurate in understanding a person’s behavior within learned expectations and values. The other benefit is that the differences within the group, as well as between groups, would be retained (Pedersen, 1991).

There has been an increased awareness among cross-cultural researchers that many concepts central to Western culture may not be applicable within other cultures. Two paradigms have been applied in research regarding understanding culturally different individuals. The first paradigm is universalism, which refers to ideas, behaviors, items, and concepts that are culturally general or universal. The second paradigm is relativism, in which behavior is explained in terms of culturally learned perspectives that are unique to a particular culture (Pedersen, 1991; Segall, Dasen, Berry & Poortinga, 1999). Sue and Sue (1999) argue that counselors tend to assume universal applications of their own concepts and goals. They further stated that counselors exclude the ideas, behaviors, and concepts of a culturally specific view. According to Matsumoto (2000),
the dissatisfaction with the traditional view of abnormal behavior suggests the importance of embracing the relativistic perspective to define the behavior.

A need to understand culturally different individuals within their shared cultural experiences and unique experiences has received considerable attention (Ibrahim, 1999; Sue & Sue, 1999). Therefore, a construct of worldview has been presented in the multicultural literature as a conceptual model within which individuals’ problems and change processes can be defined. The construct of worldview focuses pertains to individuals’ views of the world in terms of their values, beliefs, and assumptions. This construct integrates two perspectives. The first perspective suggests viewing individuals as representatives of a certain racial, religious, age, cultural, and regional group. The second perspective emphasizes the uniqueness of individuals within their cultures (Ibrahim, 1999; Sue & Sue, 1999; Trevino, 1996). The construct of worldview as proposed by Ibrahim (1991) relies on values orientation. The model consists of five universal values and suggests that each cultural group stresses specific aspects of these continuum values. These five universal values are proposed to have an influence over human behaviors, motivations, decisions, and life-styles. The five categories are: 1) human nature, 2) social relationship, 3) nature, 4) time orientation, and 5) activity orientation (Ibrahim, 1999).

Understanding individuals’ worldviews, beliefs, values, and assumptions provides an understanding of the process of help seeking behavior (Al-Krenawi & Graham, 1999). Help-seeking behavior is recognized as a process constructed within cultural and social systems. There is a consensus among researchers that help-seeking behavior is a
phenomenon that is affected by cultural conceptualization and socialization towards mental disorders (Lee & Armstrong, 1995; Marsella, 1979; Sue & Sue, 1999). Studies on minority groups in the U.S. illustrated that individuals responded to mental health problems and concerns within the cultural and social context that both guide or push them towards or away from different types of services (Cauce et al., 2002). Pescosolido (1992) explained that the help-seeking behavior is embedded in a social process that has an impact, not only on the preferences pattern and the definitions of the situations, but also on the process of deciding whether something is wrong, whether something can be done about it, what should be done, and how to evaluate the results. Also, Marsella (1979) asserted that the sources of cultural influence are detected in variations in stress inducers, definitions of abnormality, and variations in personality.

Multiculturalists urge mental health professionals who work with immigrants and minorities to take into account the predominant means of presenting problems, perceived causes of problems, and preferences for professional and indigenous sources of help (Pedersen, 1988; Sue & Sue, 1999). Pescosolido (1992) suggested that understanding help-seeking behavior requires explicit understanding regarding: 1) the manner that problems are dealt with in the ongoing stream of social life, 2) the dynamics that operate in the network interaction, and 3) the role played by structure and context.

Problem Recognition

The first step in the help-seeking process is to recognize that there is a problem. Variations in people’s perceptions of problems represent their attempts to make sense of their concerns within a particular life context and social and cultural understanding. The
interpretation of a problem is rooted in the cultural and sub-cultural definitions of health, sickness, and normality. Sub-cultural patterns and values impact the manner in which problems are perceived, expressed, and judged as worthy or unworthy of concern by an individual (Gross & McMullen, 1982). Culture has external and internal influences on human behavior. According to Marsella (1985), the external cultural factor is represented by institutions such as family, education, politics, economic status, and artifacts. The internal cultural factor is represented by values, belief systems, worldview, and epistemology. Behavior is judged by the self as well as socially judged by others with whom an individual interacts. The adaptive or maladaptive behavior can be viewed according to the context of social expectations or the criteria of social success and failure within each culture.

Self, according to Wallace (1970), experiences cultural conflict in two forms: the first form is role incompatibility and the second is value incompatibility. Social structures and social roles are interconnected within a defined expectation of a given social role. The self is a part of one’s social role and the behavior is a product of the continuous conflict between self and one’s social role expectations (DeVos, Marsella & Hsu, 1985). Values conflict within the self occurs between two levels. Peterson (1970) explained that individuals operate on two levels of values. First, individuals focus on what they desire, which refers to the interests and preferences they experience. Second, individuals focus upon the desirable, which indicates what individuals ought to desire. Society moves closer to disintegration when individual alternative values, which are new ideas or ways of behaving, outweigh the universal values. The universal values represent beliefs, ideas,
and ways of acting that all agree upon. Such experience requires individuals to change. Each challenge to change is a challenge to the person’s self-esteem, because individuals seek new meaning and integration of agreed upon universals (Peterson, 1970).

Cultures vary in the amount and the type of stress that they induce in their members. According to Marsella (1979) and Menagan (1990), value conflict, social change, acculturation, life events, goal discrepancy, role discrimination, and role conflict may induce stress on its members and may lead to cultural disintegration. An individual also experiences feelings of alienation that are produced by social conditions. Seeman (1959) found that feelings of alienation vary in five ways: 1) powerlessness refers to what happens when individuals’ expectations of behaviors cannot determine the reinforcements that individuals seek, 2) meaninglessness occurs when individuals are unclear as to what they ought to believe and when the standard of clarity for decision-making is not met, 3) normlessness refers to the situation when the social norms that regulate individuals’ behavior are no longer effective, 4) isolation represents the situation where individuals assign low reward values to goals or beliefs that they value highly, and 5) self-estrangement refers to the loss of intrinsic meaning or pride in one’s work.

The meaning and the recognition of the problem are constructed within individuals’ personal and cultural reality. According to Marsella (1985), cultural differences in the personal and social meanings of different complaints reflect differences in individuals’ ways of expressing and reporting problems. Gross and McMullen (1982) indicated that the recognition of a problem and determination of whether outside help is necessary or convenient involves subjective judgment and reflects differences in
individuals’ values. Halling and Nill (1989) suggested five themes to understand a person’s behavior and experience: 1) the context in which an individuals’ behavior is a function of their perceptions of the situation; 2) the purpose of a behavior, each behavior has a goal. An individual’s behavior may appear dysfunctional, unwanted, and meaningless; it can hold within itself a purpose; 3) interpersonal drama, individuals’ conception of themselves, their world, and others who attempt to direct their relationships; 4) critical incidents, a person’s past experiences that may help to understand the lived experience of a specific behavior; and 5) embodiment, the individual’s non-verbal reactions.

Cultural knowledge about mental health has an impact on the individuals recognizing a need for and seeking help. Some symptoms may not be recognized and seen as problems because of the lack of experience and knowledge of addressing perceived needs and problems (Greenley & Mullen, 1990). Also, the experience of the symptoms, expressions, and the communication of problems vary from culture to culture. What is perceived as a stressor in a specific culture may be evaluated or articulated differently, and may have different weight in different cultures (Marsella, 1985).

Since culture influences how personal issues are conceptualized, Grieger and Ponterotto (1999) assert the need to assess the client’s level of psychological mindedness. As Grieger and Ponterotto explained, conceptualizing problems from a psychological perspective and constructing an emotional disturbance as an interpretive mode is suggested to be a Western Eurocentric worldview. Psychological constructs may not be an interpretive lens within the cultural frame of other cultures. Kleinman (1980) found in
his cross cultural study that many people in non-Western cultures are less likely to define or articulate their personal issues in psychological terms.

Definition of the Problem

The second step in the help-seeking process is to define the problem. People search for understanding of their problems in order to guide their responses and make sense of their situations (Greenley & Mullen, 1990). The self and culture provide an understanding regarding why problems manifest themselves in specific forms of expression and content. According to Marsella (1985), culture and self are linked to both normal and abnormal behavior. Self-structure is linked to language and the mode of experiencing reality. Marsella (1979) asserted that self-structure varies along the continuum from individuated to unindividuated.

Unindividuated self-structure is more closely associated with a language system that uses concrete metaphors and imagery. Individuated self-structure is characterized by using abstract terms such as “power” and “freedom” and a “lexical” experience of reality. Each of these self-structures is allied with a subjective versus objective epistemological view (Marsella, 1979). Laungani (1999) explained that Western culture stems from objective ideology that emphasizes the concept of individualism, promotes concepts of physical and psychological space, and in which individuals strive to reach a fully functioning ego. Thus, psychological aspects, such as emotions, thoughts, and behaviors, are distinct domains in conceptualizing the problems.

An unindividuated self-structure is a norm of self-structure in the Arab cultures. The orientation of describing the experience is subjective and associated with using
metaphors and proverbs (Al-Krenawi & Graham, 1999; Dwairy, 1998b). Dwairy (1998a) noticed that Arabs do not psychologize distress, but attribute it to a mind-body aspect, or to external natural and super-natural events. According to Al-Krenawi and Graham (1999), within the Arab traditional healing system, diagnoses are presented in culturally specific terminology. Individuals are encouraged by traditional healers to construct their problems in terms of symbols and to attach emotions to them. Some methods that are used by traditional healers are dream interpretations, dialogue with spirits, reading coffee dregs, and reading from religious healing books.

Traditional healers attribute individuals’ problems to external forces and emphasize an external locus of control (Al-Krenawi & Graham, 1999). “Snakes” that may appear in coffee dregs or in dreams may be interpreted by traditional healers an enemy that causes the anxiety. The mode of language that is used by Arabs to express emotional distress is associated with metaphors. Women, for example, tend to rely more on metaphorical language to describe their subjective feelings than men do. A female client described her feelings as the black color of her clothes, whereas a male client described feelings of loneliness as a camel left alone in the desert (Al-Krenawi & Graham, 1999. According to Dwairy (1998a), the problems are conceptualized around the complaints. Less attention is directed to emotions, particularly negative feelings, because they are not received well within Arab cultures. For example, when asking Muslim clients about their feelings, common answers are “I do not know” or “I felt nothing” or “I felt as I normally do” (Diba, 2000; Dwairy, 1998a).
The definition of problem behaviors and well-being is culturally determined. Each culture has standards of acceptable behavior. Variation of the standards is based upon the culture’s concept of reality (Marsella, 1985). Christopher (1999) asserted that theories and measures of the notion of well-being cannot be culturally free. Well-being is presented in Western cultures as liberating individuals from social expectations and emphasizing the concept of individualism. The concept of full functioning, as dictated by some Western theorists, such as Rogers and Perls, is to be open to all experiences. The locus of evaluation is based upon the individual rather than the environment. The sense of well-being is linked to individual internal reality of needs and interests (Patterson, 1986).

The reference of reality in some non-Western cultures is associated with a socialization process, which stresses conformity through a hierarchically oriented social system, familial economic system, and social relationship patterns. The social and familial dimensions are associated with feelings of wellness (Marsella, 1985). As Laungani (1999) pointed out in communalist cultures, one’s ego is submerged into the collective ego of the family and community.

In a traditional Arab culture, the ego of self is relatively unindividuated. The social system is the major component of personality in which individuals strive to obtain approval from others, especially their family. The self-concept is embedded in the familial identity as dictated by the social structure (Dwairy, 1998a). An individual’s identity is described as a collective, where self is not discriminated from the family. The familial support is confined to three conditions in which individuals limit their sexual activity to marriage, prohibit expression of anger toward their parents and family
members, and follow social norms. Adopting an individualistic identity is considered to be irresponsible and immature. The adoption of an individualistic identity and violation of social norms could result in punishment, the loss of family support, and feelings of shame (Dwairy, 1997).

The familial needs and social conventions take precedence over the individuals’ needs in the Arab society. Dwairy and Van Sickle (1996) argued that the needs of Arab young people are repressed in order to meet the family’s desires, and that conformity is highly valued. The conflict between individual and family manifests itself in two areas: first, between the individual’s goals and the family’s will, and second, between individual, traditional, internalized values and an individual’s self-actualization. An individual’s preoccupation with self, rather than with family relationships, may evoke problems within the family system. Within that context, individuals tend to view themselves as responsible for these problems and they engage in the behavior of self-blame and punishment to cope. Dwairy (1997) and West (1987) stressed the importance of assessing ego strength, one’s values, and family values when addressing a repressed need of an Arabic client.

The concepts of wellness and mental illness are also derived from a worldview and philosophy of life that are characteristics of a cultural context (Kobeisy, 2001). A Muslim worldview constructs wellness according to religion and culture. Nassir (1990) identified some criteria that are addressed in the Quran by which Muslims evaluate their sense of well-being: a positive relationship with others, characteristics such as altruism and concern about others’ welfare, forgiveness, fulfillment of obligations, avoidance of
negative behaviors such as aggressiveness, emphasis on responsibility and self control, and satisfaction with one’s fate and role in life. Kelly, Aridi, and Bakhtiar (1996) found that Muslims highly value benevolence, conformity, self-restraint to avoid upsetting others, violating social norms, and hedonism.

Accordingly, psychological distress is explained in terms of violation of religious or moral principles. Abudabbeh and Aseel (1999) provided an explanation regarding violation of Islam in terms of understanding the human soul as addressed in the Quran. They stated that the human soul is divided into three parts: 1) the righteous soul, which follows God’s guidance, 2) the self-reproaching part which does not adhere to God’s guidance and suffers feelings of guilt, and 3) the evil soul which incites evil, sin, and disobeys God’s principles. The state of physical and psychological well-being can be achieved through submission to the will of God (Altareb, 1996). Individuals who fail to adhere to God’s guidance are in a state of feeling guilt, shame, and fear (Kobeisy, 2001; Melikian, 1977). Dwairy (1998a) noticed that there are no clear distinctions between family, mind, body, and spirit in conceptualizing the problems among Arabs. Distortion of this unit causes a lack of harmony between the inner and the outer-self (Diba, 2002).

The Decision to Seek Help

After the recognition and the definition of a problem, individuals typically consider whether they will or will not seek help. These processes will vary from culture to culture and within cultural contexts (Cauce, et al., 2002). The decision to seek help is, in part, determined by the types of problems experienced by the individuals. According to Gross and McMullen (1982), problems are divided into two general categories. The first
category includes problems that cannot be ameliorated by oneself. The second category includes problems that can be alleviated with sufficient time and effort. Help is necessary for ameliorating the first category of problems and is convenient for the second category. Determining whether help is necessary or convenient involves a subjective judgment and reflects differences in values.

Different courses of actions can be taken after reviewing the symptoms. Individuals review all the possibilities to ameliorate their issues. Fischer, Winer, and Abramowitz (1983) suggested some of the possibilities. One of these alternatives may include taking no action and merely waiting for the problem to cure itself. One characteristic of this stage is its tolerability in which individuals rely on their abilities in bearing the difficulties without requesting any external help. Another alternative may include taking direct self-corrective action rather than asking others for assistance. Other alternatives include asking other individuals for informal help or seeking professional help.

The processes to seek help are rooted in social and cultural contexts (Greenely & Mullen, 1990). According to Fischer et al. (1983) and Kadushin (1969), the social interactions have an impact on all of the help-seeking steps from recognition, definition, and especially, the decision to seek help. Pescosolido (1992) explained that the decision is a dynamic, interactive process, intertwined with the structured rhythm of social life. Fischer et al. (1983) suggested that a social network may aid to promote or prevent help-seeking behavior. A social network can serve as a social support. However, it can also cause stress and discomfort for individuals (Kulstad
& Martin, 1999). On one hand, it provides an instrumental and emotional support to help-seeking behavior. On the other hand, it can restrict the decision to seek help (Farah, 1992; Dwairy, 1998b). According to Kadushin (1969), some social conversations aid in confirming the person’s assessment of the problem and make the problem look legitimate. Some social conversations provide the person with the recommendation to consult a psychotherapist or other professionals.

The role of the cultural context and social interaction in deciding to seek help in Arab cultures is determined, in part, by value systems. The socio-cultural values play a significant role in inhibiting individuals from seeking help. Nydell (1987) and Dwairy and Van Sick (1996) stated that the social system in an Arab society demands conformity from its members. Values such as honor, reputation, and loyalty to one’s family take primacy over one’s individual needs. Accordingly, all decisions are made with the family’s welfare in mind (Melikian, 1977). The decision to seek help is considered within the family paradigm. Abudabbeh (1996) and Dwairy (1998b) noticed that the major deterrent factor in seeking help is the fear of exposing family shortcomings to outsiders and thus affecting the family reputation.

Cultural and personal resources of coping influence the decision to seek help (Caue et al., 2002). Negative feelings are not expected to be explicitly expressed in Arab cultures. However, displaying emotions such as happiness, grief, and pain are socially expectable in events such as at childbirth and at a funeral (Diba, 2000). Individuals are expected to exhibit emotions that are congruent with the social norms. Therefore, a common coping strategy within Arab cultures is mosayara. This is a life-style where one
conforms to others’ expectations and avoids confrontation in order to maintain a good relationship with others (Dwairy & Van Sick, 1996; Racy, 1977). Anthropologist Eickelman’s (1984) cross-culture study found that social conduct in the Omani community is characterized by avoiding open conflict, pervasive courtesy, and tact. She observed that people are likely to avoid situations that they perceive as potentially leading to conflict. Having the ability to avoid conflict is considered as the highest compliment.

The avoidance of overt emotional expression and repressing personal needs has also been reported by some Arab students as their social coping technique. Melikian (1977) found that Arab students reported denial, escaping psychologically or physically from difficult situations were some methods that they used to solve their problems. The escaping behaviors included avoidance by leaving the situation, forgetting, taking a walk, suppressing the thoughts, and going to sleep. Avoidance or denial was suggested to indicate a strong desire among subjects for self-control, which would be threatened under stress. Students also reported that they would show anger when they were insulted, when others deviated from traditional norms, and when one’s behavior did not meet one’s expectations. However, when students were afraid or annoyed, they expressed that they would control their behaviors and suppress their feelings by putting their emotions under control, trying to relax, engaging in self-encouragement, and appearing courageous. The students articulated that they tended to cover up, rather than to open up.

Another factor found to be associated with the decision to seek help is the nature and the severity of the problem (Greenely & Mullen, 1990). Seeking help was found to
occur when the symptoms were perceived as highly culturally undesirable. Dwairy (1998b) noticed that the symptom of emotional distress is judged to be normal in Arab cultures. Only extreme cases are recognized as abnormal and received attention. The disturbance is tolerated, as long it is not expressed in violent, shameful, and or uncontrollable behaviors.

The more severe the concern, the more likely individuals are to seek help (Komiya, Good, & Sherrod, 2000). Students reported that the determination of the necessity of seeking help is associated with the severity of their issues (Eric, 1995). Robbin and Greenley (1983) found that students whose problems inhibited them from doing things that they would like to do were three-and-a-half times more likely to seek help than those who judged their problems to be non-restricting. Problems that were perceived as bothersome and a precursor to a nervous breakdown more than doubled the likelihood of self-referral.

There is a consensus in the literature regarding the role that gender has in understanding help-seeking behavior. Gender was found to be correlated with the decision to seek help (Cook et al., 1981; Gross & McMulllen, 1982; Salami, 1998; Saunders, Resnick, Hoberman, & Blum, 1994). Studies that were conducted in Western cultures suggested that women hold a positive attitude toward seeking help from mental health professionals. One in three women, as compared with one in seven men, sought help from a mental health professional at some period during their life (Collier, 1982). A study of 1,117 students found that the proportion of females to males who sought help from a counseling center was 66% to 33%. One explanation that was given to understand
the difference in the attitudes towards seeking help is that males socialize to avoid the appearance of weakness. Another explanation is that males value the ability to appear to be self-sufficient (Keutzer et al., 1998).

Understanding male students’ thoughts and feelings regarding seeking help from a counseling center has been explored in Eric’s (1995) qualitative study. Students perceived help-seeking behaviors as threatening and a sign of failure. Fear of feeling passive, dependent, feminine, and being shunned by their peers were also perceived to be barriers inhibiting them from availing themselves of counseling services. Students described the counseling center as a place in which men may be exposed to “mind games.” They portrayed the counseling center as a feminine place by articulating them as a “motherly” or “sisterly” place. Other barriers that were perceived as inhibiting them from seeking help from a counseling center were the fears of being judged, shamed, and or misunderstood by the counselors. Also was the fear of techniques that were based on unknown ideologies. They perceived the experience of seeking help and support from their family and friends as less shaming and allowing them to control the process.

However, studies that were conducted in Arab cultures pointed out that males sought help from mental health professionals more than women. Dwairy (1998b) observed that 65.3% of the clients were males. In a study on psychiatric morbidity among university students in Egypt, it was found that male clients represented 2.8% of the male students, while female clients only 0.9 % of the female students (Okasha et al., 1977). Several cultural explanations were speculated to explain this phenomenon. One of these explanations is that females may be more vulnerable to the stigma associated with
psychotherapy than men. The stigma of having a mental disorder may decrease females’ chances of getting married. Thus, the family handles the situation by hiding and dealing with issues within the family structure. Another explanation is that women may be more encouraged to seek help from traditional healers. Also, some symptoms, such as anxiety and depression, may be perceived as part of feminine behavior, and thus women do not avail themselves of the professional services (Dwairy, 1998b).

Interpreting help seeking as a sign of incompetence and associated with negative social attributions was found among Muslims. A qualitative study by Kobeisy (2001) revealed that Muslims equated counseling with insanity, and perceived counseling as a threat to one’s own authority, autonomy, or status. They also viewed seeking help as an expression of lacking family, friends, and relatives’ support. The fear of the unknown involving the counseling processes was, in part, perceived as a barrier that inhibited Muslims from seeking help from counselors. Dwairy (1998b) and Soliman (1991) noticed that Arabs conceptualized the concept of mental health services in terms of services that were directed to “crazy people.” The understanding of mental health is not associated with the notion of developing one’s potential and positive mental attitudes.

The Selection of Services

Another step in the help-seeking process is selecting a particular source of help. The selection of service is defined as where or to whom individuals turn after recognizing the problem and deciding to seek help (Cauce et al., 2002). The decision regarding whom to seek help from is influenced by a variety of factors such as symptomatology, religion, and previous experience with mental health or any formal source of help. Socio-culture
also has a strong influence on an individual’s selection of the source of help (Greenley & Mechanic, 1976; Greenley, Mechanic & Cleary, 1987). The importance of integrating cultural help coping resources in developing a treatment plan for culturally different clients has been recognized. Mental health professionals are urged to assess the client’s coping resources that are associated with individuals’ socio-cultural value system (Sundberg, 1981).

Anthropological studies add insight into understanding healing strategies that individuals across cultures use to deal with everyday problems. Kleinman (1980) found some coping strategies that people adopt across cultures to reduce feelings of depression, anxiety, and fear. These strategies include: minimization, where the emotional problems are not acknowledged; dissociation, that separates one’s emotions from their conscious, cognitive, behavior and the particular stimuli that triggered it; somatization, in which the symptoms manifest themselves in a physical form. Eickelman (1984) found that people in Oman cope with conflict by denying its existence on an abstract level to save the “face” of the individual.

The differences in help-seeking paths are attributed to the variation in the interpretation or the reaction to the problems. Different cultures construct different sources to deal with the every day psychological disturbances. Within a Western context counseling and psychotherapy are the main healing systems. In many cultures indigenous healing practices are integral parts of people’s every day experiences (Lee & Armstrong, 1995). Traditional healing systems that were found in non-Western countries were grouped into three categories: relying on a communal system, such as the family network,
and problem solving in a group context; spiritual and religious beliefs, such as reading verses from the Quran; and the use of shamans (Saunders et al., 1994).

Healing Systems among Cross-Cultures.

The supernatural oriented healing systems

The supernatural healing system is based on the belief of the existence of supernatural forces. The earliest concept of psychotherapy was based on supernaturalism. During the ancient and medieval times, religious and magical models were prevalent. Mental disorders were interpreted as spiritual sickness. The soul was believed to be agonized through its control by Satan or other evil spirits. Exorcism and other magical approaches were used to purify the disturbed soul (Saeki & Borow, 1985; Sue & Sue, 1999).

The concept of viewing mental disorders within the religious magical paradigm is still prevalent within Arab cultures. It is manifested in people’s beliefs that a disturbed person is possessed by an evil spirit or a distortion of the union of the mind, body, and spirit (Dwairy, 1998b; Okasha, 1999; Rahman, 1987). According to Cheung (1998), Dwairy (1998a), and Okasha (1999) the sources of psychological problems have been linked to supernatural causes such as Satan, sorcery, and the evil eye. Rahman (1987) indicated that people perceive that the evil eye causes negative effects if a person is “hit” by it. Protection from the evil eye is obtained by using word such as mashallah, which means, with God’s protection. For Muslims, words from the Quran restore a person to good mental health. Adherence to the Quran’s guidance leads to spiritual, psychological, and physical health. Diba (2000) and Dwairy (1998a) found that Arabs perceived mental
disorders as a result of a lack of faith in God. Accordingly, they relinquished themselves to God’s care and may have neglected and denied symptoms. Okasha (1999) noticed the reasons Arabs did not ask for help are: that a psychological concern is not taken seriously, belief that recovery requires some rest or additional prayers, and individuals seek indigenous treatment, such as a zar, instead (Okasha, 1999; Racy, 1977).

*Naturally oriented healing system*

The concept of natural healing revolves around the paradigms of microcosm and macrocosm and the belief that human behavior is part of the universe. Thus, a problem is created by an imbalance of the universe principle (Tseng & Hsu, 1979). Fortunetellers, astrologists, and physiognomies are the healers from whom individuals can seek help. Within the Arab world, seers, fortune-tellers, and mind readers are identified as the sources from whom individuals seek assistance in relieving anxiety or solving their concerns (Dwairy, 1998; Farah, 1992; 1998; Racy, 1977).

*Medical physiological oriented treatment*

The medical physiological paradigm consists of an individuals’ perception that mental illness is caused by a weakness in the nervous system, and/or an imbalance of a physiological condition (Okasha, 1999; Tseng & Hsu, 1979). Somatization is found to be an adaptive coping strategy in Middle Eastern cultures (Okasha, 1999). Dwairy (1998b) and Okasha, (1999) pointed out the reason is that expressing negative feelings and conflicts either internally or externally is not well accepted. However, physical symptoms are legitimately acceptable as an expression of pain because it is culturally believed that people are able to control their minds but not their bodies (Diba, 2000; Dwairy, 1998a).
Therapy may often be perceived to follow a medical path rather than a psychological path in Middle Eastern cultures (West, 1987). A study by Al-Lawati et al. (2002) supported this view. They conducted a study on 100 patients who attended a polyclinic for male and female outpatient care. The Bradford Somatic Inventory (BSI) Arabic language version was used in this study. They found among 100 Omani patients who sought treatment from a primary health care professional, 32% were identified as psychiatric cases.

**Counseling, informal and social support systems**

For many individuals the familial and community systems function as sources of support that these individuals turn to for help. Multicultural researchers agree that family and community are essential elements that need to be incorporated in the assessment and intervention process (Grieger & Ponterotto, 1999; Kulstad & Martin, 1999; Lee, Oh, & Mountcastle, 1992). Pedersen (1988) integrated a model to gain a better understanding of formal and informal support systems that can occur within various cultural settings. The model includes a combination of alternative helping methods and contexts in which help occurs. The support systems function from the most formal mode where the rules, structure, and defined expectations are determined to the more informal which are characterized by spontaneity and a lack of defined structure. A formal method and formal context occurs when the counselor sees a paying client. A formal method and non-formal context occurs when the therapist works with a client in the client’s environment. A formal method and informal context occurs when the counselor is consulted by a friend or relative at a party or other place.

The informal support sources are described in terms of providing help by
non-counselor professionals. Pedersen suggested that a non-formal method and formal context occurs when a non-professional, such as an instructor, is asked for psychological help. A non-professional method and non-formal context involves a support group that is organized by a person to help individuals through exchanging ideas. A non-formal method and informal context occurs when a self-help group is used. An informal method and informal context is associated with a family meeting. An informal method and non-formal context occurs when help is sought from family and friends. An informal method and informal context occurs when individuals receive help spontaneously through contact with other people.

The Structure of Locus Control within a Worldview

The formulation of the concept of internal and external control has contributed greatly to understanding human behavior within its unique contextual experience. According to Marsella and Scheuer (1988), the locus of control has been reported as a significant dimension of help-seeking behavior because it reflects a general orientation about the responsibility of the problem. Individuals adopt one of two worldviews: the locus of control lies either with the individual or with external forces. Internal locus of control refers to the belief that one can shape one’s own fate. External locus of control refers to behavior being determined by external forces (Sue & Sue, 1999). In an analysis of an individual’s decision to undergo psychotherapy, Kadushin (1969) identified two types of reactions: the first reaction is “Marxian,” in which individuals blame the situation. The second reaction is “Freudian,” where individuals blame themselves.
Kadushin argued that an individual needs to perceive the issue from a Freudian perspective in order to seek psychotherapist help.

The notion of locus of control has different perspectives in different cultures. Altareb (1996) indicated that the primary difference revolves around two diverse ideologies. The first ideology is that an individual is the center of the universe. The second ideology is that God is the center of universe. The individualistic ideology reflects several perceptions: an ability to exercise a degree of control over life, an ability to cope with the problem, being responsible for one’s behavior, an ability to change, reliance on self, and self-fulfillment (Laungani, 1999).

Within the Islamic ideology, the notion of self-control is associated with the perspective that one’s life as well as one’s future is in the hands of God (West, 1987). In a study on coping mechanisms, a group of Muslims identified that relying upon and surrendering to their faith is the common method that they use to solve their problems (Marsella & Scheuer, 1988). Some Muslim students reported that they relied on God’s help in handling difficult situations. Students stressed that seeking God’s help meant to “read the Quran, call upon God, and pray” (Melikian, 1977, p. 19).
Summary

The literature conceptualizes the help-seeking process within a socio-cultural perspective. Researchers emphasized that cultural and social factors influence every aspect of behavioral and emotional problems including the recognition of problems, the definition of problems, the decision to seek help, and the selection of the source of help. Literature also indicated that the decision to seek help is influenced by value systems and beliefs regarding mental health and help-seeking behavior. The nature and severity of a problem and gender were also associated with help-seeking behavior.

Although the literature recognizes the help-seeking process, including recognition of a problem, the definition of a problem, the decision to seek help, and the selection of services, there are no available studies which have explored all the processes of help-seeking behavior. Seeking help has been researched in terms of identifying the relationship of specific factors such as gender, ethnicity, and/or emotional openness with people’s reluctance to seek professional help.

This study will seek to explore the entire help-seeking process within individuals’ subjective and cultural view. Four themes that emerged from literature lead this study. 1) How do Omani students recognize a problem? 2) How do students define a problem? 3) How do students make decisions regarding seeking help? 4) What source of help do students choose?
CHAPTER THREE

Methodology

I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them, will you become my teacher and help me understand? (Spradley, 1979, p. 34)

The purpose of this research was to explore the perceptions of Omani students in regard to help-seeking behavior. The effect of culture and context on the students’ identification and definition of their problems to their selection of the source of help was obtained through exploring the entire help-seeking process.

This chapter presents the research design, Omani society, settings, and the procedures. It also outlines information regarding the participants’ recruitment and criteria for selecting participants. The chapter includes information regarding data collection techniques. Triangulation methodologies that were used in this study were: interview, observation, and document analysis. In addition information about the influence of gender on male participation, data analysis, the credibility of the study, and summary is also presented.

Research Design

The focus of this study was not to engage in hypothesis testing, but to discover meanings from the experiences and their variation through participants’ reflection of their subjective reality. According to Ashworth (1986), a reflection on the phenomenology of attitude has revealed that attitude is an intentional phenomenon. Intentionality addresses the ongoing dimension of our consciousness in which the phenomenon revealed itself
(Valle, King, & Halling, 1989). According to Ashworth (1986), attitude situations consist of three levels of self-awareness. The first level is pre-reflective of attitudinal experience, where experience is lived rather than known. In that sense, self-awareness is not involved in reflecting on the experience. The second level is reflective awareness, where the awareness moves from the world that the individual is experiencing to the experience itself. The third is figural concern, where the focus is on the self as holding the attitude. Attitude as a reflection of self as a disposition or personal orientation, and self in relation to other selves appears in the third level.

In order to capture some of the meaning in student experiences and to learn about students’ perceptions and ways of seeking help, I used a qualitative approach that involves observation, interview, and document analysis. Students in this study were invited to reflect on their perceptions regarding help-seeking behavior from the perspective of the awareness of self as holding the attitude. This process, according to Hoskins (2001), requires a pinpoint focus on individuals, their lived experiences, and a broad focus on cultural characteristics. Further, to understand the experience as it is given requires bracketing of all presumptions and preconceptions that the researcher holds regarding the construct. In other words, setting aside what I already knew about the phenomenon would help in examining and describing the experience as it was lived (Aanstoos, 1986).
In terms of geography, religion, and ethnicity, Oman is one of the more complex countries of the Arabian Peninsula (Eickelman, 1984). It is a country with distinctive geographic features; its landscape embraces high mountains, flat plains, deserts, sandy beaches, tall cliffs, and green hills. The country is surrounded on three sides by the Arabian Gulf, the Gulf of Oman and the Arabian Sea respectively, and on the fourth by the great sand sea of al-Rimal, the so-called Empty Quarter. Oman is located in the southeastern corner of the Arabian Peninsula. It borders Saudi Arabia and the United Arab Emirates on the west, the Republic of Yemen in the south, the Strait of Hormuz in the north, and the Arabian Sea in the east. Because it lies on the Tropic of Cancer, it is hot in the summer, except for south Oman. The south Oman region has a monsoon climate that receives a cool wind from the Indian Ocean between June and December.

Oman is the third largest country in the Arabian Peninsula. It is estimated to cover an area of 309,500 square kilometers (119,507 square miles). The total population of Oman is 2,018,074, of which 1,483,226 are Omanis (73%) and 534,848 are non-Omanis. 52% of the population is 15 and under. Those over 64 represent only 3% of the population. The estimated population growth is 3.5% (Oman’ 95, 1995).

Oman is officially divided into eight distinct areas, which are divided into 59 regions, wilayāt, with distinctive cultural identities that are governed by an appointed official, wāli. First, Muscat is the capital of Oman and the most densely populated area. It contains 30.8% of the total population. Batinah extends from the United Arab Emirates
for a distance of some 270 kilometers southeast almost to Muscat. It has 26.7% of the total population. The Sharqiya area is a sandy plains area with valleys lying on the landside of the Eastern Hajar. It contains 12.3% of the total population. Mudibi is a principle town about 180 kilometers from Muscat. The interior region embraces 10.9% of the total population and its main town, Nizaw, is a distant 180 kilometers from Muscat. The Dhahira area has 8.4% of the total population and its major town, Buraimi, is approximately 344 kilometers from Muscat. The southern region of Oman, accounts for a third of the country’s total area, and its main town Dohfar is approximately 1,040 kilometers from Muscat. It has 8.7% of the total population. Musandam, which is separated geographically from the rest of Oman by part of the United Arab Emirates, has 1.4% of the total population. The eighth, Wasta, holds only 0.8% of the total population (Oman 95, 1995).

The society consists of four basic categories: the people of the sea who live by fishing, seafaring and trading; the agriculturalists of the Batinah coast and the south, and those of the interior who employ the, *falj*, system of irrigation; the mountain people of south and the Musandam; and the Bedouin of the desert areas (Oman 95, 1995). People of the mountains and the deserts have more in common with their neighbors in the rest of the Arabian Peninsula, while the coastal inhabitants have been influenced by exposure to the commercial route from India to the Arabian Gulf (Fa Clements, 1980).

Along with these distinctive geographic features, various religious sects contribute to the diversity of Omani culture. Three main Islamic groups are identified in Oman: the largest is the Ibadhi group, which is an integral part of the Omani national
culture and a political force (Riphenburg, 1998). The second significant sect is the Sunni group. Their largest numbers are amongst the inhabitants of the Musandam Peninsula, Dofar Providence, and the Baluchi population of the Batinah coast, as well as the tribes of the Jalan and al-Zahira. The third Islamic group is Shii, who are mainly found along the Batinah coast and especially in the capital area (Fa Clements, 1980; Riphenburg, 1998). The only significant non-Muslim group is the Indian Hindu community. Hindus settled in Oman in the sixteenth century. They reside in Muscat and the town of Batinah and tend to be involved in trade. The Hindus have maintained their characteristic dress and customs (Fa Clements, 1980; Riphenburg, 1998).

The tribal system contributes also to the heterogeneity of Omani culture. The tribe is an organization of law and security. It organizes its membership into a larger structure characterized by cultural pluralism. Eickelman (1998) articulated four principles in which people develop tribal identity in the Middle East: 1) the use of overt local ethnopolitical ideologies by the people themselves to explain their sociopolitical organization, 2) the notion of tribe is used for administrative reasons by state authorities, 3) the tribal concept is an implicit guide to everyday conduct used to define relations to the larger society, and 4) the anthropological term used for analytical purposes. Eickelman cautions the need for careful attention in interpreting the notion of tribe since it used in various ways. In some contexts “tribe” is synonymous with “primitive” which is out of place in the Middle East.

There are hundreds of tribes in Oman that vary in size and cohesiveness. In Oman, lineal descent and male authority combine to tie family organization firmly to the genealogical framework of the immediate past. Family origins are regarded as important,
and, to this extent, most Omanis regard themselves as belonging to a tribe. They claim
descendancy from the Qahtan tribes of south Arabia and the Nizar of the north (Barth,
is mainly organized on hierarchical principles: there are positions of leadership, such as
shaykh associated with the tribal group. Among the shaykh duties are mediating disputes
within the group and conflicts occurring with outsiders (Allen, 1987).

The clan structure and place positions play roles in the social system provide
explanation for certain types of behaviors. According to Allen (1987), tribal members
have obligations to one another. Also, the position of clan is associated with a legal
system that involves the notions of honor and shame, sharf wa’ayb, and blood money of
feuding. Because clan is defined in terms of descent, of family and of lineages,
individuals can position themselves exactly in society and know their responsibilities.
Place involves notions of ownership, of productive organization, of neighborhood and
territorialism. The place code is defined in terms of property, communal and private, of
settlement and organization and of tribal territory, biat. Relationship tends to be
expressed in notions of mutual support for those geographically close to neighbors, jīrān
(Wilkinson, 1987).

There are some Muslim non-Arab communities in Oman. One of these groups is
the Baluchi who came from the Makran coast of Iran and Pakistan. A second group is the
Liwatiyah who may have descended from Pakistan, and Ajam and who are considered to
have originated from Iran. A fourth group is the Zanzibari; their descent is from East
Africa (Fa Clements, 1980; Riphenburg, 1998). The heterogeneity of this society
structure is reflected in language as the intermingling of Arab, Baluch, Persian, and African. However, Arabic is the official language and is universally spoken (Fa Clements, 1980).

*Family structure*

Social life from the city to the village revolves around family. Family loyalty permeates all aspects of life in Oman. The typical family has a patriarchal structure in which power is held by male heads of households (Riphenburg, 1998). There is a clear separation between the public and private spheres of life. The private embraces any activities or social occasions or information from which non-family members are excluded. Such secrecy minimizes the possibility of outside interference and lessens the effect of gossip. The mechanism for maintaining the privacy of family cluster is through discretion. In other words, one shies away from asking direct questions regarding issues that are private to the family cluster (Eickelman, 1984). Riphenburg, (1998) discusses the sex segregation that is part of societal structure. Most houses have two sitting rooms: one for males and the other for females. The segregation of the sexes within the household for much of the day facilitates visiting by non-related males and females (Eickelman, 1984).

Marriages are still arranged, and marriages between first cousins are preferable in Oman and in the Gulf in general (Allen, 1987 & Riphenburg, 1998). The results of a social survey of marriage in Hamara, an oasis located in the interior of Oman by D. Eickelman reported that 87% of Hamara marriages were within the community. 26% of these community marriages were between close kin (cousins), and 61% were between households of approximately the same social rank. The remaining 13% occurred outside
of the tribe or community (as cited in C. Eickelman, 1984). This as noted by Riphenburg (1998), marriage is more of a family matter than a personal affair.

In Oman the modesty code is an important aspect of honor notion. The honor of the men relies upon the conduct of the women, especially of sisters and daughters. Proper behavior for women consists of being modest, restrained, and moral (Riphenburg, 1998). As Abu-Lughod (1986) indicated that the modesty code reduces the threat sexuality poses to the social system. Abu-Lughod analyzed the value of honor, hasham, in the Arab Bedouin society, which I found to be comparable to the concept of khajl and ‘ayb in Omani society. Abu-Lughod indicated that hasham embraces two clusters. The first cluster refers to an internal state and is conceptualized as an involuntary experience. The second cluster refers to a way of acting. Hasham embraces both feelings of shame in the company of the more powerful, and the act of respect that emerges from these feelings. The second cluster associated with a voluntary set of behaviors is aimed at conforming to the code of modesty. The cultural repertoire of such behaviors embraces dressing modestly as covering hair, arms, legs, and outlines of the body. Also, a modest woman shows no interest in men, makes no attempt to attract them through behavior or dress, and suppresses any desire for a sexual or romantic attachment.

*Education*

The educational system was transformed with the reign of Sultan Qaboos experiencing social, political, and educational changes. Before 1970, Oman was closed and isolated from the rest of the world. The country was considered backward in all aspects of life including health, education, and housing. In 1970, there were only three
schools in the nation and the illiteracy rate among Omanis aged 15 and above was around 41%. After his Majesty Sultan Qaboos began his reign, education flourished and the number of schools grew. By 1999, there were 970 schools and the illiteracy rate was 4.5% among males and 21% among females (Oman’ 99, 1999).

Education is presently provided at three levels: primary, preparatory, and secondary. There is no legal mandate for children to attend school; nonetheless, the attendance is very high (Allen & Rigsbee, 2000). According to Omani Secretarial General Statistics of Higher Education of 2003, there are 38,208 students who are enrolled at the third phase of secondary school. Out of 38,208 who graduated in 2003, Sultan Qaboos University (SQU) admitted 2,981, of which 2,459 are in a bachelors program, 372 in diploma program, and 150 in master program. Since there is only one public university, admission is highly competitive. Priority is often given to those who obtain higher grades in secondary school. Students with high grades have a better chance of being admitted to SQU. In 2002, the lowest percentage of admission at SQU was 79.54% for males and 85.78% for females in the science arena. In the humanity area, the lowest percentage that was accepted was 75.23% for males and 84.53% for females.

The Settings

*Sultan Qaboos University (SQU)*

The setting for the study was Sultan Qaboos University (SQU). The SQU is located in a suburban area of Muscat, the capital city of Oman. It is located in the city of Khoud, in the district Al-Seeb. SQU is the realization of a promise made by His Majesty Sultan Qaboos in 1980. The first students were enrolled in 1986. The university started
with five colleges: Agriculture, Education, Engineering, Medicine, and Science. The colleges of Arts and Commerce Economics were added in 1987 and 1993 respectively. According to the SQU statistics of 2002/2003, there are 11,682 active students, of which 5,830 are females and 5,852 are males.

The system of SQU is based on credit hours. The academic year consists of two semesters: a fall and a spring semester. The length of each semester is 15 weeks in addition to a period of examination. The first semester starts in September and ends in January and the second semester starts in February and ends in June. There is also a summer semester that starts in June and ends in August. Arabic language is the medium of instruction in the College of Arts and College of Education, though some courses in these colleges are taught in English. The English language is the means of instruction of other colleges except for the university requirements, which are taught in Arabic.

The university has three entrance gates. Nobody can enter the university without passing through one of these gates guarded by police personnel. Cars must have visible permits. The separation of the sexes is incorporated into the architecture of the university. This segregation can be seen in the walkways and the living accommodations. There are two walkways, a lower walkway for males and an upper walkway for females. Nonetheless, the separation is not absolute because female and male students use common facilities such as labs, supermarket, bank, and hospital that exist on campus. Students also sit in the same classrooms. However, culturally the students separate themselves in seating. Males sit in the front and females in the back or vice versa.
Free separate residences are provided for both females and males. These free residential accommodations are provided for all undergraduate female students. Accommodations are provided for male students only in their first year. After the first year, male students are given an allowance of 120 Rial Omani (approximately 350 USD) for their expenses and accommodations off campus. There are specific conditions for students to live in the residences. Students admitted to a bachelor program where home residence is further than 120 kilometers from SQU are admitted. There are also exceptional conditions where students are provided with free residential accommodations on campus. Students who experience severe social, economic, and health conditions can be considered for campus accommodations. The residences are built in the form of small communities with supervisors who regulate the work and maintain the rules. Services such as three free meals and cleaning are provided for students in residences. On the other hand, non-residential students are given free transportation and two free meals.

Female residences operate within specific rules that do not apply to male students. As an example, female resident students must have permits to leave the university area. Anyone who violates the rules, such as leaving the campus without permission from the resident’s supervisor, if discovered, will be questioned and the deed will be reviewed by a committee. This is especially true if the act is associated with immoral behavior.

*The Deanship of Student Affairs*

One of the facilities that was part of this study was the Deanship of Student Affairs. The Deanship of Student Affairs is located in the center of the university. At the back of this building there is a shopping center that includes a supermarket, a barbershop,
post office, bookshop, and a bank. The building of the Deanship of Student Affairs is divided into four sections. They consist of offices for cultural activities, social activities for males and for females, religion advice and counseling, and sporting activities. The offices are located on two floors. The ground floor contains offices inhabited by males, except for one office used by a female who is responsible for administrative services. The second floor is comprised of females’ offices offering services for female students and a section for cultural activity for both male and female students with separate offices for males and females.

The Deanship of Student Affairs attends to students’ daily services, social care, and individual guidance in addition to social activities. The aim of the Deanship of Student Affairs is to help students in enhancing their personalities with spiritual, physical, social, and cultural aspects. Its purpose is also to strengthen students’ adherence to the Islamic way of life inside the university and ensures their compliance with the objectives of the university. It fosters meaningful interaction between students and helps students to develop their talents and avocations through participation in activities and volunteer work.

*The Counseling and Guidance Center (CGC)*

Another facility that was used in the study was the Counseling and Guidance Center (CGC). The counseling center, established in 1999, exists as a separate agency on the college campus. The center provides free services, including individual and group counseling, crisis intervention, consultation, and outreach activities, such as presentations for classes, workshops for students and departments at SQU. The purpose of the center is
to enhance students’ educational experiences and assist with academic problems. The
center also seeks as stated by some counselors to help students to grow in self-
understanding and awareness.

The counseling center at SQU is staffed by eight people: five counselors, two
secretaries, and one administrator and support staff. Three of the counselors have Ph.D’s.
in counseling or related areas. The one, who is the director of the CGC, is Omani. The
other two are Iraqi and Jordanian respectively. The other two Omani counselors have
bachelor degrees in counseling.

The CGC is under the umbrella of the Deanship of Educational Services that has
offices in the administration building. The center is located in a quiet villa set apart from
the center of the university; approximately a 20-minute walk from the administration
building. Outside the villa, there is a large waiting room furnished with chairs and an
office desk. This room is specifically for workshops. Inside the villa there is a hall in the
center of the first floor and a meeting room where students sometimes wait. There is
another small room for the secretary. In the hall, there is a desk, which is designated for
another administrative person who takes care of typing and sometimes gives
appointments for students. There is a couch with two seats where students wait for their
appointments. A short stairway in the middle of the first floor leads to counselors,
administrative, and director’s offices. There is also a semi ground floor where a small
library is located.
The Department of Behavioral Science (Psychiatric Department)

Another facility used for help seekers that was included in the study is the Department of Behavioral Science. It is located at the university hospital and operated under the umbrella of the SQU hospital administration. The hospital, officially opened in September 1989, was established for the purpose of training medicine students in the Medicine College as well as providing medical services. It operates two clinics that are located in different places on campus. The Student Clinic is located at the center of the university near the Deanship of Student Affairs building. The Family and Community clinic (FAMCO) also available to students is located close to the hospital building.

The Behavioral Science Department provides services for people who are suffering psychologically. The university department of psychiatry opened in 1989. Initially was part of another clinic in the hospital. It was known as a psychiatric service. In 1991, psychiatric services were separated, becoming an independent department. The name was changed from Psychiatric, țiub nafṣī, Department to Behavioral Science, ʿlm alṣlūk, Department. All help seekers to this department are referrals from different medical care systems. As stated by a social worker in the department the reason for screening the cases that need psychiatric service is so that a larger number of people can be served.

The department consists of two sections as well as wards for patients who will be admitted. There is a reception area in the middle where administrative personnel and nurses attend to patients’ appointments and their files, as well as check their blood pressure. There are two waiting areas that seen parallel to each other: one for females and
one for males. Also, there are chairs beside the psychiatric offices where patients wait for appointments. However, it was observed some patients often came with other people, both males and females, and they sat beside each other, no matter if it was the waiting section for males or females.

The department consists of many psychiatrists, who are Omani, British, Philippine, Egyptian, Sudanese, and Iraqi. The department also has British and Indian clinical psychologists. There are approximately six Omani social workers. A few of the psychiatrists do not speak Arabic, and/or speak only broken Arabic. Because many of the help-seekers to this department speak a dialect, some of them expressed concern about their not being understood. Some asked me to attend sessions with them.

**Procedure of Gaining Entry to Settings**

This research was conducted from April 2 to June 18, 2003. The research focused on the Student Affairs Deanship and Counseling and Guidance Center during April and May. The month of June was designated for conducting fieldwork in the Behavioral Science Department and interviewing some general practitioners from the Student Clinic and the FAMCO. Everyday began at 9:00am and continued until 4:00pm. Some student interviews were conducted after classes and during the evening.

**Gaining access to Student Affairs Deanship**

Because four years had passed since leaving SQU, I was so excited about conducting research at the place I had worked. Although I had worked for almost nine years at the Deanship of Student Affairs, as a social worker for five years and as a
counselor for four years, I was an outsider. Many of the staff were new and there were only a few familiar faces at the Deanship of Student Affairs.

The first visit to the Deanship of Student Affairs was informal to renew connections and facilitate my entrée at SQU. I had an informal conversation with the administrative personnel where I discussed my intention to stay in student affairs as my main station to conduct my study. The reasons for choosing the office of the Deanship of Student Affairs were as follows. First, the Deanship of Student Affairs was almost always full of students who came for recreation or for assistance with problems related to residence, violation of rules, and financial support. Second, I felt having been a former staff member would ease my request for an office. I was expecting a quick agreeable answer. However, I was advised to talk with the dean. At that moment, I felt that I was treated as an outsider who was no longer considered to be a member within this system. On the other hand, it saved my time in terms of identifying the person that could grant and ease my entry.

Gaining permission to be in the Deanship of Student Affairs went smoothly. Nevertheless, because the building was crowded it was difficult to locate an available office. The dilemma of finding an office was expedited by one of the staff that I knew who gave me his office on the ground floor. The location of the office was strategic. It was opposite the dean’s office, which allowed me to capture the interaction between students and staff. It also permitted me in encounter male and female students who became my informants.
Once I had secured and was granted the authorization to conduct my research in the Deanship of Student Affairs, I immediately began my fieldwork. My initial focus was to immerse myself in the culture of the university in order to capture a holistic picture. I had informal conversations with staff and students whom I encountered. From my initial conversations, gatherings, and interviews with students, I realized the importance of integrating other places that seemed to play a role in understanding and capturing a clear portrait regarding the research topic: Admissions and Registration Deanship, the hospital of the university and particularly the Behavioral Science Department.

While immersing myself in the SQU culture through preliminary informal conversations, conducting tentative interviews with students, attending evening activities, and going on trips with students, I continued to work on gaining access to the CGC.

_Gaining entry to Counseling and Guidance Center_

In negotiating my entry to Counseling and Guidance Center (CGC), the first step I followed was talking to the director of the CGC about my research. I took this step based on the advice from some people who worked at SQU. I was advised to contact the director of the CGC to negotiate my entry. In other words, to start from the below, instead of going directly to the person who was higher in the hierarchy.

Not expecting rejection (See Appendix B), I felt somewhat alienated and became uncertain about my next step. However, following Bogdan and Biklen’s (1998) advice to be persistent to gain access. After consultation with some of the instructors I was advised to go to the top of the hierarchical ladder. Thus I composed a formal letter to the vice president of SQU asking for access to all centers and requesting to examine some
documents that seemed to be important to include in my study. I then met with the vice president who then sent a formal letter to all requested locations to facilitate my access and provide me with help in completing my research (See Appendix C).

_Gaining entry to the Behavioral Science Department_

I integrated the Behavioral Science Department into my study for two reasons: “Psychiatrist” was a repeated term that was used in students’ conversations and interviews. I discovered from my interviews and informal conversations that psychiatrists were more likely to be mentioned as a source of help, particularly when the problems were extremely complex.

To gain access to the Behavioral Science Department the formal letter from the vice president sent to the director of the hospital facilitated my research. In a meeting with the head of the psychiatric department, I introduced myself and discussed the nature of my research. He stated that I needed to have a formal letter in order to conduct my study. I showed him the letter that included approval from the director of the hospital.

There were no obstacles in gaining entry to the Behavioral Science Department because I had had some training in this department for almost three weeks in 2000. I was familiar with the facility. I also had some friends who worked there as social worker specialists. I decided to be in this department on Saturdays, Sundays, and Tuesdays which were the busiest days in the clinic.

_Factors that Facilitated my Immersion in SQU Culture_

The first procedure that helped me to immerse myself in the culture of the Deanship of Student Affairs was to adopt a friendly approach in dealing with the staff.
attempted to greet everyone who was working in that structure, support staff, and administrative staff alike. I integrated myself into situations whenever the opportunity arose. I was sometimes invited even being by male staff to discuss issues regarding the changes in Omani society that were manifested in student behaviors. Another issue that stimulated significant discussion and helped to develop a trustful relationship with the staff and students was the issue of Iraq. It was a hot topic during this time, particularly during the early period of the bombing of Iraq. The war had produced an angry reaction and rejection of anything associated with or produced by the United States.

Almost all the interviewees, especially males, began their interviews discussing the issue of Iraq. They were given time and space to reflect, vent, and express their frustration regarding the political issue of the Iraqi case before beginning to explore the researched subject. This strategy allowed students to become more comfortable and open about their perceptions regarding help-seeking behavior. However, their feelings of anger over the war could have impacted the research data. One student was sensitive to being part of the study if my research was being viewed by an American instructor. She stated, “If that were the case, I would not be willing to participate.”

I tried to make myself available for students and staff. Some students I interviewed continued to visit me and to discuss issues such as relationships and their confusion regarding gender issues. One male student who was accompanied by a friend for an interview asked me if he could come again. Some students and staff viewed me as a counselor. I found myself particularly in the issues of relationships and social problems being asked for advices or suggestions. I was fully cognizant the potential impact on my
research, at the same time I was trying to be helpful in terms of listening, discussing, and providing suggestions that might benefit them. A few times at the Behavioral Science Department, I found myself assisting non-Arabic speaking staff members by working as an interpreter with Omani patients.

**Recruiting the Participants**

*Criteria for selecting participants*

Participants were selected on the following criteria. First, students were from a variety of majors. Second, participants were from both sexes. Third, students were from different regions in Oman. Fourth, some students were on academic probation. The reason considering these factors was to acquire variation and richness in student reflections and perceptions about the help-seeking process (Punch, 2000). Morse (1998) stated that maximizing the variety of sampling was one of the most useful methods when exploring abstract concepts. Studies that had been conducted with college students documented that such factors as gender were associated with student attitudes towards mental health (Dwairy, 1998a; Salami, 1998; Solberg, Ristma, Davis, Piroshaw, 1994).

*Participant recruitment*

The method I chose to use in selecting informants to enrich the phenomenon under study was purposeful selection (Strauss, 1987). Bogdan and Biklen (1998) defined purposeful sampling as choosing particular participants to enrich and add depth to a study. Purposeful sampling varies from convenient, to unique, snowball, and maximum variation (Merriam, 1998). The convenient participant refers to the informant who is available for study (Creswell, 1998). In snowball sampling, cases of interest are identified
and or referred by other participants. Unique participants are those who can contribute significantly to the study. In maximum sampling, the process of selecting the participants is deliberately heterogeneous (Morse, 1998).

Accordingly, the participants of this study were recruited in three ways. First, they were recruited through my presence in the field (SQU). Because the Deanship of Students Affairs was always full of students, it placed me in contact with students who were available and willing to talk. In informal conversation with students, I was able to introduce my research. Female students were recruited when they visited the dean or inquired about particular offices. Some of those female students chose my office as a waiting room or information directory. They were too shy to ask or wait in the coordinator’s office of the dean since the coordinator was male. At the Behavioral Science Department, I recruited help seekers through my encounters in the halls or when they asked about social workers. Sometimes help-seekers approached me out of curiosity about what I was doing there.

A second mean of recruiting was through the staff at the Deanship of Student Affairs who were contacted to help me recruit willing participants for the study. The male staff referred male students and female staff provided me with female students. The staff in the Deanship of Student Affairs became a valuable source, directing me to rich informants, either from students or from the staff population. I encouraged the staff to give student who had an interest in participating in the study, my phone number and my office number to contact me.
In addition, I asked some of the instructors to provide me with specific students that were considered to be unique cases. Students on academic probation were unique cases for two reasons: first, they experienced problems that may be identified superficially as academic problems. A staff member in the Administration and Registration Deanship believed that some students’ academic problems were only a manifestation of different problems. Academic probation was a theme that was offered by many students during their interviews. Many students described the fear of the possibility of falling under probation and its ramifications on their well being. Almost all of the students I interviewed alluded to the suicide case that had occurred in the fall semester. They considered this case to be of the student’s suffering resulted from dismissal over academic probation.

The third source of recruiting was through a snowball sampling technique whereby participants were involved in the selection process. Participants helped me to locate other potential participants through their social networks (Bogdan & Biklen, 1998; Merriam, 1998; Punch, 2000). I asked the participants to give my phone number to any student who showed interest in participating in this study. They referred me to heterogeneous cases. One of these cases, for example, was a student who was struggling with a compulsive behavior.

Total participants in this study

In deciding how many individuals should participate in the study, I deferred to several researchers. Kvale (1996) said, “Interview as many subjects as necessary to find
out what you need to know” (p.101). Rubin and Rubin (1995) and Punch (2000) stated that the “saturation point” is the principle in identifying the number of interviewees.

The participants of this study were the students, physicians, psychiatric outpatients, staff, counselors, instructors, and a traditional healer. Approximately 30 students were included in this study. There were approximately 20 for individual interviews. I also conducted two focus groups, one female and the other male. Each focus group had five participants. The duration of each interview varied from one hour to three hours. In addition to these interviews, I was able to conduct lengthy informal conversations with students while attending some of their evening activities, trips, and during random encounters.

I conducted individual interviews with physicians at Student Clinic and the FAMCO. I conducted several interviews with clinical outpatients at the psychiatric department. I had three interviews with staff members at the Student Affairs, three interviews with counselors at CGC, and one interview with a part-time counselor at the education college. I also had lengthy interviews with instructors in the religion department from whom students have often sought help for their problems. Along with these interviews, there were informal conversations with staff at Student Affairs, psychiatric department, and instructors. I also included a known traditional healer, *mu‘lam*, who agreed to have an informal conversation with me and who took me to visit some of his “patients.”
Data Collection Methods

A triangulation methodology was employed to gain a more holistic perspective of the phenomenon (Morse, 1998). In triangulation, as noted by Denzin and Lincoln (1994), researchers make use of multiple different sources, methods, investigators, and theories to provide in-depth understanding of the phenomenon and provide alternatives to validity. The primary methodology used to collect data for this study was an interview process. Individual and focus group interviews were conducted. I also used observation and document analysis to add depth and gain a thorough understanding in regard to the help-seeking process among Omani students at SQU.

Interview

Qualitative interviewing was the primary method of collecting data in this study. Punch (2000) described the interview as a good way of accessing perception, meaning, definition of situation, and construction of reality. According to Fontana and Frey (1994), interviewing is powerful for understanding human beings. Interviewing allows the participants to describe what they experience, feel, think, and act (Kvale, 1996; Rubin & Rubin, 1995).

As described above, two types of interviews were conducted, individual and focus group. After a few individual interviews had been conducted and then the focus groups were initiated. The reason for beginning with some individual interviews was to capture an initial essence and understanding of the phenomenon. This preliminary understanding provided some significant themes that became the focus points for group discussion.
Group interviews can produce different levels of data pertaining to the research phenomenon that are unobtainable through individual interviews (Fontana & Frey, 1994). The focus group permitted me to observe the social interplay among students and capture their interpretations of the help-seeking process. The focus groups with Omani students produced two types of information. The first data was neither valuable nor rich because students were cautious in regard to what they said. This hesitancy revolved around the perception of gossip; especially since culturally, an individual’s value depends upon maintaining a good reputation. The second type of information was rich because students were comfortable and initiated highly personal issues to illustrate their positions regarding the recognition of problems. Nevertheless, students were sensitive regarding the possibility of information being shared outside the group.

Format of questions

The interview questions followed a semi-structured and unstructured protocol. In the semi-structured interviews, the discussion focused on specific areas related to the recognition and definition of psychological problems, the decision to seek help, and the selection of a particular source of help. In semi-structured interviews some students listed the problems they were facing. I was looking for a different level of data too. I was interested in hearing students’ own experiences. Therefore, unstructured interviews were used where a topic was suggested without providing specific questions. The goal for using the unstructured interviews was to understand individual feelings about the concept of the help-seeking process while providing them with latitude to elaborate and comment on the issue. Or, as Rubin and Rubin (1995) described, it gave participants a public voice.
Students were invited to express and share their feelings and ideas regarding their own experiences with struggling and seeking help. They shared the difficulties they had faced or emotions they were experiencing. Their responses emerged in a narrative format, which helped in capturing themes under investigation. At the end of the interview, open questions were fielded asking students if there was an area which needed to be explored that had not yet been covered in the interview. The most significant response given by all respondents pointed to the “mixed environment.”

*Informed consent*

Since a researcher is obligated to protect the participants from any misuse of the information they have shared (Johnson, 2002), the informed consent was introduced to participants. I verbalized the informed consent and discussed participant rights. Students had no comments on the whole process of introducing the informed consent. However, some students now empowered to share their own personal issues, smiled, and suggested additional themes to pursue (See Appendix E).

The privacy of interviews was also protected. The interviews took place in offices that were quiet and private. The students’ preferences for where they were interviewed were respected. As Elwood and Martin (2000) noted, the location of the interview has implications for the power in the relationship. Almost all interviews chose to be in my office at the Deanship of Student Affairs or in my office at the Behavioral Science Department. The female focus group took place in the residence hall.
Observation

The adjunct data collection technique used in this study was unstructured observation in order to generate richer information pertaining to the phenomenon and to acquire an overview of the situation and what was transpiring. As this study proceeded, the observations became more focused on specific aspects, such as the types of cases that sought help from the CGC and Behavioral Science Department respectively. Yet, the observation that occurred spontaneously produced valuable data. The observation for this study followed Merriam’s (1998) list of areas that could be observed in the settings such as: 1) the context of the physical setting, where the attention was directed, for example, to the location of the building and the contents and arrangements of the waiting rooms, 2) the participants, where the observation was directed at the participants’ behaviors, 3) activities and interactions, where the focus was on what was occurring and how students and staff interacted with each other, 4) conversation, which was directed at the dialogue that occurred in the setting, and 5) the observer’s own behavior, where the focus of the observation was on the observer’s behavior and assumptions that could effect observation of the setting.

The observations were held at the CGC at SQU. The center is open to students from 8:00 am to 4:00 pm in the fall and spring semesters and from 8:00 am to 2:30 pm in the summer. Some observations were conducted while sitting in the secretary’s room as well as in the conference room, which was often used by students as a waiting room. During the observation, there was no direct interaction with students with one exception where a student initiated a conversation. The CGC was less crowded during the
afternoon. In the busy morning hours, the majority of students came with pink referral slips in their hands. The secretary would register their names in a book. The counselor would sign then a copy of the pink slip, which students were to take to the Admission and Registration Deanship. This slip proved that the student had come to the counseling center. Those students were also given appointments to be seen by counselors.

Another setting for observations was the Behavioral Science Department at SQU. This department is open for help seekers from 8:00 am to 4:00 pm. During the morning hours, particularly from 8:00 am to 2:00 pm, the Behavioral Science Department was full of patients. Often 30 or more patients could be observed daily. The observations took place in the waiting area. Sometimes observation happened spontaneously based on the occurrence of unexpected incidents. Once when I was conversing with one of the staff, a young man came in asking if his sister could see a psychiatrist, because she was lying on the floor. The staff person asked me to take them into my office. I invited the girl in along with her mother and her brother. Another patient, a male student, came to my office crying because he was not able to see a psychiatrist. He had missed his appointment the past week.

Documentary Data

Document analysis was another ancillary source of collecting the data. According to Bogdan and Biklen (1998), the purpose of qualitative research is not to look for the truth but to understand the phenomenon. Documentary data is a good source for a qualitative case study. Merriam (1998) stated that documentary data could ground an investigation in the context of the problem being investigated.
I included in this study all documents and written materials that have assisted me in enriching my understanding and assembling my data from multiple sources (Punch, 2000). Statistical documents in regard to students on academic probation were a supportive source for understanding probation. All written material that appeared in the newspaper regarding the phenomenon of curing or healing any physical and psychological problems that emerged during that time also aided my understanding of help-seeking behavior within the social context.

The Researcher

As an Omani Muslim woman born and raised in a culture that can be described as collectivistic— in the sense of always considering family to be a source of support and an essential part of any decision that one takes. Education is highly valued in my family. I was encouraged and inspired by my family to pursue my education. After finishing high school in 1984, I found myself in the position of making an important decision of where to go to earn my bachelor’s degree. At that time there was no university in the country. The university opened its doors to students in 1986.

As a result I went to Jordan for my B.A., graduating from the Education College at Jordanian University with a major in psychology and population study in 1988. I returned to Oman to work as a social worker at Sultan Qaboos University (SQU). A major part of my job was to study cases of student applications for financial support. This job required exploring the economic status and the social context of those students. I had opportunities to listen to students’ struggles. I was also honored by the trusted students had in me to be willing to share their personal hardships with me. I began to think about
other ways I could be more helpful for students. As a result, I began reading and exploring other areas that might provide me with skills and knowledge to help students help themselves deal with the obstacles in their lives.

When I came across the counseling specialization, it seemed to me that I had found what I was looking for. I was fortunate to receive a scholarship from SQU to study for my master’s degree at Jordanian University in 1993. However, none of the subjects that I took during my master’s program were developed within an Arab context. Theories were translations of Western studies and the program had a purely Western focus taught in the Arabic language. I graduated in 1995 with a master’s degree in counseling. I went back to my country to fulfill the dream of working as a counselor for both male and female students under umbrella of the Student Affairs Deanship.

At that time counseling was an unknown phenomenon. I struggled in terms of promoting counseling among students. During that era, student perceptions towards the Deanship of Student Affairs were negative. The Student Affairs Deanship was seen as either a place for students who had violated the rules of the university or a place that might be spying on them. The trust relationship was missing. Therefore, my first task was to distance myself from any committee that functioned as a source of punishing students for such violations. Some of these rules are related to committing immoral behavior or other types of deeds considered as violating the principles of society. During that time student cases were referred to me for the purpose of fixing their behavior. I was not able within this framework to help students. Ethically, I was concerned about confidentiality;
students were my focus and I was working from a philosophy of protecting the client’s benefits and welfare.

My work seemed to be independent from the Student Affairs Deanship, and as a result I was alienated. I was working as if I were in a private firm. The work was rewarding because students began to consider me a source of help. I had students who came by self-referral as well as those referred by other units or instructors. Students appreciated my ability to listen and sympathize with them. The counseling experience of counseling was new for them. They were appreciative of the way they were treated and not judged.

The philosophy of the counseling concept provides students with unconditional love. In their counseling sessions students had a different experience than they usually had in their lives or had received from other professionals. Sometimes I was overwhelmed by their thanks and appreciation for listening and not judging. It was difficult for them to comprehend that counseling is a profession.

In Omani society, particularly traditional society, relationships and communication among family members follows a hierarchal format. With society in transition, students were looking for an understanding of what they were experiencing. The dilemma that they faced was to learn to balance how they were raised and instructed with what they were experiencing.

It is obvious that Omani society must embrace counseling profession because life has become more complex due to a modernization process that has, in turn, produced
different and more severe emotional problems. Also, promoting different alternatives for healing provides people with other forms of treatment.

Reflection of the Researcher’s Experience on the Fieldwork

In conducting such qualitative research, one might encounter several challenges. One challenge I experienced was related to gaining entry to the Counseling and Guidance Center (CGC). Gaining entry to the CGC was a problem that I did not anticipate. This site considered to be a fundamental part of my research, would help me to capture the holistic picture of the phenomenon of the help-seeking process among Omani students. My optimistic view sprang from my assumption that conducting such a study would benefit SQU. I anticipated that my relationship with the director of the CGC would ease my entry. I also assumed that since I could serve as a staff member in this structure, especially since there were not many Omani professional counselors, it would ease my entry.

The initial discussion about gaining access to the CGC took place with the director. After discussing the nature and the aim of my research, the director expressed understanding and asked me if I would like to interview clients. I responded that if the counselors and the clients agreed, it would provide me with valuable data. Since the meeting went smoothly I anticipated a forthcoming agreement. However, the answer was rejection with two reasons given: the first was that my existence would interfere with the work of students. I explained that I would not interact with students or interview clients if that might create any disturbance. The second reason was said in terms of “you came from a different environment, bi’ā.” As it was explained to me this meant that since I had
been absent from the SQU for a long time, I no longer understood how Omani students think.

The reasons for rejection fluctuated from one time to another. At one time, I was told by the Dean of Educational Services that the rejection stemmed from the idea that I was violating the “international rules” that related to the counseling and guidance center. At another time the fear, as it was explained, was that I might harm the relationship between students and the center. The director was also concerned about the aspect of confidentiality. I explained that my intention was to capture the culture of help-seekers’ behavior and not specific names or identities.

I reached the point of deciding not to include the CGC in the study, because the process had been so slow and painful. I made three trips to the director of the CGC, asking what I might be allowed to study. In the second meeting, the director agreed to my conducting an interview with one of the counselors. The director stated that this counselor would be a representative for all. The director added that she also would help me by consenting to be interviewed. However, the director did not agree to my conducting observations, and told me that there were no available statistics regarding people who sought help from the counseling center.

After many visits up to upper administration, the authorization was finally secured. While it seemed that the way was now open, I felt that my presence at the CGC was not welcomed. On the first day, the director asked how long I wanted to stay. I responded that I would be there until the beginning of final exams, or three to four weeks. The director asked me to sign an agreement, *ta‘ahud*, not to observe or interview
students. The next day, to my surprise, the secretary gave me a copy of a letter addressed to the Dean of Educational Services stating that I had agreed not to observe, interview, or ask the counselors anything related to students or their problems (See Appendix B).

To make my presence less intrusive, I was cautious not to spend long periods in the secretary’s room. However, the time I did spend there helped to develop a trusting relationship with the secretaries. One of the secretaries once asked me if I could stay at her desk for a while because she was not feeling well. It was at the end of the semester and there were almost no students who were seeking help. I noticed that before and during the exam weeks the number of students decreased significantly. As I sat in the secretary’s office in the reception area, the director of the center came and saw me occupying the seat of the secretary. The director asked me what I was doing there. This incident made me rethink and stick to my role as a researcher.

By the end of my fieldwork at the CGC, some of the staff perceptions toward me had changed. That my intention was to serve the structure and not to damage its reputation became clearer to them. While I was completing my paper work to return to the US, I saw one of the professional counselors who stated in English, “We were bad to you.” When I heard these words I was at the office of one of the staff and could not respond. I had been disappointed with my experience at the CGC and I felt these words confirmed my feelings that I had been subjectively judged, and accordingly, was unable to capture the complete experience of counseling within the SQU educational culture.

Another challenge was related to the issue of subjectivity that a qualitative researcher might experience in data collection. In preparing for my fieldwork, I realized
that researchers might experience two major issues: ethnocentrism and egocentrism. I was not expecting to find myself guided by egocentricism or ethnocentrism in studying my own culture. It was challenging not to think through my own personal beliefs, which sometimes differed from the views of my participants. It also was challenging not look at ideas from cultural norms embedded in my behavior.

I found myself cautious of maintaining my behavior within cultural norms. In my first visit to a traditional healer, I asked my nephew to accompany me. In my next visit I went to see the traditional healer by myself because I went for a specific mission; it was part of my research work. It did not seem to me that meeting him by myself as was an unacceptable act because I had a legitimate reason. Nonetheless, I felt it was an odd situation when I rode in the car with him. It was odd in the sense that it would seem to others as if I were ignoring cultural principles by riding in a car with a strange male.

The question about being Omani was a recurring part of participants’ conversations. Some students thought that I was from the Middle East because I was not wearing a cloak, ‘abaya. In one incident, a male student commented, “You know if a girl is acceptable or not from her clothes and communication.” A female was “not acceptable if she was wearing jeans beneath her ‘abaya.” Other criteria were that females talking “softly,” and having lengthy conversations with males. Internally, I was somewhat disappointed when I heard these criteria mentioned by them and by other male students. I felt that their norms were superficial and needed to be disputed. I restrained myself from the inclination to voice my disagreement with their criteria. I reminded myself that my role was to understand their perspectives from their own point of view. They followed
with “With our respect to you.” I was not sure if this remark was as an exclusion of me from the portrayal of the stereotypical gender expectations, or the exclusion of me from the image of femininity, and acceptance of me as a researcher. Nonetheless, it placed me in a better state to collect data at a deeper level.

In another incident was when I was listening to students telling me that a person who is possessed by jinni cannot listen to the Quran and the reader will be challenged to stop, made me feel as if I were an alien. It was also challenging to set aside my interpretations, to restrain from providing them with different interpretations to these cases, and to listen to their own expressions of the experiences.

The Influence of Gender on Males’ Participation

As a female researcher, the gender factor played an important role in this study. Based on traditional Islamic principles, interaction between males and females is restricted. According to the behavioral regulations is required by both males and females, both women and men have the same duties and responsibilities. However, “in reality often the women are expected to adhere more strongly to the regulations” (Altareb, 1996, p.36). Arendell (1997) described the challenges that arose in her study when interviewing divorced fathers. Personal compliments, flattery, and comments concerning her interviewing skills were offered. Her reaction was, “A modicum of tolerance is necessary with respect to any behavior respondents may exhibit....” (p. 362). To decrease the influence of gender on my research, I adhere to specific manners in terms of 1) maintaining an acceptable distance between myself and male students; 2) always requiring student permission to close the door during the interviews; and 3) wearing
clothing that was appropriate and modest. This included not wearing pants and tight clothing.

The interview, itself, can be potentially threatening to male participants because the interviewees surrender control. According to Schwalbe and Wolkomir (2002), some male student responses can be influenced by social desirability in terms of their self-presentations and reflections on their perceptions regarding the counseling phenomenon. The strategies suggested by Schwalbe and Wolkomir were employed. Men were allowed to feel they were experts and powerful by using probes such as, “Can you help me understand how…?” Sensitive issues were approached by stating, “Since you brought it up, I was wondering if you could tell me more about…?” To explore the emotional aspect of phenomena, men were asked about thoughts and reflection on feeling, that can signify masculinity. For example, “What do you think about…?” Also, asking for stories regarding particular situations was used to assist men to feel more comfortable in reflecting on their past emotions. Shifting the focus to the context helped to minimize the exaggeration of control and rationality. Opening the door to fears and worries was accomplished by asking, “Back then, what was going through your mind when you decided to seek help?”

Thus gender was not considered an obstacle, but an issue that could provide more information and new paths of inquiry. However, gender impacted my study in two ways: first, male students were willing and eager to spend a long time in the interviews. There was a curiosity among students, in particular males, regarding how effectively they communicate with females. Therefore, they found participation in those interviews to be
a chance to live the experience. Second, some issues seemed to be difficult to discuss with a female. Some male students carefully considered their position before starting to say what they considered might be offensive to me, particularly issues that related to criteria of judging appropriate behavior of female students. However, the fact that the interviews lasted for a long time helped to develop rapport and helped students to overcome their reluctance and reservations.

Data Analysis

All interviews were conducted in Arabic. Most interviews were taped, except for some students, psychiatric patients, and staff who refused to be taped. All interviews in Arabic were transcribed and all analysis was done in English. The analysis started while the interviews were still under way. This initial analysis shed light on the areas that should receive additional attention and needed to be examined in more detail; thus, I would refine my questions to pursue emerging paths of inquiry. As noted by Merriam (1998), analyzing the data in the field inevitably occurs in the qualitative research, because it is difficult not to speculate regarding what was heard or seen.

The first aspect of the analysis of the data was descriptive. Descriptive analysis demanded little or no conjecture beyond the data itself (Punch, 2000; Strauss, 1987). I developed a notebook for each of the places where I conducted my fieldwork: the Deanship of Student Affairs, the CGC, and the Behavioral Science Department in the hospital at SQU. Field notes assisted me in describing what subjects said and how they acted. The notes included descriptions of what the subjects said before the interview was under way and their demeanors when they entered. The descriptive fieldnotes presented
the people, places, and activities in detail, rather than in summarization or evaluation. My fieldnotes were written during and/or immediately after leaving the site of the interview. Sometimes it was impossible to write thorough notes during some of the observations and interviews; thus, notes were in the form of brief sentences, phrases, words, and quotes, which were later, expanded.

The descriptive notes also helped to assess unplanned impacts on the data. The issues of subjectivity needed to be taken into consideration. According to Hoskins (2001), subjectivity should not be ruled out, but brought to light through reflexivity. Bogdan and Biklen (1998) and Merriam (1998) also suggested that reflective questions can be part of the fieldnotes and can help to assess unwanted influence on the data. Some of the inquiries that I took into account while conducting the research were: What did I feel? What kind of impression did the subjects seem to be trying to create? What was said or not said that surprised me? Why was I surprised? What was interesting, striking, and important to my study?

Disappointed and somewhat discouraged by the slow process of securing permission and then the rejection of conducting my research at the CGC, the reflective notes regarding my feelings challenged my bias in the process of interpreting and analyzing my data. Also, some conditions observed produced personal feelings of helplessness because I had no control to change the situation. Reflective notes helped to separate my perception of reality as I hoped it should be with people’s reality as it existed.
The second type of analysis was data reduction. Information was generally reviewed through writing memos. According to Punch (2000) and Sharmaz (2002), writing memos and reflective notes helped to spark fresh ideas, create concepts, clarify categories, and find connections among other categories. Daily time was allocated to reviewing notes and placing momentary themes in the margin. In this open coding phase, the aim was to develop salient categories of information. Another goal of this initial coding was to identify inquiry categories. This was achieved through scrutinizing the fieldnotes or interviews line by line to define concepts that supported the data (Strauss, 1987). All information was coded in categories and titled by the words or phrases used by participants (Bogdan & Biklen, 1998; Strauss, 1987). The concepts were characterized as provisional where they were likely to be modified and elaborated as the research proceeded (Strauss, 1987).

The third step was to develop an axial coding. This analysis revolved around one category at a time. A single category was identified as the central phenomenon, and the interrelationship with its subcategories was explored. The data was categorized based on the frequency of specific information that arose and indicated an important or unique dimension (Strauss, 1987). Since the information was from different sources, informal displaying for personal use diagrams, tables, or graphs helped in to seeing the connections among the categories.

Another form of coding was selective, as a systematical analysis of the central coding was conducted. As an example, selective interviews with freshmen regarding the central issue of adjustment were conducted. The initial aim was to validate the
relationship between a core category and its subcategories by disconfirming examples. This was also seen as a means of filling in a category that needed additional modification and development. The core aim of this step was to integrate a theory that accounted for a pattern of behavior that revolved around the phenomenon under study (Strauss, 1987).

Credibility of the Study

The value of the case study is generally in its uniqueness, and the validity of qualitative research addresses the issues of description and explanation. It was necessary for explanations to fit the description of the phenomenon being studied. Through the process of bracketing, I became aware of the tension points and what did not fit the data. This required me to be attentive to the participants’ statements and phrases that spoke directly to the phenomenon in question and to set aside my preconceptions and presumptions regarding the phenomenon (Janesick, 1998).
Summary

The phenomenon studied in this research has not previously been explored. The study was exploratory in nature and aimed to understand the help-seeking process among Omani university students. This study took a qualitative approach in which individual and group interviews assisted students at SQU to reflect upon the concept of help-seeking behavior. The reflection was guided by exploring areas related to the recognition of the problem, definition, decision, and selection of the sources of help. Observation and document analysis added depth in understanding the counseling phenomenon among students at SQU.
CHAPTER FOUR

Part One

The SQU Culture and Student Struggles

This chapter contains themes generated from participant narratives and discourses in interviews and drawn from observations and documents at the Student Affairs Deanship, Counseling and Guidance Center (CGC), and the Behavioral Science Department (psychiatric department). These narratives and discourses are organized into two parts. The first part contains themes relating to student struggles associated with the SQU culture. The second part consists of themes related to the sources of help and coping strategies.

The first part contains five themes that emerged from the data about the SQU culture and students struggles: SQU cultural sphere, cultural shock, adjustment to college, the coeducational environment, and emotional emptiness. Some of the narratives and discourses overlap, which served to construct a better picture of the help-seeking process in Omani culture, particularly at SQU.

Themes Noted from the Fieldwork.

SQU Cultural Sphere

Since the SQU is the context in which I researched, it will be more meaningful to describe the transition phases that the SQU has gone through since 1986. I observed that the culture of the SQU during my fieldwork was totally different than the culture prior to 1998. Before 1998, I remember one could see female students with and without black cloaks, ‘abayāt. Presently nearly all females encountered were wearing ‘abayāt with
pretty black embroidery and scarves made from the same materials. These ‘abayāt were
designed in a fashionable way, and it was impossible not to notice and enjoy their beauty.
This was the first aspect that caught my attention once I entered the SQU. I wondered
whether the SQU culture was in transition towards conservatism, iltizām. I shared my
curiosity with other female instructors and staff in the social welfare department. Their
response was “Yes, before 1998, one might see students with and without ‘abayāt. But
now it is all about fashion.”

I felt that my absence was both an advantage and a disadvantage, in that I was
able to situate myself as both an insider and outsider. My role as insider enabled me to
comprehend the cultural codes, while my role as an outsider, stemming from spending
long period abroad, created some difficulty in my adjustment to reentry to SQU. It also
made me less acquainted with the latest transformations in the society. Nonetheless, the
role of outsider enlightened and directed my senses to recognize the differences and to
capture multiple perspectives; thus, minimizing somewhat my ethnocentric perspective.

I delineated three eras that SQU has experienced. In each of these three periods,
students’ roles and their problems have changed, reflecting the philosophies of the period
and their influence on students’ psychological and social development. The first epoch
from 1986 to 1990, was described by an experienced staff member in the Student Affairs
Deanship as a “golden era.” He stated during this period student roles were well defined.
Rules and regulations were designed from an authoritarian perspective with the goal of
maintaining and perpetuating the traditional social system. At that time students had no
influence over the governance of their dorms or in developing organizations. The rules
and regulations emphasized the concept of discipline. The staff members at Student Affairs stated that student behavior during this period could be characterized as obedient, reserved, and disciplined. One staff member at the Student Affairs Deanship said, “The concept of the university can be equated to the concept of discipline and compliance with rules.”

In this epoch, the role of the university was akin to the role of “surrogate parent.” This role served the needs of that era where Omani families were being encouraged to send their children, specifically females, to enroll at SQU. Some staff members at Student Affairs Deanship stated that because the students’ exposure to the outside was limited; their value system remained relatively unchallenged. They pointed out that the concept of relationships between male and female students were closer to the notion of “sister and brother.” One staff member described student behavior during this period as “exemplary.” Two staff members emphasized that there were fewer problems and the types of problems were not as complex: “Student problems revolved around violation of rules that regulated the residence halls, and a few behavioral problems related to the violation of cultural morals.”

The second period extended from 1996 to 1997. The staff members at Student Affairs Deanship described this period as a transition stage. The first student strike occurred at SQU during this time. I was on the staff of SQU during this period. The straw that broke the camel’s back was the strict curfew that the Student Affairs Deanship tried to implement in order to regulate or restrict resident male student’s movements in the residence halls. The new rule dictated that male students must be in their dorms around
10:00 pm. I remember vividly the bitter anger in the student demonstration. A large group of male students marched through the Students Affairs Deanship, slamming doors, and scratching whatever stood in their way. The strike lasted only one day, but it was taken seriously. Sultan Qaboos himself sent a committee of three ministers to listen to the students’ demands. Some of these demands related to organizing student clubs, revising the academic probation system, and developing methods by which students could directly reach the administration with their problems. As a result, an evaluation of students needs was recommended. One of the recommendations made, as a result of this needs assessment by European consultation was the establishment of a counseling center.

The third epoch began around 1998. This epoch can be described as more open and flexible than the previous one. The staff members at the Student Affairs Deanship stated that the strike was the starting point of changing some regulations, students’ mentality, and the environment of SQU. One noticeable change is the activities and organizations that have been created. I was astonished with the number of ads that I saw on bulletin boards regarding the activities of several groups. As a result, as some staff members at Student Affairs Deanship stated, “Female and male students have had more chances to mix and interact.” The concept of segregation has begun to vanish, yakhtifi, as they described. An experienced female staff at Student Affairs member complained, “The customs and traditions have changed.”

Another change that resulted from this strike was establishing more channels for students to communicate with the higher administration as noted by some staff members at Student Affairs Deanship. Students’ voices were heard, and they have been given more
power. Some staff members at the Student Affairs Deanship stated that students were not ready to have this degree of power. They articulated, “Students are not accustomed to organizing their thoughts and opinions.” There are number of staff who believe that students have became more powerful than the institutional staff: “they are above us.” They stated that students go over their heads and they can talk about what ever they want.

The staff members at Student Affairs Deanship illustrated an example of the power that students have been given through a student group, jamāʿa. The group called the Voice of the Students Body, jamāʿa itṣāl alṭalabi. This jamāʿa, was developed as a response to student demands following the strike. Students asked to have a direct connection with the personnel higher up the hierarchical ladder. The jamāʿa consists of excellent students chosen by instructors in the colleges. This jamāʿa serves as a representative body for students, and accordingly the representatives are supposed to have knowledge regarding students’ needs and complaints.

I asked permission to attend a meeting of the jamāʿa with the administrators that was being held in one of the lecture halls at SQU. There were approximately 15 representatives, nine male students and six female students in attendance. The hearing committee, which consisted of the president, vice president of SQU, and the dean of the Student Affairs Deanship, were seated on the stage. Male students sat in the front. I chose to sit in the back to capture the whole scene. Female representatives gathered beside me, but one female medical student sat directly behind the males. There was no specific agenda that had been prepared by students. Most issues were presented and discussed by males, except when the female medical student voiced a request for a designated place in
the residence halls for praying and resting because of the demands of their program. This female student left after she finished talking. Other issues that were discussed were related to giving students with sport majors a chance to continue in higher education and finding a better procedure to announce any prospective meetings.

Although the jamāʿa serves as a representative body of students, students may not feel they are included. For instance, both male and female students whom I conversed with and interviewed mentioned that they have never had any interaction with this jamāʿa. Some female students who were education majors complained about difficulties that they faced when they did their teaching practicum in high schools. I asked, “Why did you not talk about your difficulties with the jamāʿa?” They said, “We did not see any announcement regarding any meeting with this jamāʿa.” Other students also stated, “We met once after the jamāʿa was established, and then we never heard about any meetings after that.”

Another reason for this change was the exposure to a wide variety of values and ways; including exposure to different ways of teaching, requiring male students to reside off campus, and planned student visits to other universities. The staff at Student Affairs, specifically those who were familiar with all epochs, indicated that although not objective, one of the outcomes was a tradition regarding the separation between male and female students was relaxed. They stated, “After 1998, friendship between male and female students has become fairly normative and accepted.” These friendships do not result in censure as much as in the past. One staff member in a disappointed voice said, “Now, it is Ok for male and female students to initiate a friendship because their concept
of the university is different.” Two experienced staff members at Student Affairs pointed out that the social discipline system has become somewhat more flexible and that behavioral problems related to the violation of moral codes used to be treated more severely.

The changes that have occurred at SQU produced new and different problems that did not exist before 1998. Some staff members at the Deanship of Student Affairs attributed these problems to male students residing off campus. Therefore, behavioral violations, relationships, rent problems, driving tickets, and alcohol consumption has risen. A staff member said, “Last year we lost two students in a car accident because of alcohol consumption.” The two experienced staff stated that on university grounds, the number of behavioral moral problems, mashākil ākhlaqiyya waslūkiyya, has increased. The experienced staff member said, “In this year, we heard that unrelated female and male students were found together in open places. Imagine! To what extent have students become so careless about traditions.” The Dean of Student Affairs had a different opinion in terms of the existence of problems. He said, “Based on my experience, we have few problems compared to other Gulf universities.” He supported his opinion by saying that the rate and type of problems were within the normal and expected range that a university with 11,682 students often experiences. He indicated that he had never had a drug-related case and considered the fact that the disciplinary committee had only met one time during the semester to be a “good sign of the paucity of mashākil ākhlaqiyya waslūkiyya.”
Cultural Shock, șadma thaqāfiyya

As I noted, the SQU culture is going through a transition process. It was a struggle between the traditional way of life and the longing to experience the freedom of a new life for students. An experienced staff member at the Student Affairs Deanship reported that students do experience cultural shock, șadma thaqāfiyya, because the college environment has become an experimental place. “Students try to experience and behave in a way that they could not in their home region, bald.” Also, male students indicated that they have had more freedom and less surveillance. One male student said, “Once I got to SQU I wanted to try many things that I might not be able to try when I am with my family. I had a desire to try smoking and I did.” Some staff members at Student Affairs Deanship pointed out that students who had excelled in their studies changed their behavior after they joined a group of peers whose primary interest was attending clubs and smoking narghile, shīsh.

The Dean of Student Affairs articulated that some students experienced difficulties, in part, because they came from restricted environments, and, thus, were limited in what they could do in their regions. He stated that they did not have a variety of alternatives by which they might be lured, whereas these exist in the city of Muscat. Nabeel, a junior student majoring in the Humanities College, said, “Some male students were brought up with conventional values. When they came to SQU they resided off campus and had more freedom to smoke, drink, and stay awake at night, all of which affected their studying.” In his conversation with me Nabeel expressed thanks to God that
he had a conservative, *mūltizm*, group of friends, and, thus, he had “immunity to misbehavior.”

An aspect of culture shock that many of students’ conversations revolved around was the differences between high school and SQU. Students, especially females, focused on the differences between high school and the SQU in terms of education system and environment. A senior female student stated that she was shocked once she came to SQU because to her everything seemed disorganized. Life at SQU, as students described it, “Was totally different and more challenging.” Some students, particularly females, expressed some discomfort with the SQU community. A female student said, “High school community is permanent.” She continued, saying, “Students take the same classes with the same students for the whole year.” At SQU there are different classmates for each class. Nonetheless, another sophomore female student majoring in the Humanities College said, “At the beginning we were excited and dazzled with everything at SQU. Then we started to hate it and see everything as complex.”

Some female and male students pointed out that the education system was rather complex. They repeatedly mentioned their inadequacy in presentation and collaborative skills, indicating that high schools do not prepare students with these skills. One female student said, “I was shocked when I learned that I would have to make a presentation.” She continued, “I felt additional distress when I learned I had to make a presentation in front of male students.” A number of male students reiterated the same concern regarding presentations. Fourth year students majoring in Education pointed out that their classmates felt shy about presenting in front of females. They told me that they asked
their classmates about the reason for their hesitation in making presentations. Their classmates responded, “How can we present in front of a troop of black cloaks?” I asked my interviewees directly if they had any uneasiness in presenting in front of females. One of those male students answered “yes.” However, he indicated that it did not take him long to get accustomed to it. With a smile on his face he said, “Before my first presentation I read five short verses of the Quran.” A second year science major student indicated that he feels discomfort in the chest, ḍīq fī ʿalṣadr, when he participates and makes presentations in the class.

Both female and male students also referred to the difference in the way of learning. They indicated that in high school, learning was done by memorizing, and there was less reliance on self-learning. They stated that when they enrolled at SQU they were required to use different modes of learning, some of which included external research and the Internet. For example, senior female students, in describing their freshmen experience, noted they felt lonely because they were required to be self-reliant. They were also unfamiliar with library research. Other female students discussed their anxiety when they needed to adjust to using the computer too. They said, “We came from small villages in the interior of Oman where we had no experience with computers.”

Another sign of differences between high school and college that students pointed to was the language. Most students, particularly in the science colleges, complained about deficiency in the English language. They indicated that because of the nature of their major they were required to acquire proficiency in the English language, but that they had insufficient preparation in high school. They were frustrated. A junior female student
majoring in commerce and economics said, “My dream was to major in Education. However, with my high school grades, I was admitted to the commerce and economics college” He continued, “I feel psychologically frustrated because things seem to be strange and the language is different.” A senior female student, an English major, stated, “English classes that we took in high school are worth nothing because the standard of the language is very high at SQU.” The language is not only an essential part of receiving information, but is a medium that they need to communicate with their instructors, most of whom are English-speaking. As a freshman student majoring in commerce and economics stated, “The university depends on the English language. We face difficulty talking to the instructor in English.” A sophomore student said, “The big problem we face is dealing with our instructors. When we need something we do not know how to ask because they are English-speaking.”

Language also was referred to as a shared factor contributing to their academic underachievement. Some female and male students told me that once they began classes they found themselves incapable of succeeding. A male science major stated, “If you look at our grades in math and physics, you will see that they are low.” He continued, “Not only because these subjects are difficult but they are taught in English, too.” Some instructors stated that part of the student academic problem is due to delay in dealing with the academic problems at the onset. One of these instructors stated some students simply cannot comprehend why they are having difficulty in succeeding now given that they were excellent students in high school. A sophomore female student said, “We were high achievers; our high school grades were above 90%. Why can we not succeed?” They
described that they felt frustrated and were unable to adjust. A freshman engineering major said, “There is discrepancy between our grades in high school and now. We have begun to doubt our ability, and question if there is something wrong about us.” Another sophomore female science major stated, “It is not good to enter the university when our language ability is low.” She continued, “We feel psychological pressure because our grades at high school were above ninety percent and at the same time we feel we cannot cope at SQU. It is kind of frustrating.”

Mohammed’s story illustrated the suffering of many first year students. Mohammed was in his third year at SQU; however, he was regarded as a first year student in his major. Mohammed narrated his story from when he was accepted at SQU, he was placed in the Science College based on his high school grades. However, he did not like or want to major in science. The medium of teaching in the Science College is English. Mohammed stated that he spent one year studying only the English language, since students in the SQU are not permitted to take any other classes until they meet the English requirement, not even the required courses that are taught in Arabic. In the second year he struggled to transfer to the Humanities College and his request was approved in this year. He stated that students not only struggle with unwanted majors, but also with difficulty of assimilating into unfamiliar environments and systems. He felt that he had moved to a different world in which he needed to depend on himself. He put it thus: “Our life has changed. School is totally different than the university.” He continued, “We do not just count on books, but also we need to use the Internet, library, and lecture
notes.” He stated, “Although students who are admitted to SQU are elites, it is hard to achieve a GPA of 3.00 in the first year because of the hardships they face.”

The first year was a struggle for Mohammed. He came with six other students from the southern region of Oman. He said, “It was September and the weather was very hot in the north. You know, this was the first time I had been north.” He continued stating that he and his friends had planned to stay just for two or three days and then go back to the south to enjoy the weather. After they experienced college life, they felt that they could not miss anything or they would be behind. He stated, “The first two weeks were the worst weeks that I have ever had in my life. I did not feel comfortable and I was bored. One of my friends dropped out for one semester and another friend withdrew from school.” He explained, “When one faces a problem, one experiences moments of pain.” He did not describe his feeling in depth; however, he used the term *hanīn* to explain his longing for his familiar environment.

I was interested in finding out the arrangements that SQU has to orient all freshmen to the education system and the new learning environment. The Student Affairs Deanship, along with other colleges and centers, organize an orientation week at the beginning of every year where they introduce the entire system to students. A pamphlet regarding adaptation to university life, *altawafq ma’a alhaya aljamʿīyya*, is available to students from the counseling and guidance center (CGC). Some junior male students education majors indicated that their first day of orientation week was not well organized. They did not know where to go or what to do. They stated that in the first year they took a compulsory class in computers. The class was composed of students from different
years and majors. One male student explained that he had no computer skills. Then he
directed his conversation to me and said, “You may say it is a backwardness, *takhulf.*”
They continued their conversation, telling me that they continued in the class and their
struggles continued. They did not consider withdrawing from the class, even though they
were granted the privilege to do so. For them withdrawing was not acceptable. They said,
“Thinking of withdrawing provoked feelings of fear in ourselves.” They continued,
saying, “Students need to have an explanation about registering for classes.” According
to them gatherings, *jalsāt,* which aimed to describe the system, lacked simplicity and
clarity.

Female students voiced the same concerns regarding the complexity of the
information in the orientation week. Female students majoring in English indicated that
the orientation week at the beginning of the first year did not help to familiarize them
with the SQU system. They stated that they had come from small villages and from
simple education systems in high school. As one junior female student put it, “The
academic life at SQU is not like high school.” Other female students said, “Everything
was simple in the high school and we felt we were important members.” The orientation
week was perceived as complex. They stated, “Names and functions of centers repeatedly
mentioned during the orientation week seldom stuck in our minds.” For them the
orientation week seemed as if “it was presented in a different language.” Most students
pointed that they took anywhere from one to three semesters to adjust. However, a senior
female student said, “It took two years until I adjusted, *ta’qlamt,* because it was my first
time being far away from my family.” She indicated that after she adjusted to the SQU
environment, “my grades went up.” Several junior female and male students mentioned that their GPAs had improved from when they were freshman.

Adjustment to College, *ta’qlum*

After hearing the struggles that sophomore and junior students had experienced through their first year, it seemed prudent to conduct selective interviews with freshmen. I interviewed some students who were trying to make sense out of what they were experiencing. Maryam, who was from Batna, said, “I do not know if it is only me who has this problem or if other students experience the same.” Feelings of confusion were mentioned by students in relation not only to the education system, but also to the size of SQU and student behavior. Some students, especially females, miss the familiarity and the smallness of their high school as well as the same of being known and cared for. One female student said, “The high school environment is small and people are more friendly and life is more simple.” Another female student nursing major stated, “I always remember my activities and my relationships with my teachers in high school.” She continued, “Sometimes in the middle of my studying, I start looking at my picture from when I was in high school.” Another freshman female said, “I miss the care I experienced in high school.” Some freshmen female students stated that they were active in high school. However, they stated that being active in high school was a desirable behavior and did not carry any negative conations since the high school culture was feminine. The culture at SQU, as students described, was coeducational and accordingly being active might be perceived, as they said, as “immoral or wrong.”
Male students were bewildered about the alterations in some traditional patterns of their behaviors. Many male students shared a concern about the changes they had undergone when they came to SQU. Those male students stated that it was hard to maintain some of their behaviors from when they were in their regions. For example, they described missing the Morning Prayer. As male student put it, “When I went home my father noticed that I had changed. He asked me why I did not get up for Morning Prayer as I used to do.” The staff at the Student Affairs Deanship shared their observations regarding student changes with me. They told me that they noticed that some freshmen come from their regions with a full beard and behaved in a conservative way. At the beginning they said, “Those students maintained the same culture.” I asked what they meant. They stated that those students did not have other things to be busy with except going and coming from the residence hall, classes, and mosque. Yet, in the second semester students’ life-styles changed. They began to skip praying in the mosque and some went so far as to enter into a romantic relationship.

Since freshmen were primarily the ones struggling, I asked them to describe their feelings. Maryam noted that her grades had gone down, causing her sadness and nervousness. Her emotions while going through this experience were “sleeplessness and tightness in the chest.” She also stated, “I felt as if I have sickness in my heart.” She stated that she was gradually distancing herself from her group. One factor that most female and male students pointed out was that people often recognize their personal and academic problems before they are evident. They said that people around them noticed a change in their behavior, concentration, academic achievement, interaction, appetite,
isolation, or irritability, ‘aṣabıyya. Maryam said her friends noticed her withdrawal and quietness during their gatherings, recognizing she had a problem even before she did.

Nasar, another freshman, shared his experience with me. Nasser described himself as a Bedouin. He stated that he was the first one from his town to enroll in SQU. Nasser confided that he was thinking about dropping out of school. He stated, “I am far away from home in an unfamiliar culture. I am unable to mingle with others.” He was not satisfied with his major, which was agriculture. He said, “I wanted to major in education but my high school grades were not high enough to be admitted to the Education College.” He felt he did not feel like he was a college student, since he was only taking English language classes. A number of students who were majoring in science areas and who were still taking English classes revealed that they lacked a feeling of identification with their major. One male student stated, “Sometimes people ask me what my major is, and I do not know what I should say since I am taking only English classes.”

Nasser described that he sometimes felt depressed, mukti’b. However, when I asked him to elaborate, he focused on thoughts. He named them as satanic thoughts. I heard also other students who labeled negative thoughts as “satanic whispers.” Nasser, for example, told me that Satan was whispering to him, “Why did you go to SQU?” He stated he felt psychologically tired. Other students named these thoughts as wasaws. Nasser told me that he eased his feeling of homesickness by going home every week and talking with his cousins. He said, “With God’s willingness I will be OK at the end of this year.”
Coeducational Environment, *ikhtilāt*

The SQU coeducational, *ikhtilāt*, milieu theme repetitively appeared in student conversations and interviews. Also, through one open question I found all females and males pointing to the need to explore the consequences of a “mixed environment.” For both female and male students, the SQU coeducational environment produces two contexts. The first context has a somewhat negative notion. They stated that a coeducational environment allows and provides students with the opportunity to interact and initiate romantic relationships that can affect a female’s reputation and sometimes lead to “immoral acts” whereby the female can lose her honor and reputation. A female student educational major said, “The coeducational environment has a significant impact on some female students.” When asked what kind of impact, she responded, “You know, some female students become very open and initiate romantic relationships with male students.”

Female students indicated that they were aware of the need to maintain behaviors within a modest perspective. A senior female student suggested, “Interacting with male students is God’s test. Sometimes we feel attracted to each other, but we try to ignore it and keep our eyes down.” She confessed “I am kind of person who has a curiosity to discover and look at everything when I walk or enter a place. This is not good because we should be shy.” Another senior female student majoring in humanities said, “Up to now I have not felt comfortable expressing my opinion explicitly because I have been afraid male students will talk badly about us.” I asked her what they would say. She said, “That we have liberal ideas.”
The second context related to the coeducational environment is that while it entails feelings about anxiety, confusion, shyness, and being overly conscious of one’s behavior; it nonetheless, is a learning experience and in that way dealing with the other gender is positive. A male science major reflected, “It is good to have experience talking with female students, but I feel shy and embarrassed.” He continued, “Most of us came from villages where we are not accustomed to interact with females outside the family.” A sophomore nursing major stated that her personality somewhat changed when she enrolled at SQU. She said, “It took time until I started to perceive male students as colleagues and did not see them from the gender aspect.” She continued, “Now, I feel I am stronger and more self-confident.”

Within all these voices, there was obvious confusion and conflict for the students in regard to their traditional value systems. Some females emphasized that they were not used to mingling with strange, ghrīb, males. They were anxious and embarrassed. Suad described herself as not having a clear idea about what is appropriate behavior. She stated, “I came from a family in which customs and traditions, ‘ādāt wataqālīd, were strictly heeded.” She continued, “I do not participate in the class and do not talk or go to discuss things with my male professors because it might be shameful and religiously undesirable.”

There was a paradox resulting from male students’ inclination of normalizing relationship with females and their perceptions that a good female student “enters the university and finishes without being known and recognized by others.” Some male students said, “Initiating relationships with females is better than smoking and drinking
alcohol.” Another male proudly and respectfully talking about a female student whom he tried to court, but who harshly reacted. “What did she do?” I asked. He stated she tore up his phone number and threw it in his face.

An aspect of the struggle with the coeducational environment was the students’ inexperience in studying with and interacting with the opposite sex. Hadeel, a fifth year student in the education college, an English major, specified that being in a mixed environment was the first challenge that she faced. She said, “There are traditions separating females and males.” She continued, saying, “Suddenly, and without any preparation, we find that we have to deal with male students. This is one of the factors that affected our grades in the first semester.” A freshmen female student educational major from the interior commented that female students from some regions such as Muscat, Alsharqia, and Batna are more open to male students than those from the interior. She continued stating, “We should adhere to religious values and avoid any thing that might conflict with these values.” I asked her how she handles dealing with the opposite gender. She said, “Whenever I want to talk to my male classmate and my instructor, I take my friend with me.”

Through my observations at the Student Affairs Deanship, some students, especially females, were inclined to interact and socialize with the same gender. Male students also indicated that they are not accustomed to dealing with strange females and felt embarrassed, murtabik. Two male junior students majoring in history indicated that some students remained silent in the class because they are afraid they will make
mistakes in front of females. Other male students were reluctant and uncomfortable working with females, as Mohammed narrated clearly.

Mohammed came to me as the suggestion of his instructor. The first question he was curious about, “You are not Omani! Are you?” I thought the question was rather strange; however, I responded with a short answer, “I am Omani.” A second passed, and then I asked him where he thought I was from. He said Middle East, *blad alsham*, and the reason was because I was not wearing a black cloak, *‘abaya*. I was aware that wearing *‘abaya* would emphasize my identity as an insider. Nonetheless, I did not myself wear *‘abaya* while I was inside the SQU, and particularly at my office. My concept of wearing *‘abaya* was linked only to situations outside the SQU, particularly going shopping or visiting. Not wearing *‘abaya* did not deter students from participation as much as it elicited inquiries and curiosity that played a factor in initiating conversation and opening up.

In the middle of Mohammed’s discussion about my nationality, his left eye was blinking. He rubbed his eye to stop the movement, but the blinking continued. Then he asked me if his blinking was an indication that something bad would happen. His friend had told him that within two days he would hear about an accident of one of his family members. He asked me if that was true. I told him that I usually attributed the blinking of my eyes to being tired. I do not know if my response made sense to him, but it soothed him to some extent. Mohammed was from the south region of Oman, and spoke the Jabalia language along with Arabic. This language, as he described, was spoken and not written. It is the language of people who live in the mountains of the south.
Quite often I listened to students distinguish their regions and highlight some characteristics. Mohammed, in a humorous way, criticized people in the north for strictly following rules and regulations. He was referring to SQU administrators. Mohammed stated that his friend wanted to change his address in his record in the Admission and Registration Deanship. His friend was asked to state the reason for changing the address in a written format. Mohammed commented, “Changing an address became like writing a project.” Some other female students criticized families in the north for pressuring their children to take a specific major.

Shyness, *khajl* was part of Mohammed’s description of himself, although when he recounted his story he defined it as not being accustomed to working with females. Once he was asked to make a presentation with one of his female classmates. He refused and asked to present by himself. He said, “Frankly, I told the instructor that I could not adjust to working with females. It is not shyness. I do not know what it is. I am not used to and do not have experiences dealing and working with female students.” He continued, “The society in which I live is conservative. When we visit someone, females and males sit separately.”

However, he expressed a preference for a female counselor, teacher, and administrator. He told me that last year his grandfather died and he went home to the south region, and as a result, he missed two exams. One of the instructors was male and asked him to bring an approval letter from the Student Affairs Deanship. In the Students Affairs Deanship, he was told to bring a letter signed by the *shaykh*. Another instructor, a female, reproached him with caring: “Why did you not tell me before going to the
south?” He stated that she arranged a time for him to take the exam, and as a result of this positive experience with a female he chose all female instructors in this semester.

Another aspect of students’ conversations revolved around relationship issues. That male students emphasized the influence of the coeducational environment on themes of love, affection, and intimate relationships in its romantic form was interesting. However, both male and female students indicated that the relationship issue was a primary concern. Female students were reticent in opening up regarding this issue; nonetheless, they were generous recounting other female relationship tragedies. First year nursing students pointed out shyly: “There is an issue not mentioned -- the romantic relationship between female and male students.” They stated, “Romantic relationships are prevalent among students….We have not experienced them yet.” They proceeded by saying, “We do not hide or deny.” I asked in surprise, “Why do you think this is a concern among students?” They stated it is prevalent because there are many romance tales, which they have heard from other female students. They also indicated that many of these female students’ conversations concern issues such as engagement and exchanging emails with male students.

Female participants quite consistently reported that there were a good number of female residents who were experiencing relationship problems. They linked common specific behaviors that among residents to romantic relationships. Some of these behaviors were spending a considerable time on the phone at night, absentmindedness, sarhān, and silence. Absentmindedness is an adjective that students also mentioned repeatedly in their conversations about different problems. One comment on this topic “If
you visit our dorms at night you will see many students spending a great time on the phone at night, isolating themselves in their rooms, and listening to music the whole day.”

The focus of ramification of the coeducational environment on female students presented itself within a reticent discourse. When directly asked about the effects of coeducational environment on them, students responded, “Since it is a mixed society, it should be normal for affection to occur between the sexes.” For example, Sama, a fourth year student majoring in English indicated that she had a “relationship problem.” She was absentminded, sarhāna, and did not want to talk to anybody. I asked her if she wanted to share her experience with me. She never answered my question directly, stating, she did not know. She told me that she cried a lot and sat in her room. She said, “I always share my problems with my friends, but this time I feel weak. I did not want anybody to see me in this situation.”

The most specific discussion I heard from female students regarding the issue of romantic relationships was concerning marriage matters. The importance of the subject was evident when I attended a presentation organized by the CGC. The topic of the presentation was on the subject of “How to choose your future husband.” It was held in a big lecture hall with an approximate capacity of 150 people. The hall was crowded; all the seats were taken. I stood in the back with other female students who could not find seats. The audience was mixed although female students outnumbered males. Some students, particularly females, were highly attentive to what the presenter was saying. Some female students were writing down the criteria presenter gave.
I shared my amazement about the crowd with some female students whom I recruited from the presentation. They stated, “We have attended several presentations that were offered by the CGC, but this presentation was exceptional.” They continued, saying, “It was the most crowded presentation organized by the CGC.” They indicated the reason was that the title of presentation was intriguing to students. Female students, especially seniors referred to issues of marriage and family as an important matter. Some fourth year students majoring in Education indicated that they had a concern about future husbands. One of these students said, “You know, because of our traditions it is little bit difficult to talk with a prospective husband if he is not a kinsman before marriage.” Other female students stated, “We wonder whom we will marry and what traits we should look for. We wish that our marriage customs were not so traditional. We wish we could marry someone with whom we could talk and get to know prior to marriage.”

I noted that students pointed to their education as a vehicle that had helped them to modify some of their perceptions regarding social matters. According to my participants, their education at SQU had altered some of their ideologies. One related to marriage matters. I heard students, particularly females, saying that they felt more able to negotiate their personal wishes within a context of traditions. A group of fourth year students from the commerce and economics college from the south and interior of Oman stated they could negotiate their families’ preferences about a potential marriage partner. One of them said, “I will marry to gratify my family, but I must be satisfied.” Another group of fourth year students majoring in education stated, “We will ask our families to have an engagement phase prior to signing a marriage contract.”
I had expected to have more access to women’s personal experiences, specifically in regard to their romantic relationships and struggles. Female participants emphasized that if I were not female they would not have been able to talk comfortably with me. They would not have been able to laugh and discuss things explicitly. Also, almost all of the female participants indicated that they preferred female counselors with whom to discuss their issues. One female student stated, “The gender is important. I will feel more comfortable talking with a female counselor.” Another female student said, “It is hard to openly express our feelings to male counselors. If we must talk with male counselors we may not be able to tell the truth.”

Male students were more willing to share their personal romantic relationships with me. It was easier to access the male point of view regarding the issue of relationships. Initially, I could not justify the easiness that male students felt with sharing their personal issues with me. Their openness was justified when I heard male students state straightforwardly they preferred a female figure to discuss the issue of relationships. Almost all male students state their preferences for female counselors for relationship matters and a number of them preferred female counselors for other matters. A Bedouin male student stated, “If I had a problem I would prefer to talk with a female.” When I asked why, he said that women are more understanding and sympathetic. Another male student felt female counselors treated male students better and are sincere. A further comment suggested that women can guide males better on issues concerning relationships since they understand the way women think.
However, in conducting my research at CGC, I noticed that male counselors often had male clients and female counselors had female clients. I heard from one counselor that there are official instructions that female counselors should see female students and male counselors should see male students. One male counselor indicated that he counsels only men. The other two counselors, one is male and the other is female, indicated that they saw both genders. One of the male counselors stated that he counsels both sexes indicated that he prefers counseling male students because they come with specific points to solve a problem. He also stated male students can be confronted and are eager to make a commitment.

On the same day that several male students were interviewed, another male student was scheduled. Yousef, whom I had interviewed before had been accompanied by his friend, Ali. Yousef and Ali were freshmen science majors. Yousef asked if he could come again. Yousef had appeared reticent during the first interview; he quite frequently contradicted Ali’s view regarding the normality of talking with female students. I waited for almost one hour and he had not shown up because students for the most part were on time; thus; I thought he might have changed his mind. All of sudden I saw him in front of my office; he began apologizing for his lateness. The cause of his delay was the female students in the corridor of Science College. He would not pass through them because he feared they might think he was following them.

During the first interview, Yousef’s friend Ali was able to share his difficult experience with us. Ali indicated that he experienced hard moments, sadness, and depression, *ikl‘āb*. *Ikl‘āb* was a recurrent adjective articulated by both female and male
students to describe the state of their mood, specifically sadness. Another male participant also used *iktāb* to describe his sadness. I asked what he felt, he responded, “tightness in the chest, absent-mindedness, and the inability to sleep.” I asked how long these symptoms lasted. “For only few days,” he said.

Ali was experiencing the loss of his best friend, with whom he had grown up and who had moved to another region of Oman. He said, “I felt depressed and lost. I did not know what to do. My family noticed a change in my behavior and that I was sad.” He stated that when his family asked, why he was doing this to himself, he reacted, as he described, with “disrespect” because he responded, “you do not understand.” This feeling lasted for two months. He rationalized his emotional state was “boyish thinking.” He stated that during these two months he allowed his emotions to control him. He explained, “My feeling of pain did not mean that I had a weakness in my personality; rather it was an indication of my unwise inclusion of only one person in my world.” He said, “The mind can distinguish right from wrong and control emotion.” He also stated that he dealt with the issue by not thinking too much about the problem. Ali added that he became involved in several activities such as joining art organizations to minimize thinking about his issue. He also stated, “God always opens closed doors to a person who thinks there is no hope.”

In the first interview, Yousef would not share any personal experiences with me. However, did say he was suffering aches all over his body and felt sick. He then began saying “you.” instead of “I.” For instance, he said, “you feel your body is defeated. If you are irritated and worry, you find your head, ears, and eyes tense. You feel you cannot
talk.” However, in his second interview he stated clearly that he felt tightness and headaches when he participated in the class. Yousef said, “SQU environment is a new world for us.” He added, “It is hard not to talk or interact with female students.” He believes there should be an openness, infitāh, with females.

The word infitāh also came up in other male student conversations. For those male students infitāh undermined their cultural code. The students indicated that there should be limitations on infitāh, particularly on the interaction and dialogue between females and males. Yousef directed the issue of infitāh to only correct female behavior. He stated, “Female students should be given lectures and guidance about protecting their dignity, honor, morals, and achievement.”

In the first interview, Yousef was uncertain about how much to reveal and how his ideas would be perceived by a female researcher. He asked me several times what my opinion was about his behavior. Much of Yousef’s conversation in the first interview focused on intriguing the research topic and instructing me how to generate effective methods to alleviate their suffering, muʿāna. However, he stated, “I am a freshman and I have not suffered from anything yet.”

In the second interview Yousef appeared more relaxed and eager to share his thoughts and feelings with me. I found that it was individual interviews that provided both females and males the privacy needed to share with me their own experiences. However, most participants whom I interviewed came accompanied by their friends. At the beginning, I was interviewing two or three students together. Later on, I managed the issue by arranging to see them consecutively. It solved the dilemma, nonetheless, at one
time I was asked by a male student to tell him what his female classmate said. I responded that I was interested in listening to his perspective.

During the second interview Yousef pointed out two aspects that affected his self-esteem, *thiqā bilnafs*, his disappointment with his high school percentage and being in a coeducational environment. He stated that he was shocked with his grades of the first semester in high school, noting that, “My family expected me to get a high grade at high school. My family was full of hope that I would enroll at SQU.” With his low grade in the first semester, he felt that he would not have a chance to compete for admission to SQU. He said, “Nobody expected that I would get low grades and I almost decided to withdraw from high school. With my teachers’ encouragement, I completed the second semester. I did well and thus my scores improved.”

This experience made him fearful of envy, *hāsd*, and concerned about what people would say about him. He told me that whenever his friends visit him he hides his book because he fears *hāsd*. He complained that even with the effort that he puts in his studying his grades were not good enough. His concern about people’s views of him made him anxious. Once he was explaining something in the class and a female student stated loudly that they knew what he was trying to explain. He did not let this go. He said, “I asked her if I made a mistake or behaved inappropriately?” He expressed feeling of discomfort regarding his concern about people’s views. Nonetheless, when I asked him if he regarded it as an issue, *qādya*, that he wanted to deal with, he reacted, “Asking others about one’s behavior is socially and religiously desirable.”
The second aspect was the personal conflict that he experienced in regard to his value system regarding socializing and interacting with females. His desire to interact with his female classmates and his values about restricting his association with females, as well as the inadequacy of his communication skills were on his mind. He recounted that when his classmate asked him to announce something to female classmates once the class was finished, he refused for fear that his female classmates would think that he was trying to show off.

Later in our conversation, I noted that Yousef was attempting to balance his value system and increase his skills in terms of interacting in order to have a collegial relationship with his classmates. Yousef returned to tell me about a situation where he succeeded to announce something to female students, and, thus, had a formal short dialogue with his female classmates. I noted that he showed a desire to learn and consult. However, when I mentioned the CGC, he stated, “I do not have problems. Yousef borrowed some books from me that discussed issues regarding shyness and increasing social skills.

Emotional Emptiness, \textit{frāgh ʿatīfī}

Emotional emptiness, \textit{frāgh ʿatīfī}, was a repeated theme in students’ conversations and interviews. \textit{Frāgh ʿatīfī} has different meanings for different students. To feel emotionally empty was described by some students as “missing love, \textit{hanān}” to be treated unjustly,” or “to feel bored.” For example, Nuaha, a junior in the humanities college stated, “I felt emotionally empty when I came to SQU. I was away from my family.” She continued, “As the eldest child in my family I have been treated with special
treatment. I missed the secure and caring feelings come from my family.” In her first year she stated that she used to cry and call her mother on a daily basis. She dealt with her feelings by talking with her friends. Her friends provided her with the love and attention that she missed from her family. Another female participant, a sophomore in the commerce and economic college, indicated that she felt emotionally empty when her family pressured her to place herself in the science division in high school even though her interest was in the humanities college. She stated she did not resist her family’s pressure. She continued, saying, “My family thought with a science major I would have more chances of finding a job since my high school grades did not enable me to major in education. I felt somewhat overwhelmed and ambivalent between my family’s wish and my interest.”

Another aspect of emotional emptiness focused on family perceptions of emotion. Some students told me that feelings do not get the attention of family as much as tangible things. They stated, “Feelings are perceived as only words; our families are concerned that we focus on our studying and not become distracted by other things, such as romantic relationships.” Male and female students told me that being a student at SQU was a source of honor and privilege for them and their families. Also, they perceived it to be a way of climbing the ladder of socioeconomic status. A male student said he enrolled to SQU because he wanted his family to be proud of him. Another student stated his father was waiting for him to graduate to help him financially, which was a big responsibility.
Students compete to study at SQU. Two of my female participants repeated high school year to get higher grades. They told me they had a difficult time adjusting when their old friends have left for SQU. One of them, Nora, stated that she had done poorly in the first semester in high school. She intentionally left questions unanswered in the second semester on her high school exam. She felt that she would not be able to get the necessary grades to be admitted to SQU. She decided to fail in order to have a chance to repeat high school. She said, “I isolated myself and did not interact with anybody.” She stated she could not adjust and started not attending the classes. She did not share her feelings with anybody. She stated that she depended upon herself to deal with her emotions because her family would not take her feelings seriously. She said, “They would not regard my feelings as a critical painful experience in my life.” Another female student stated that her family did not regard her emotional side as a legitimate excuse for receiving sympathy. She said, “If I tell my family about my feelings, they do not pay attention.” She continued, “Expressing my feelings makes me feel as if I am silly or my talk is useless. My family expects me to know how to conduct myself appropriately.”

A group of female participants stated loneliness and emptiness led girls to do wrong things, such as chatting with males through the Internet or on a cell phone. For Hana emotional emptiness led her to talk to a strange male on the phone. She described it as wrong, ghalaṭ. She said, “Talking with a strange male impacts a female’s reputation more than the male’s.” She stated that the case would be even worse if the girl’s family knew that she talked with a male on the phone. Another senior female student stated, “If a person has difficulty with his studying he will chat with a female through the Internet to
escape the boredom.” She continued, “You know it does not have negative effects on him, but the girl’s reputation will be destroyed if he reveals the secret.”

Some male students regarded emotional emptiness in the form of boredom and loneliness as a problem, too. Nonetheless, other male students considered it a problem if the emptiness was not filled in a healthy matter. A fourth year male student majoring in Education stated, “Filling emptiness with a romantic relationship sometimes had a positive outcome.” Another male student who was suffering from unsuccessful romantic relationship said, “If relationship lasts for long time it gives a person motivation to succeed.” He told me that he went through a hard time when his female friend broke up with him. He said, “I felt depressed and frustrated.” He continued, “I could not concentrate on my studying, and I was placed on academic probation.” I asked him why he did not consider seeking help for his issue. He said, “There is no source of help that can alleviate that pain and it is hard to talk about relationship issues.”

I found a relevant description to this theme in the experience of Yousef, Abraham, and Naji, students in their second year in the education college who came in together. At the beginning of the interview I discussed their rights and the use of the data that they would share with me. I was somewhat astonished when Naji stated it did not matter because “We do not have secrets.” Though they refused to be taped, I asked them if I could take notes and they agreed. The discussion began about common struggle which they faced at SQU. Boredom, freedom, loneliness, and smoking were some issues raised by Abraham and Yousef. To relieve boredom and exercise freedom some students smoke cigarettes, drink, and initiate relationships with females. Naji, on the other hand, turned
every single comment into a joke, and, thus, kept the interview on a superficial level. I changed the tone of my questions to link them to their experiences, which minimized the mockery, but it did not help to move the conversation to a deeper level. I asked Naji about his experiences at SQU. Naji voiced clearly that he tried smoking, but it was not a problem for him because he decided to quit and he did so. Yet, the conversation kept moving towards a superficial basis. I was uncertain if Naji’s behavior was defensive or a power struggle. I felt that the best way was, simply, ignore his jokes.

Abrahim broke the superficiality of our discussion and by taking it to a more meaningful level. Abrahim called me istadha (this word is used for calling someone teacher and sometimes is used for a person who is in a higher state of education, experience, or age). Almost all my participants put this title before my name. Calling me istadha helped me from feeling imprisoned within the stereotypes of gender expectations. Further, it provided the students with the sense that they were talking to a professional who could discuss different issues without shyness. Abrahim narrated that his high school grades had not enabled him to enroll at SQU. With his high school grade, he was admitted to a two-years college. In his first year at this college, he studied hard to retake the high school exam and managed to get a high grade, which enabled him to be admitted at SQU. After spending one year at the two-year college, he enrolled at SQU. He stated, “I am proud of my determination and not giving up my dream to be a student at SQU.” He stated that willpower, ‘azima helped him to overcome the obstacles.

The word used by Abrahim to describe his struggle was issue. The issue revolved around his preoccupation with feelings of affection toward a female student with whom
he had studied at the college. He stated that this had an effect on his concentration and kept him visiting the college to see the girl. The girl was not engaged, but he was afraid if he talked to her, she would reject him. Also, he was afraid that she would tell other people. He said, “What would people think or say about me?” I asked him what he wanted from her. The question was not relevant to my study, but I asked out of my curiosity as a female and as a safeguard of the female image. Female participants expressed concern that male students seek only amusement and do not have an honest intention of marriage, *zawaj*. A female student said, “Some male students take advantage of females. It is all depends on female behaviors.” Another female said, “If a man loves that would be pride, but if a woman loves it is ‘ayb.”

Abraham voiced that he was caught in the dilemma of what to do. I asked him if he had talked with someone else about it. He said, “I have not told anyone. We came here to discuss normal things and we have ended up talking about our experiences and feelings.” When I raised the issue of going to the CGC, some students, specifically males, indicated that they did not have problems. They also stated it was hard talking to a stranger. Yousef, for example, said, “We do not think of going to CGC because we do not know what they do, and we heard it is for people with academic problems.”

I felt Naji was trying to tell me something. Assuming he was not serious, I was surprised when he said, “People think I do not have problems.” He continued, “I am carrying a burden on my shoulder.” Suddenly he changed his posture and glanced to the direction of his friends saying, “Nobody knows that I am carrying a heavy burden on my shoulder, it is like a mountain. Nothing has worked to alleviate the pain and agony.” He
explained that he tries to forget it and used a sleeping medication to help him to forget, 
ansā. So far he did not name or define what his problem was. I sensed it related to 
breaking a valuable traditional norm. I did not encourage him to explore more and there 
was a moment of silence in the group. I felt that Naji needed space to decide if he wanted 
to share his story with us. I was also cautious because I felt that Naji was concerned about 
the others revealing his issue. He looked at his friends, “This is just between us.” He did 
not explicitly define what the issue was; however, he kept repeating he conducted a 
wrong deed. His voice was reflecting pain. I found myself asking if there was any source 
of help that could help him to deal with the issue. His response, “I am responsible for 
what I have done and I deserve punishment.” However, his tone of voice was somewhat 
sad. He said, “This issue could affect my future; I may be kept from completing my study 
and my chances of getting a job would be slim.”

Giving him all my attention, I listened to his pain and waited without probing for 
clarity about his issue. Naji at that moment seemed to be a totally different person, and I 
asked him if I could help. He concisely stated that there were trials to solve issues 
through distinguished and recognized people from his tribe and another tribe. They did 
not reach a consensus in solving the problem. His strategy was to minimize the feeling of 
overwhelming anxiety was to dissociate himself from the experience. Naji said, 
“Sometimes I pretend that I do not have anything to worry about and other times I try to 
forget through sleeping. Sometimes when I cannot sleep, I take pills and sometimes I 
laugh and take all matters humorously.”
Summary

The themes in this section illustrate the changes that students experienced at SQU and their effects on their adjustment. The major components of changes that female and male students experience at SQU revolve around: first, the academic life was “totally different and more challenging,” and second, the unfamiliarity with the coeducational environment. These changes induced distress and confusion. Students felt frustrated and embarrassed by their unfamiliarity with the SQU culture, their inadequacy with coping skills in this new environment, as well as their struggles to find a balance between their ‘ādāt wataqālīd and the new set of values that they were exposed to at SQU.

The struggles that students experience at SQU can be distinguished by year in school. When students move into SQU in the city of Muscat, they are immediately distanced from the support and surveillance of family. Accordingly, they felt hanīn and had “more freedom to smoke, drink, and stay wake all night.” Moreover, the difference in integration between academic and social life in high school and SQU produces ḍīq. Freshmen experience distress and difficulty in adjusting to use “the internet, library, and lecture notes,” and the use of English language for science majors. They took anywhere from one to three semesters, and some of them took two years to adjust, because “it was my first time being far away from my family.”

The discrepancy between gender segregation in school and coeducation at SQU produces distress and confusion. The Omani society is based on mixing and socializing with only the same sex, therefore, “when we visit someone, females and males sit separately.” Once students enrolled at SQU, they find themselves in heterogeneous
classes where they must interact with each other. The unfamiliarity with the coeducational environment and an inadequacy of social skills to interact and initiate a collegial relationship impacts their “self-confidence.” Some students questioned if their communication with the opposite sex could be “shameful and religiously undesirable.” This dichotomy places students in an ambiguous situation in which they struggle to find a structure from which they can draw appropriate behavior. The Omani society puts emphasis on females conducting themselves appropriately, and accordingly, “if a woman loves it is ‘ayb.” The concern for these female students is to integrate some of their new values, which they acquire from their experience at SQU, to fit within their traditional values.

How students adjust and deal with all these changes has given rise to new alternative values that have induced conflict, confusion, inadequacy, and alienation, which is addressed in the second part of this chapter. It deals with coping strategies and sources of help that exist in the Omani culture as identified by participants.
Part two
Sources of Help

The second part of this chapter contains themes and narratives relating to participants’ coping strategies and sources of help, which were interconnected with the interpretation of their problems. For issues related to academic problems, the Counseling and Guidance Center (CGC) was viewed as the source of help. Stress and hardship, however, were interpreted as God’s test; thus, reading the Quran and praying were used to endure the pain. Any sudden change was interpreted as caused by envy and traditional healing was considered to be a legitimate source for help. For feelings of distress-- often expressed in somatic idioms, the source of help was medical sector. Psychiatric treatment was considered a source of help only when traditional healing failed to cure the problem.

This section addresses the above related themes in terms of problems and sources of help. Four themes emerged interpreting the problems: 1) academic problems; 2) suicidal cases; 3) problems attributed to God; and 4) envy. And three major sources of help emerged: 1) medical health care; 2) psychiatric department; and 3) use of a traditional healer.

Academic Problems, mashākīl academīyya

Academic problems were a recurring part of student’s conversations. The most noteworthy regarding the issue of academic problems was that all students, without exception, linked academic probation to suicide that had occurred at SQU. The case will be explored further in a separate section. I requested statistics of students who had been
placed on academic probation in order to capture the prevalence of this problem at SQU. The statistics of 2003 showed that there were 1,381 (11.82%) students on academic probation, 1,063 (76.97%) males and 318 (23.02%) females. The highest figure (328) was in commerce and economics, followed by (286) in science, and (247) in engineering.

Those on academic probation were categorized into three stages, and, hence, as the Dean of Student Affairs stated, students have three chances to improve. If the GPA falls under 2.00 for two semesters or is less than 1.00 for one semester then a student is on “zero” probation. If the GPA does not improve next semester, a student will be given a first probation. If the GPA remains below 2.00, a student will be given the second and, then, the third probation. In the zero probation, the student is not required to go to the Counseling and Guidance Center (CGC). However, students are required to contact CGC from the first academic probation. An experienced staff member at Admission and Registration Deanship stated that some students who were on academic probation attributed their academic weakness to some aspects of the university or grade system. He also stated that students were very quiet about academic probation. He said, “They perceived it as a weakness.”

I heard students blame academic probation on many factors. First was the inadequacy in the academic advising in two aspects. One part concerned their unfamiliarity with the concept of seeking help from an academic advisor. As put by a female student, “He is a doctor. How can we discuss our academic performance with him?” Other female students elaborated on the difficulty of communicating with a male advisor. As second year student said, “Up to now I feel uncomfortable communicating
with my academic advisor.” Another sophomore female student science major stated she did not have an academic advisor at the beginning. She indicated that students needed to be advised because everything was so new. She continued, “The academic advisors should have motivation to understand us. It is easier to deal with academic adviser of the same sex.” I also witnessed an example in which female students were standing outside the office of their instructor. They were reluctant to enter the office because there were male students in the room.

The second aspect was that some academic advisors did not examine significant facts related to their academic problem before signing the registration form. Some students wanted to have a continuous relationship with their advisors. A junior male student said, “There are many students who have problems because of the ineffectiveness and negligence of their academic advisors.” A sophomore science major told me that she wanted to drop a class, and went to her advisor to sign the form. She said, “He did not even ask why I want to withdraw.” She continued, “The academic advisor should have a stronger role and be involved more in our academic life.” A male student said, “We see our academic advisor one time. However, we need our advisors to perceive us as part of their families and sincerely care about our issues.” Another female student stated that the relationship should not be only academic. She said, “Under the pressure of study we need our advisors to provide us with encouragement and enthusiasm.”

One reason to go to the CGC that students mentioned repeatedly was an academic probation, which was symbolically associated with the pink slip. Students who were on academic probation came to the CGC with pink slips in their hands. This scene was an
everyday observation at the CGC. A pink slip was a sign students, were on academic probation, and probation problems were allied with the CGC. There was a stigma, according to students, attached to going to the CGC. They were perceived as being either academically weak or psychologically fragile.

During an interview with a counselor, the secretary interrupted us twice to have the counselor sign pink slips for two students. The counselor signed the slips and returned them to the secretary. I was not familiar with the extended remedial program for students placed on academic probation. They were only required to get a pink slip signed by CGC and turn it in to the Admission and Registration Deanship. However, the director of the CGC told me that they held workshops for students who were on academic probation. I asked a staff member in the Admission and Registration Deanship if there was individual follow-up for students who were on academic probation. He said, “No.”

I noted that there was no permanent open channel of communication between the two structures. I heard some staff members in Admission and the Registration Deanship and some instructors criticizing CGC recommendations regarding students’ academic problems. Suggestions such as helping students change their major and not providing information about students’ problems were part of their criticisms. They did not concur with the CGC recommending students to change their majors because of psychological problems or undesirable majors. Two experienced staff members at Admission and Registration Deanship complained that there were no details regarding students’ problems, and that there should be criteria for students to change majors.
In addition to the obvious reasons for going to the CGC, there were other reasons for motivated students to seek help from the CGC. Through my interviews with some counselors at the CGC, I was able to learn about students’ general problems. Some counselors indicated that adjustment to university and struggling with being in a coeducational environment, unwanted majors, poor English language skills, and homesickness were some reasons that motivated students to seek help from the CGC. Anxiety and personal growth were also part of students’ reasons for seeking help as counselors stated. No details regarding the nature of problems were discussed with me.

During a lengthy interview with an instructor who used to do part-time counseling at the CGC, she told me that most cases that she saw related to *thiqa bilnafs*. She found some students had difficulty making presentations. She said, “I had female students who were afraid to participate in the class because they were afraid their classmates might make fun of them.” She attributed that to the family style of raising and discipline. She stated, “Some families attach word of shame to several behaviors, even if they do not violate moral code.” She continued, “Some families discourage their children from expressing their opinions.” She experienced several cases in which students had stuttering and anxiety problems. I heard the same concern from a psychiatrist. My conversation with a psychiatrist indicated that most cases he encountered related to social phobia. He told me that the societal emphasis is on a person becoming highly conscious of not making mistakes or violating cultural code.

Another issue that the part-time counselor experienced related to female students’ inquiries regarding their concerns about romantic relationships with males. Nonetheless,
female student expressed distrust and fear that males’ intentions might not be marriage. She said, “Some relationships developed through the Internet and had negative impacts when they did not end in marriage.” She told me that the most challenging case that she had encountered was with a male student whose romantic relationship so impacted his study, that he was placed on academic probation. This male student was an excellent student. He had initiated a relationship with a female student who gave him hope that they could marry. When he proposed marriage she told him that her family would not allow her to marry someone out of the family.

Other cases regarded as a taboo in society, are rape cases. The part time counselor told me about a male student who had raped a young girl from his kinship. I also heard of a young male who was raped and brought one day to the medical health care facility. The physician stated that this boy had suddenly become paralyzed. She told me that his friend brought him to the clinic, and told her that this boy had been raped when he was young. They stated that whenever he remembered the incident he became paralyzed. Also, during interviews with students, a female student told me about her friend being almost raped. She told me that she noticed that her friend quite often seemed sarhāna. Her friend told her that she hated all males because a person from the family tried to rape her and he tried to rape other females in the family. She said, “None of them reported this person to their family because the girls feared that they would be blamed, and because it was connected with the honor of the family.”

While conducting my research at the CGC I did not approach or interact with any student. Nonetheless, once when I was in the meeting room reading a newspaper, a
female student, Maha, initiated a conversation with me. She described that she had changed when she came to SQU. She stated that when she was in her region she was more restricted in adhering to the religious principles. She told me that she used to read the Quran several times daily, but now she barely managed to read it even one time a day. For Maha, changes in her lifestyle invoked feeling of ḍīq. She said, “The distress I am experiencing now is more severe than before enrolling at SQU.” To explain the severity of her ḍīq Maha used a metaphor. This was a recurring metaphor in students’ conversation to describe their feelings. She said, “I feel as if I carry a mountain on my shoulder.”

As the conversation continued suddenly, she held back from completing her talk. The reason was, as she later stated was that a male student had entered the room. There is no specific waiting room inside the building, and, thus, students use the meeting room as a waiting area. Both females and males stay in this room to wait for their appointments. This is uncomfortable for both female and male students. A male student saw a female student from the same bald in the CGC. He told his friend that she saw him and probably knew that he had an academic problem and it might spread in the bald.

Throughout my conversations and interviews, I found that students’ perceptions of the CGC varied. Some students were unaware about the function of the CGC and other confused it with social workers. A sophomore male student said, “I heard about the CGC and I guess they solve family problems. I think they are like social worker in high school.” Another junior male student stated, “I am guessing that CGC sees students who have social problems as social workers at high school, but our social workers in high
school do not keep things secret.” A senior male student educational major said, “CGC helps students with academic probation and helps them to change their majors.” Another female students stated, “CGC is source of help and it is supposed to deal with issues other than academic problems.” A female student told me that when her mother died she felt that she was abandoned, worthless, and psychological shaky. I asked her how she dealt with these feelings. She said, “By joining group activities and reading the Quran.” I asked why she did not consider seek help from CGC. She said, “I do not like to reveal my issues. I am afraid that other people will perceive my issues as silly.” However, she said, “Indirect consultation helped.” Some female students appreciate the electronic mail service that the CGC provides to students. A female student stated, “It is very good that we can get advice through email.”

Some students held positive perceptions about the CGC from of their previous experiences. I heard other students talking with unenthusiastic tones about the CGC. Mouse, a second year science major, indicated that he never thought about going to the CGC until he was referred by the Admission and Registration Deanship. He stated that he was helped with his academic problem and his perception toward the CGC changed. For him the CGC was a “rescue boat.” He praised the location of the CGC. As he said, “Nobody sees or knows that a person goes there.” I asked him if he would consider counseling service again as a viable option when he encounters problems. He stated that he would seek help from CGC.

The student Mohammed expressed the same positive attitude towards the CGC. Mohammed expressed that he missed his familiar environment once he enrolled at SQU
for which he did not seek help from the CGC. However, when he was placed on academic probation and needed to have a pink slip signed, he went to the CGC. Mohammed told me that he had academic probation warning from the first year when he started the science major. In his second semester of the second year he wanted to change but could not because he had not obtained a GPA that qualified or enabled him to transfer to another college. His GPA was under 2.00 and he needed more than 2.00 in order to transfer to the humanities college. He decided to drop out one semester. He stated that he could not do that easily because he was required to bring an excuse.

Mohammed sought help from the CGC to get an approval letter, as advised by admission and registration staff. He said, “Promptly I went to the CGC. They opened a file for me, and I was given a letter at the same time. I was helped to drop out one semester.” However, he stated that dropping the semester was not the best thing to do, and his family criticized, ‘ātabt, him. He stated that the decision to go to the CGC was not his idea and was not for seeking help to cope with his issues. As he put it, “I was told to go to the CGC.” His friends discouraged him from going. He stated that they asked him, “Why are you going there? “Do you have a psychological problem?” At the beginning he did not feel comfortable, but later on he became more positive and felt he was “being helped.” He attended four counseling sessions and the counselor helped him to drop out for the semester. At that time, he described his psychological state as dead. He praised the counselor whom he saw for his ability to understand how one feels and accordingly provides help. Later in our conversation Mohammed told me that he always
performed prayer and invocation to ask God’s help and guidance when he had a problem. He said, “I am conservative. Thank God.”

Another student named Lila also narrated her experience with CGC. Lila was in Agriculture major. She received two academic probation warnings before her request was approved to change to the humanities college. Lila started her conversation by explaining: “My problem was a result of poor guidance and lack of information.” In her first year she did not know about the system at SQU and stated, “The orientation week did not supply me with information about challenges that I would face.” She also attributed part of poor guidance to her academic advisor. She registered for hard subjects the first semester. She stated, “The subjects were tough and my English language was not strong enough to understand all the terms.” She indicated that all students who took the class were upper-class students. She said, “I did not know I could withdraw.” She stated, “I handled the situation by not attending the final exam, and as a result I failed the class.” She was placed on academic probation. She stated she felt “disappointed and lost.” When she told her family that she was placed on academic probation, they encouraged her to do her best.

Lila continued her struggle with her advisor in her second year. She stated that her academic advisor suggested that she should take classes which were also too hard. Thus, she was unable to raise her GPA. She told me that she was dissatisfied with her advisor because he did not advise her to retake the failed subject in order to elevate her GPA. I noted that Lila and other students on academic probation expressed their complaints in a normal tone despite their internal turmoil. Lila’s GPA remained below 2.00, and
accordingly, she was given a second academic probation. In her second academic probation she did not tell her family. She said, “I felt pain in my heart for disappointing and letting my family down.”

Most of my participants were the first generation in their family pursuing a four-year college degree. The college degree is not only a vehicle for higher economic status, but is also symbolic for a family’s pride and prestige as students indicated. Some students’ comments in this regard: “Sometimes we do not tell our families about our academic difficulties because they are not accustomed to the idea that we may fail. I want my family to maintain the same image about me.” Another comment: “I am the first one in the family who enrolled at SQU and I do not want to disappoint them.”

Lila described her feelings at that time as anxious, restless, and feelings of despair. She said, “I felt shame and I did not go home after my second probation. I stayed in the residence halls and my friends helped me.” In her second probation, she stated that she did not go to her academic advisor because she felt that he had misguided her. For a second she stopped talking as she rethought what she had stated. Then she said, “I cannot put everything on the shoulder of my advisor; part of it was my fault. I did not know about my major and I thought it would be easy to transfer to another college.”

The academic probation had captured all her attention. She said, “I put aside the feeling of restlessness and helplessness that I was going through.” She continued stating that the presentation that her friend made about students with academic probation brought to her all the feelings that she had experienced during her academic probation. She said, “My primary concern was to maintain my status as a student at SQU.” The first source of
help that she sought for emotional support was her friends, *rbīʾāt*. Another source of help she sought was from the CGC. She stated that her first experience with the CGC was when she was given a pink slip by Admission and Registration Deanship. She was required to get it signed and take the pink slip back to the Admission and Registration Deanship. She stated that her friend took the slip to be signed instead. Her friend was surprised when they opened her file and asked questions and she gave them inaccurate information after which they made an appointment with one of the counselors.

Lila stated that she clarified to the counselor that her friend had brought the pink slip for the signature. Lila indicated that she presented her concern in terms of academic probation. For Lila her academic problem was a legitimate issue needing help. She said, “I did not feel comfortable. The counselor asked about my relationship with my family. I told her that my relation with my family is good.” Lila continued, “I felt somewhat pressured to say that I had a bad relationship with my family.” She told me that she cried in the session. She stated that the counselor said, “This is a sign that there is something wrong.” Lila stopped recounting her story and then said, “I swear to God that there is nothing wrong with my relationship with my family.”

I asked Lila what she expected to get from CGC. She said, “I wanted to get information about academic probation.” Nonetheless, the focus of sessions was on her family. She told me that the counselor asked about her father’s job. She said, “I told her he is a taxi driver, and she concluded that part of my academic probation was attributed to my economic situation. This is not the case because financially I am kind of OK.” Lila mentioned an aspect that confused her regarding the process of counseling. She stated
that the counselor asked to see her before the exams. Lila stated that she was rather surprised by this request because the counselor did not know about her subjects. Lila said, “I was not sure of the reason for these sessions before the exams. I did not have time because in agriculture we have a lot of quizzes.”

I asked her why she did not consider changing to another counselor. She indicated that she did not know. I constantly heard some students mention that they did not know about the possibility of changing counselors. To enrich my knowledge regarding the CGC as a source of help, I attended a presentation titled “Opening dialogue between counselors and students.” The presentation was held in a big lecture hall. Three male and six female students attended the presentation. There were questions raised by students, but they were treated with ambiguity. Students were curious to know about the type of problems that students sought help for from the CGC. The answer was that it was a private issue and information would be maintained within the CGC. Another inquiry related to whether a student could change counselors. The answer did not reflect the right to a change of counselor, rather, “There is no counselor specified for a particular problem.” They continued by stating that if a treatment did not work it would be modified.

The attitude that Lila had before and after going to the CGC was that it is a path for people who have problems. She said, “The majority of students whom I saw were holding pink slips.” She continued, “A person can recognize that we have an academic problem.” Lila said that she witnessed at the CGC an event that contributed to her dissatisfaction with the CGC. When she was waiting for her appointment, a male student
came to see a counselor. When he left a conversation occurred between two personnel.
Lila heard the whole conversation. She stated that one of them made a peculiar
movement with her mouth, and said in a sarcastic voice to other personnel, “Oh! Imagine
he has a relationship problem.” Lila said, “I was afraid they might talk about me too.”

Lila indicated that students might not only experience academic problems, they
might have relationship and social problems. She said, “I swear to God, if there was some
confidentiality and I could receive help with my academic probation, I would not hesitate
to seek them again, even if I had social problems.” She continued, “I would overcome my
perception that the CGC is the path for people who have problems.” Lila told me that she
used to choose specific times to go to the CGC. She would always go at 9:00 am or after
noon because there were not many students at the CGC at these times.

The same disappointment with counseling treatment was expressed by Bader. I
found Bader in the reception area talking on his cell phone. Use of cell phones was
widespread among students. Students indicated that cell phones facilitated initiating
romantic relationships. After he finished his call, I asked him if he wanted to participate
in my research. Bader agreed to be interviewed, but refused to be taped. I saw Bader
twice. In the first interview, Bader’s conversation focused on other students’ problems.
He indicated that students who were placed on academic probation experienced problems
in their family, their major, their studies, with peers, and with instructor’s treatment. He
told me that one of his friends decided to drop out of school. He stated that his friend was
an excellent student, but had experienced problems at home. He became careless about
his studying. He told me that they tried to advise him, and his friend’s response was, “Why should I study and get high grades?"

At the end of the first interview he said, “A student who misses love at home may look for it outside.” He was talking in bitterness and then he left because he had a class. I asked him to come again to continue our conversation. He came the next day. In the second interview Bader talked about his own experience with academic probation. He stated that he had a romantic relationship with a female student. The relationship did not work because, as he stated, the girl betrayed him. He stated that he felt lost and became careless about his studying and this affected his grades. He said, “I went through hard times and this impacted my study. My friends notice my carelessness. My friend pointed to me that I need to think about what I was doing to myself.” Bader was placed on academic probation two times and was referred to the CGC. He stated that going to the CGC means the problem is bigger than a person. He said, “In other words, it means you cannot solve your problem.” He continued, saying, “I usually treat my problems, especially relationship issues, with secrecy…. With time the pain will abate.”

I asked him what he expected to get from the CGC. Common expectations that I heard from students were understanding, empathy, respect, confidentiality, advice, friendliness, information, practical help, and a non-judgmental approach. Some of students’ statements in this regard: “If I have a problem I want to hear advice and to be guided to the right path.” “I want someone to follow my progress, care about me, and put himself in my situation to understand me.” Almost all students emphasized that they wanted to hear stories that were similar to their problems in which people overcame their
plights. Bader said, “It is nice and more effective if a counselor tell us stories and experiences that are related to our problems. The counselor does not need to tell us names.” Bader was upset because he was criticized about his grades. He told me that his counselor said, “I was a student and never received grades similar to these.”

Some students also perceived the CGC could only treat simple cases such as academic difficulties. Three senior female students in commerce and economics said, “Counseling is for students with academic problems and lack of presentation skills.” Other students associated complex cases with a psychiatric treatment. A female student said, “A psychiatric treatment is deeper. Counseling can be conducted by anybody. Psychiatrist analyzes and knows the complexity of one’s personality.” Sana’s story illustrated a preference to seek help from a psychiatric department because as she stated, “My emotional pain was acute.” Sana is a third year student majoring in commerce and economics. I recruited Sana from the female cafeteria. Sana told me that her dream was to major in education, but her high school grade enabled her only to be admitted into the Commerce and Economics College. She estimated, “90% of students major in something different than they wanted.”

In high school she was an honor student. Her family members were confident that she would obtain high grades at high school. Sana said, “It put pressure on me, and I felt responsible for working hard in order to be admitted to SQU. I did inconceivable things to understand and study what was hard.” Sana continued, saying, “I do not like my major because I feel uncomfortable working with males, and have little chance of working in a feminine environment.” In her conversation she repeatedly emphasized that she hated
studying and working with males. Also, she stated that quizzes, and exams, as well as the way of teaching are boring and frustrating. She wanted to withdraw from SQU and her mother mocked her and said, “Ok, stay home.” Sana indicated that she did not criticize her mother’s response because her mother is uneducated.

Sana articulated and described her emotions rather thoroughly. She articulated that she was depressed, muki’tba, and tired, ta’bāna. The feelings of tiredness that Sana described stemmed from the trip that she takes everyday to school. She lives in Muscat and uses the free transportation, provided by SQU. She gets up in the early morning at 5:00 am to catch the bus and get back home at 8:00 pm. Therefore, she was complaining that she does not have time to focus on her studying. She stated that all her requirements must be typed. Sometimes, she sleeps secretly with her friend at the residence hall in order to type her papers. Making presentations is another source of stress. She said, “I have made a lot of presentations, but every time I present I feel like it is my first time.”

At home, Sana had a problem finding a quiet environment. She described that originally her family was from Batna region. She stated that they constantly have guests coming to stay in the house. Often the guest is a woman with her children. The house is small and always full of guests. She told me that she does not have her own room, so she usually uses the sitting room to study. However, when they have guests she cannot use the sitting room.

Her family is anxious for her to graduate to help them financially. She said, “I am tired and have no motivation or hope in anything. I live just day-by-day; I do not think about tomorrow. I have lost pleasure in doing things or going places. Inside myself I feel
tightness. I cannot study and cannot laugh.” She stated that her mood affected her study because her average grade point went from 3.7 to 3.3 and might drop down more. She stated, “I tried to change the college when my GPA was 3.5, but I was told that in order to go to the Education College I need a 3.7.” She told me that in the commerce and economics college female students have to mingle and interact with males. She stated that female students do not sit in front and males in the back, or vice versa, as in the education college. They sit in two different sections parallel to each other. Some students told me they prefer to major in education because it would allow them to work in a feminine environment. Also, the job is more secure because there is always a demand on this profession. Sana said, “Now I cannot change my major because my father awaits my graduation so I can help to improve my family income.” She continued, saying, “I feel like I am dead from inside. I have started missing classes because I am psychologically tired.”

I asked her how she deals with her feelings. She stated that she used to talk to her sister. Her sister is now married and she no longer has anyone to whom to express her feelings. She stated, “To relieve my sorrow I express my feeling to whomever I encounter among female students.” She indicated she does not feel good about that. She said, “They will think I am a complainer.” I heard the same negativity about complaining. Some students said, “alškwä ḍīgḥayr Allāh midhla,” meaning complaining to someone other than God is humiliation. She said, “I feel much pain,” but she strengthened herself through using some words such as “God is generous,” and “God is with us.” She said, “Fighting the struggle was a path to enter paradise,” and then she cited verses from the
Quran, sur Al-Imeran (Do you think that you enter paradise before Allah tests those of
you who fought and tests those who are patients).

She had been suffering for a long time and when she could not endure the pain
she said, “I found myself in the psychiatric department.” she explained that it was not a
planned decision to seek help from the psychiatric department. She stated the decision
was made on the “spur of the moment” when she reached the highest point of emotional
pain. She stated that she went to the psychiatric department when she was hopeless and
in despair. However, she did not get treatment because she was asked to bring a referral
letter from the CGC. I asked her why she did not go to CGC first. Sana stated, “I heard
that students go to CGC for academic problems and people over there could not
understand them.” She stated that she heard that students did not get any benefit, mafi
fa’da. However, her expectation from the psychiatric department was to find someone
that could listen to her. She said, “I want to talk and get out all the pain and sadness from
my chest.” Sana expected that she would also be given medication. She stated, “I heard
that the psychiatric department is beneficial and people, especially those who are
depressed like me, benefit from the medication.”

She stated she prefers a person who has a strong faith. “Religion is extremely
important; I do not like talking with someone who does not have faith.” She hoped that
person would cite some verses of the Quran and Ahadith (traditions of the Prophet
Mohammed). She said, “I feel God is great, wise, and merciful. Yet, sometime I ask
myself why we get depressed and breakdown. I feel there should be a reason for what we
feel.” She started to cry. At this moment, I used my skills as a counselor and provided her
with space to express her frustration. I felt her distress was acute, and, thus, at the end of
the interview I asked her to promise me that she would go to seek help from the place that
she preferred.

Suicidal Cases, halat intihāriyya

The cases of suicide, and most specifically Raheem’s suicide, produced a great
deal of rumor among students, as they were concerned about their mental health. All the
students that I conversed with or interviewed mentioned these cases. One case was about
a female student who tried to harm herself and another case was about a male student,
Raheem, who killed himself.

Some female students indicated that a female student threw herself from the first
floor in the resident hall. I was not able to meet this student because she was not taking
any classes while conducting my fieldwork. She had dropped out of school. Students
rumored about different reasons for this female’s action. I heard that this student had a
relationship issue and other students associated her action with an academic probation.
Another reason was a poor relationship with her family.

Another widespread case was about a male student, Raheem, who killed himself.
It occurred at the beginning of the second semester. I was not present at that time. There
was consensus among the female and male students in recounting the event and its
reasons. However, the reasons varied from one student to another and from one staff
member to another. The reasons given were: the lack of strong faith, the academic
probation, a family problem, a relationship issue, and a bad peer group.
Mostly students associated the suicidal case with academic probation and weakness in his faith. Some female and male students asked me, “Did you hear about student who killed himself because he was on academic probation and accordingly suspended from school.” Also one male student stated, “I heard he had conflict with his family because of his poor academic performance.” He continued, saying, “Our family does not know that academic life at SQU is different than that at high school, and that we may not be able to get the same grades that we obtained at high school.” Another female student said, “There was a student who killed himself because of bad grades. However, I think it happened because of his weakness in his faith. He should have been patient because life is God’s tribulation.” Another female student who was uncomfortable with coeducational culture of SQU stated, “Students are really suffering. There was an engineering male student who killed himself because he was placed on academic probation. His suicide was a sign that he was not careless because if he had been careless he would not have killed himself. “Other students stated, “If he feared God he would never have killed himself.” A female student said, “A human being should depend on God and have a willpower to endure the failure of a bad grade.”

According to participants, Raheem had a good economic status. Along with the SQU allowance, his family was able to provide him with money for his expenses. He finished high school with a high grade. His grade was approximately 95%, which admitted him into the engineering college. He was in his third year. In the first year he did not have a problem with his grades but later on his GPA began to drop. He was given three academic probations, and then was asked to withdraw. Some students mentioned
that he associated with a “bad group of peers whose main interest was not education.” He started to miss classes and some students mentioned that he had isolated himself. He did not go home to his region. Some male students stated that he stabbed himself at school, and when he did not die immediately, he drove home where he shot himself with a gun.

I decided to seek administrative information regarding this suicidal case. An individual who deals with student issues told me that he had personally tracked this case. He stated that this student came from a high socio-economic status. The problem, as he said, was that, “this student skipped his classes.” He raised questions, “Did this student commit suicide because of the academic probation?” He continued, “Are there other reasons that we did not know about?” He stated that he heard that this student was “normal and was enjoying his life.” He told me that some students who knew him were struck when they heard about his suicide. The administrative person stated he did not think the suicide was related to academic probation.

I decided to stop pursuing the issue because all students believed that the academic probation was the cause for this suicide. After returning from the field, I had a lengthy conversation with a friend who is doing her PhD. in the United States. To my amazement she told me that she heard from her brother that this student caught a serious disease, and thus he had ended his life. The newly revealed reason led me to revaluate and question what parts of the story reflected the reality.

At the same time, I reminded myself that the reality is what the participants perceived and accordingly shared with me. Coffey and Atkinsen (1996) stated that the important factor about those accounts was that they are embedded and situated within the
culture. The accounts, conceptualized in this way, tend to standardize within culture and subculture groups. The accounts in this study can be conceptualized in terms of two types: excuse and justification. Coffey and Atkinsen explained that excuse can be thought of as socially approved vocabularies to alleviate a questionable action or demeanor. Justification, however counterbalances or attaches positive value to questionable conduct rather than denying responsibility.

I decided to explore this reasoning. I asked my friend if I could talk to her brother. He agreed to talk with me. I made a phone call to Oman and talked with him. Soloman was a senior engineering student who had three credit hours left to graduate. He stated he was denied the opportunity to take these hours because his GPA was lower then 2.00. Soloman told me he is waiting for word from the institution to determine if he can take the three hours and graduate or not. He told me that he did not know Raheem very well but he knew that in his first year Raheem did not have problems. He stated that he heard that Raheem drifted into “relationships with the other gender.” He did not state explicitly the nature of these relationships. I sensed that he was reticent to open up on this area with me.

I explained to him my role as a researcher, and I encouraged him to perceive me only in this role. My role as a researcher endowed me with more flexibility and accessibility to explore areas that might be considered somewhat ‘ayb to be discussed with a woman. However, he did not talk in detail and did not go beyond generalization; I went no further because he was uncomfortable.
Problems Attributed to God, *ibtilā min Allāh*

Omani society is conservative, as described by an instructor in the religion department and a counselor. They stated that the religious principles and traditional customs are predominant in Oman. The concept of being psychologically healthy was equated with conforming to religious teachings. Some female and male students told me that they felt psychologically healthy, *ša nafasiyya* when they followed religious principles, respected family, and concentrated on their studies. Other male students explained that when a person commits wrong deeds, self-reproach occupies a person’s mind with a blame process asking, “Why did you do this?” They stated that the feeling of guilt dominates the soul and decreases as a person stops doing the wrong deed. They felt through self-reproach people returned to the correct path. They said, “We should strengthen our self-reproach by adhering to the religious teachings.”

The recurring theme in students’ conversation was their perception of a problem or hardship as a test from God, *ibtilā min Allāh*. Almost all students, regardless of gender, pointed out that struggles were a part of life and that to strive, *jihād*, to overcome them had good return, *hasnāt*. A female student stated, “When I encounter a problem I review my behaviors and see if I have conducted something against my religious values.” She continued, “When I feel pain inside myself, I pray and read the Quran. I constantly remind myself that life is God’s test.” Students often embraced some traditions of Prophet Mohammed and verses of the Quran when discussing their problems or distress. They stated that if anybody incurred a misfortune and said, “God award and recompense me in my misfortune, God would award a person and recompense them with better
things.” Samya stated that she quite often experienced pressure in registration and dealing with other students. She dealt with this by patience to yield good returns. Another female student expressed, “I do not think there is a problem that a person cannot bear. Our belief in God and belief that even our suffering has rewards make us feel better.” She continued, “When you say thank you God in a distressful situation, distress will subside.” Students perceived the concept of strength as bearing the pain and acting as if there was no problem. “A strength is to have a strong heart that endures and keeps the pain inside.”

Another aspect that I repeatedly heard by students was the belief of predestination, *qaḍā ’waqāḍ*. Saleh, a freshmen male, told me that his cousin, who was his best friend, was killed in a car accident last year. He stated that his cousin’s death was the most painful experience he had ever had. He stated, “I still cannot overcome my sad feelings.” He told me that it was painful; nonetheless, “It is destiny.” Other female students indicated that they experienced pressure and distress, but the word *alāhmduallāh*, “thank God” and prayer alleviated the problem and brought *hasnāt*. They stated it was all about the belief that “*qūl lan ysībanā īlā makatab Allāh lanā*,” translated, nothing shall ever happen to us except what God has ordained for us.

Discussing the dilemma and problem within the notion of fatalism was a recurring theme in almost in students’ conversations. One of my participants shared her dilemma with me. Manal is a sophomore majoring in commerce and economics. She conceptualized her issue within the notion of fatalism. Manal fell in love with a person whom she described as respectful and who had a good intention for marriage. Before going to her family to ask for her hand, he divulged that he could not have children.
Manal stated that she loves children to the point where she was ready to sacrifice her study in order to have children. She told me that she was confused and did not know what she should do.

I asked her why she did not consider consulting someone from the CGC. She told me that when she enrolled at SQU she heard about the CGC. She stated that she went with her friend with the fake problem that they had a presentation difficulty. They asked for a specific counselor, a non-native Omani. When he discovered that they did not have any problems, he recounted his story about his life, books, and friends. She stated he called them with sweet words, such as beautiful, hilwa, and my eye, ‘ayni. These sweet words are commonly used in some Arab cultures; however, in Omani society it is somewhat shameful, ‘ayb, that a strange male would call a female such flattering names. To some female students, and most particularly Manal and her friend, these words were perceived as “unacceptable flattery.”

To find a solution for her dilemma she started to read the Quran. She told me that she thought about the issue within the notion of life as God’s test, aldhnyā ibtilā. She stated that she decided to accept his marriage proposal and rely on God’s willingness for the future. She stated that her fiancé had good characters. She described him as a moral person because he revealed the issue before marriage. She stated it was not his fault that he could not father children. She said, “From the bottom of my heart I wish I could have children.” However, she told me it is not part of her character to leave a person who needs her. The marriage contract, ‘aqd, was written. The wedding would be after she finished her studying. She declared that it was hard to tell her family or any other person
about this issue. She said, “Nobody knows about this except God and you.” At the end of the interview she told me that she did not know what God wrote for her. She stated, “I cannot see beyond my existence, so it might be that good things are waiting for me.”

Wedad, a senior student majoring in English, indicated that prayer and reading the Quran soothed her. Wedad is an honor student who was offered a teaching position in Muscat. She would be given a chance to continue her higher education out of the country. She stated, “I was ambivalent regarding the offer. Accepting the position required me to live in Muscat and this meant I would be far away from my family who lives in the south of Oman.” She did not know what to do. She said, “Part of me wants the position and the other part is clinging to working in the south and being with my family.” Her family gave her the freedom to choose what was best for her. I asked how she was making her decision. She said, “I spend great time thinking it.” She stated than she conducted an istikhāra prayer in which she supplicated God to choose what was good for her. She felt relief because she knew what she wanted. She decided to accept the position. She stated that she relied on God for guidance and God helped her. She stated that God always helped her to sort things out. She told me in her high school she vowed to God that if she got high grades she would fast¹

Another female student stated that she had a dilemma and wanted to see a religious person, particularly a female. She went to the Education College department of

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¹ The practice of fasting is prescribed during the month of Ramadan and may also be performed as an act of expiation for an offense such as a broken oath or in fulfillment the vow. The abstention is from all drink and food and other material pleasures during the hours from sunrise to sunset.
religion. She pointed out that many students sought help from an instructor in that department. I decided to talk with someone from the religion department. I found there was only one female instructor in that department. I contacted her and she agreed to be interviewed. She stated that some students sought her out for issues that related to religion jurisprudence, fiqh.\(^2\) She told me about a female student who was suffering psychologically. This student was uncertain if her husband divorced her while he was fully conscious. She was conflicted over whether she should consider herself a divorced woman or not. Another female student, came to her with major feelings of guilt, she was hallucinating, awhām. She said that this student had been sexually abused when she was little. She did not reveal this secret to anyone but she could not forget. She was feeling guilty. She stated that this girl sought help from the CGC. One of the suggestions they provided was to listen to music. She stated that the girl was somewhat conservative, mültizm, and with this type of recommendation, she stopped going to the CGC. I heard the same comment regarding music from other female students. A female student in Humanity College criticized female students who use music to forget their problems. She said, “We are a Muslim society. I do not think music helps a person to relax. Reading the Quran, praying, and sleeping help to alleviate problems.” The female instructor indicated that there should be counseling to embrace elements of religion.

\(^2\) It is the name given to jurisprudence in Islam. It is a human product, the intellectual systematic endeavor to interpret and apply the principles of Islamic law, shari’ah. The Islamic law encompass two basic elements: the divine which command by God or his messenger and designated as shari’ah; and the human, which is based on and aimed at the interpretation and/or application of shari’ah and designated as fiqh. In the fiqh the action is legal or illegal, permissible or not permissible (Abd al Ati, 1977).
She advised me to talk with a senior instructor in the department from whom students had sought help for almost 15 years. I contacted him and he agreed to talk with me. He stated that most issues that produce psychological problems related to dilemmas regarding *fiqh*. Students presented different issues that caused dilemmas in making moral decision. He stated that committing specific behaviors interpreted by students to be a sin made them conflicted within themselves. He said, “One of these behaviors is masturbation.” Also, doubts in the issues regarding *fiqh* produce feelings of guilt and compulsive behavior. For example, he indicated some of these issues related to suspicion about the performance of the ablution before the prayers and the cleaning ritual after the menstruation. He stated that these suspicions and doubts were sometimes accompanied with hallucinations. He said because there are different thoughts and views regarding *fiqh* issues, people get confused about how to conduct themselves. He continued, “The Omani society is conservative and there are almost no doubts about the existence of God.”

Most female students sought his help for issues related to doubts and suspicion about purity. He stated that some students act on their anxieties, which affect their performance in their daily life. He stated that once he had a senior female student in his class. She decided to drop out of school because she was suffering from obsession with cleaning. After her menstruation, she continued to have a discharge. He stated that she could not pray if she suspected that she was not clean. This student became obsessed with cleaning, which caused her considerable distress. She felt hopeless and than started to skip her classes. He said he called her in and discussed the issues about skipping her
classes. She told him about her problem, and he advised her within a religious perspective. He advised her that if she had preformed the ritual of her cleaning, she did not need to perform the cleaning ritual again. She should go with the first one. He stated that after these discussions she continued her studying until she graduated. Also, he mentioned that some female students sought his help with issues related to the conflict between them and their parents regarding marrying a person from a different religious sect or tribe.

A relevant story to the issue of doubts regarding the performance of the ablution is illustrated in a case that I encountered in the psychiatric department. A female came to the clinic accompanied by her brother. She was around 19 years old. She was wearing a traditional black ‘abaya placed on her head. She stated that she struggled with the obsession of cleaning for almost two years. She would stay in the bathroom for long time before each prayer. She told me that when she started the ablution, she found her self-saying cursing words, *sáli*. She described that it was evil that made her saying these words, and as a result, she repeated the ablution. She said, “These words repealing ablution,” and thus she took long time, not less than three hours, in the bathroom. Her brother stated that at beginning, they sought help from a religious healer, but they did not get any benefit, and then they were bringing her to the psychiatric department.

I heard from several students, particularly females that they preferred the helper to be *múltizm*. This instructor told me that sometimes his friend, a physician in the student clinic, would call and ask him to talk with her patients because their suffering related to *fiqh* dilemmas. He stated that some students felt more encouraged in seeking
help from a person whose behavior and reputation could be conceived as somewhat múltizm. He stated that sometimes he heard students commenting on the behavior of some counselors. I asked what kinds of behaviors. He stated smoking, which was perceived by students as an indication of not being múltizm. I also noted that when I attended the presentation of “How to choose a future husband,” students who were standing with me were curious to see if the presenter was wearing a scarf on her head or not.

Envy, hasd

Problems were attributed to different causes, and one of these causes was envy, hasd. Students identified the problem within the hasd realm if it occurred suddenly, fajā. Students, specifically females, legitimatize hasd and magic spells as causes to inflict disturbance that are manifest in behavioral and emotional states. They acknowledge the existence of hasd and magic spells because as they said, “It is mentioned in the Quran.” Nonetheless, they said, “We reject the notion of seeking help from a sorcerer.” They pointed out that for cases that are caused by jinni and envy, treatment should embrace the Quranic elements. They said, “A person who is envied should seek help from a traditional healer who deals only with the Quran.” Other students named the religious healer shaykh.

I repeatedly heard students associated hasd and magic spells with a sudden change in behavior. For example, Salma a junior female student majoring in education stated that she witnessed a case in which she had no doubts that it was caused by jinni or sorcery. She told me that she was with one of her relatives when his voice suddenly changed. She stated that he seemed as if he was someone different. The voice was not his
She said, “We tried to read the Quran over him, but he resisted.” She stated that the change in his behavior was caused by jinni. She continued, “The change in the behavior occurs without reason. It did not precede or was associated with specific circumstance, such as being mad or upset.” She also related another story about her aunt. She indicated that jinni entered her aunt’s body. I asked, “How do you know?” She stated that her aunt’s tongue got out. She also declared that her aunt became heavy and nobody could carry her and she could not remember anything. She was treated by the Quran and cured. According to my participants, one is hit by jinni because of a lack of strong faith, being vulnerable to fear, stepping on a jinni’s place, and throwing things without saying "bismillāh (with God’s name).

Sameera, a junior student, stated, “Envy and magic spells change a person’s behavior drastically and vehemently.” Sameera told me about an incident that occurred in her region. She stated that her brother had a friend whose behavior changed suddenly. She stated that he was an honor student, and suddenly he became careless towards his studying as well as roaming on the streets. She said, “The disturbance in his behavior was caused by magic or envy because he was normal and suddenly his behavior changed.” She also recounted another story about her cousin. She told me that one year ago her cousin experienced “tightness in the chest and lost her conscious.” She stated that at the beginning the family labeled it as envy and was taken to a traditional healer. When she did not benefit from traditional healer, she was taken to the psychiatric department. She indicated that for almost one year she was treated by the psychiatrist. She said, “Now
my cousin is OK, but she attributes her recovery to coming back to her faith and adherence to her religious principles.”

Envy as most students, especially females reported, “Inflicts 100% change in a person’s behavior. It changes a person’s talk and behavior and it is characterized by being sporadic.” Haleema is a senior student majoring in English Education. Haleema narrated an incident that happened while she was teaching high school students as a part of her practicum. One of her students asked her permission to go to the restroom. When she came back, she made a movement with her hand as if she was waving away a bad smell. The primary teacher, who was supervising Haleema, took the student outside the classroom. Haleema stated this student fainted, her body was shaking, and her eyes were red. Haleema commented that people, either in Muscat or in the South, think such behavior is caused by jinni. I asked, “What did you do?” she said, “We read verses from the Quran over her.”

Haleema stated that the student was not responding to her classmates’ questions. The classmates began to flee from the place because they thought their classmate’s behavior was caused by jinni. Haleema told me that she calmly talked with the student. The student told her that she became upset with the primary teacher’s talk. The teacher told the student that her parents did not discipline her well. Haleema told me that the teacher did not handle the situation well because “one of us may accept any criticism except concerning our parents.” Although Haleema became certain that the behavior of this student was not caused by jinni, she was not sure how to explain the behavior of
fainting, staring to the ceiling, and red eyes. Haleema asked in a skeptical voice, “Is it true that the psychological state affects the physical condition?”

Haleema’s friend who accompanied her stated, “Jinni are a reality.” They stated that cases that are caused by jinni could be distinguished from psychological causes. They stated that there are some students in the residence halls whose behaviors suddenly change because they are “hit by jinni.” Haleema followed by saying, “Bismillāh alrahmān alrahīm,” which translated to, “in the name of Allah, most gracious, most merciful.” Haleema also stated that she has a friend in the residence hall that sometimes behaves strangely. I asked her what she meant by a strange behavior. Haleema stated, “Behaviors such as shaking her body, directing her eyes to the ceiling, and murmuring some words.” I asked what she did. She responded, “We read verses from the Quran.” However, she stated that as they read the Quran, her friend’s behavior became worse. She said, “Certainly, her behavior is caused by jinni.” I asked, “Why?” Haleema stated in a confident tone that she was certain it was caused by jinni because her friend could not bear listening to the Quran.

Medical health care

I heard several students who regarded headaches as a legitimate expression of pressure, stress, value conflict, and life dilemma. Female students pointed out that when they felt pressure they took some Panadol (medicine used to relieve headaches). Social workers from the psychiatric department stated that they used to go to the Student Clinic to see students whose physical complaints had psychological roots. They told me such problems revolved around relationships, problems in the residence hall, and conflict with
friends. I decided to consult a medical voice regarding students’ manifestation of emotional problems. I went to the Family and Community Clinic (FAMCO) and Student Clinic where I had a conversation with six physicians.

A senior female physician who had worked for five years at the student clinic estimated that out of about 50 patients she saw, 12 to 15 expressed their distress in somatic idioms. She said, “Freshmen, particularly females, who left their regions and enrolled to SQU, complained of a disturbance in their menstrual cycle.” She stated that the reasons behind their complaints were that those students experienced homesickness, being in a coeducational environment, and unfamiliarity with requirements of a new education system, such as making presentations. She named these problems “first year syndrome.” Another physician said, “Some female students have never interacted with males outside the family. When they enrolled at SQU they feel difficulty to cope.”

The physician indicated another reason behind students’ physical complaints was grieving over lost relationships, specifically ones that did not end in marriage, because of differences either in the tribe or religious sect. The senior physician told me that she had a female student patient who was complaining of a pain in her stomach. This patient was taken to India for treatment. She said, “I challenge anybody to say that this girl does not have a physical problem.” She stated she was crying from pain and became hysterical to the point of fainting. This student had a problem with boys. She complained that boys would not associate with when they got to know her.

The other common complaints that brought students to the clinic were tightness in the chest and sleeplessness. The senior physician told me that once she had a female
student who came to the clinic with symptoms of insomnia and tightness in the chest. This female student showed the physician the bruises on her shoulder inflicted by her family. This student was in love with a male student whose religious sect was different. She stated that her family had learned about their daughter’s relationship through a “resident supervisor.” The physician stated that students sought help from the medical system because as she said, “The physical complaints got family sympathy, but being in love or in emotional distress was not behavior the family could accept.” Family problems were also a reason that brought students to the student clinic. The physician told me about a female student whose parents’ relationship was going through a crisis, which was affecting her emotionally. She expressed the emotional pain in physical complaints. Her complaint was shortness of breath and headaches. Once the relationship between her parents improved, the symptoms disappeared.

Poverty was also reason that brought students to the clinic. The physician said, “Some female students came with complaints of pain in the stomach. It turned out to be that students who were ashamed of their poverty.” She continued, “Those students were feeling inadequate because they could not dress like other female students.” I asked the physician if she encountered male students who manifested distress in physical form. She said in the affirmative. The physician noted that a male student came to the clinic with a complaint that he had pain in his head. She said, “He was crying,” because he was in a distressful economic situation. His father was a doorkeeper and the family monthly income was 100 Rial, which is equal to about 290 dollars. There were 10 members in his
family. The physician stated this student could not go home because he could not afford to pay the bus fee.

The economic factor was repeatedly mentioned. Male and female students and some staff at Student Affairs noted that economic factors contributed significantly to students’ emotional distress. Students invariably listed money as a source of pressure. A male student stated, “Our major is demanding because we need to buy materials that we cannot afford.” The Dean of Student Affairs associated social problems that students experienced to limited income and a big family. Social workers at the psychiatrist department told me that they encountered some cases, which were products of life and circumstantial pressure. One of the social workers encountered a case in which the whole family from the mother to the daughter were about to conduct immoral acts because of their economic pressure. Some social workers stated that they could not change the system to ensure social security for these people. The university created a partial hiring program where a number of students had a chance to do some work and earn some money. In addition, the Dean of Student Affairs mentioned that there was a credit fund to help students who were struggling financially. However, these resources do not provide financial support for all needs.

While I was waiting to see one of the physicians in the FAMCO a female patient, Nabeela was sitting next to me waiting for her appointment. We began to chat and she told me that she was experiencing pain or tightness in her chest. We did not continue our conversation because I left for my appointment. I later saw Nabeela at the psychiatric department and we continued our conversation. Nabeela, in her twenties, she told me that
she had graduated from SQU last year. She was referred to the psychiatric department by FAMCO. She told me she was experiencing sadness and had little motivation to do anything. She stated that her father was always traveling and she needed to talk to someone. I asked if she had friends could talk to. Her friends perceived her as a problem solver and always sought her help. Therefore, she could not share her feelings with them. Nabeela went to the medical care system because it was the only way to be referred to the psychiatric department. I asked what she expected to get from the psychiatric department. She said, “I come today because I cannot endure the pain any more. I want only to talk and get things off my chest.” She followed by clarifying that she might not have a serious thing and might not need to be seen by a psychiatrist but by a counselor. We did not continue our conversation because she was called for her appointment.

Psychiatric Department

In the last two weeks of my fieldwork, I decided to relocate to the psychiatric department. My intention was to see to what extent people integrated mental health modes into their healing systems. Some students believed that they consider psychiatric service for severe problems. Other students totally rejected the idea of seeking help from psychiatric service for fear they would be labeled by others as crazy. My dilemma was how to distinguish between student patients and patients coming from the outside, since the psychiatric department provides services for the public, too. I was more interested in focusing on the perspectives of the student population. Nonetheless, I decided to interact with whomever allowed me to do so. I began my first day in the psychiatric department by learning in general about people’s perceptions towards mental health services.
I was struck with the crowdedness of the waiting area, particularly in the morning periods at the clinic. I observed the same scene almost every day in which I was at the psychiatric department. In the morning period, starting from 8:00 am, the waiting area was crowded. After 2:30 pm the clinic was relatively empty. I asked the staff who was in charge of organizing the departmental work for the morning period. He said that they did not assign exact fixed appointments because they do not know how much time each patient will take with a psychiatrist. Several participants with whom I had conversations complained that they were waiting too long to see a psychiatrist.

A theme that I repeatedly heard the psychiatric help seekers refer to was their dissatisfaction with mingling with children with disabilities. They pointed out that having mingling “normal people” as they identified themselves with these children stigmatized them as a “mentally ill.” There was no designated place for children to wait. The waiting area was used by all patients regardless of their age. One of my participants commented, “Seeing those children with uncommon features and making peculiar movements with their hands made me feel as if I was crazy.” Another help-seeker indicated that he stopped going to a public psychiatric hospital, located outside of the university because patients were acting strangely and trying to touch him. He continued, he decided, to come to the psychiatric department at SQU because it is different. He said, “It is located at SQU and there are no crazy people.” Nonetheless, he was disappointed when he saw children with disabilities.

I had the opportunity to interact with psychiatric social workers and psychology specialists. Some of them were responsible for doing social assessment, counseling, and
administering intellectual tests as well as other tests on children. A social worker indicated that a person comes to a psychiatrist after trying many sources of help, such as a traditional healer, *mu‘alm*. Most of those with whom I had conversations, particularly psychiatric patients, indicated that prior to their decisions to come to the psychiatric department they had sought help from a *mu‘alm*. Female and male students, as well as female social workers, regarded a *mu‘alm* who deal with magic and jinni are forbidden, *harām*, to seek help from. They stated it is charlatanism, *dajl*, if traditional healers do not deal with the Quran. They said, “Quran is serenity for a heart.” They continued, saying, some parents who are not educated seek help from traditional healers even if they do not deal with the Quran.”

Once when I was conversing in the waiting room with one of the female staff, a man in his twenties interrupted us. His sister, who was a psychiatric patient waiting for her appointment, was lying on the floor. He was somewhat embarrassed because the waiting area contained males too. He asked if she could stay in a closed place, such as an office. The stuff suggested that I take her to my office. The girl’s face was familiar to me. Her mother and brother asked me if I know her since she got her degree from SQU. I dealt with her when I was working as a social worker assessing students who needed financial support. The mother and brother thought I was one of the psychiatric staff. I clarified that I was here as a researcher interested in learning about Omani suffering and their views about help services. I asked the family if they are interested in being part of my study; they agreed. The mother narrated her daughter’s sickness from the beginning. She stated that it started when her daughter, Nihad, was in medical college. She stated
that it was the time of exams and she did not sleep for several days. The mother stated that Nihad started telling her friends in the residence hall that she was seeing people around her; however, there was nobody. She was taken to the emergency room where she was treated by a physician.

Nihad’s brother and mother asked me if I knew anything about this physician. They stated they had asked about the physician but she was no longer in the FAMCO. “Why?” I asked. They stated that Nihad benefited from this physician and felt better. After she was treated by this physician Nihad did not have the same sickness for a long time. Her mother stated that her daughter was a bright student. She was in a medical college and she changed to the education college after she became sick. They continued that Nihad graduated with an education major and worked in school for several years. She got married and has a child. However, after she became sick she was divorced and she living with her mother. Her mother stated, “my daughter was intelligent and put great effort in teaching.” She continued saying that people envied her daughter because she was intelligent.

The mother was complaining, calling me my daughter, binti. She said, “I am responsible for the whole house and Nihad needs care too.” I responded by calling her aunt, khāla, to create ease in the conversation. The mother was talking in a desperate tone. She said, “I want my daughter to be admitted and cured.” Then they left my office to see a physiatrist. Her brother came again to my office and looked somewhat bewildered. I asked him what happened. He stated that the psychiatrist told them that her illness was like a cancer, șartān. The psychiatrist told him that they would do what they
were supposed to do. “What does that mean?” He asked me. I told him to ask the psychiatrist for more information. He asked me if I could go and ask the psychiatrist about her illness. Since my position was conducting research, I encouraged him to go immediately and ask the same psychiatrist for more clarification about his sister’s diagnosis. He came back and told me that she had, *infsām wiijdāni*, translated to sentimental schizophrenia. He continued, “Oh, God, help her!” I asked him what *infsām wiijdāni* means; he did not know. All he said, “It is certainly something huge.”

One of participants that I encountered at the psychiatric department who showed interest to participate in this study was a girl in her twenties. Salma had a session with a social worker for counseling. She agreed to have a short conversation with me. She indicated that three months ago she slept less, had a change in her appetite, felt tired, and isolated herself. She told her family that she had a *qura* meaning she was hit by jinni, and asked them to take her to a traditional healer. Her symptoms started when she failed to obtain a high grade in high school. She stated she did not have a chance to enroll at SQU and stayed at home. She indicated that she changed and became nervous. She said, “Most of the time I scream and shout. Once, my brother beat me to stop my screaming.” She complained that her family could not understand, “I am a sick person,” and that she had a psychological problem, *mushkila nafsaniyya*.

Female and male students, physicians, and psychiatric social workers pointed out that some families regard emotional complaints as a self-pampering, *dal’.* The psychiatric social worker indicted that some families respond towards emotion in a mocking voice, “What are those feelings?” He stated that once he had a case where he described it as
“attention seeking.” He stated that the patient had an appointment and did not show up. He said, “The mother did not bring her daughter because she perceived her daughter’s behavior as a self-pampering. She thought that her daughter could change by herself.” He continued, “The girl was brought when she had tried to harm herself.”

Noura was a psychiatric patient who agreed to be part of study. She indicated that people around her do not believe or understand her emotional problem. She was approximately twenty-three. She stated that this was her fourth visit to the psychiatric department. Three years ago she felt a tremor, rajfa, in her body. She feared sleeping alone in her room and had nightmares. She isolated herself and was crying without reason as well as screaming. She could not tolerate her child screaming, or listening to the Quran. She said, “Everything was beautiful when I was a student. Now I am a married woman.” She was satisfied with the treatment because as she said, “They cared about me.” She stated that she was asked questions about her situation by medical students and a psychiatrist. She said, “Now I am happy. Feelings of sadness decreased from three to two times per week.”

Some students perceive problems as “thinking too much about the issue and exaggerating the problem.” One case in the psychiatric department illustrated the notion of thinking too much as the cause of a problem. Last year Marwa became sick as she stated. The onset of her symptoms was in her high school. She told me that she was concerned about getting a high grade and became nervous. She said, “I started to shout to my sisters and brothers without reason.” She continued stating that she isolated herself
and did not talk to anybody. She relied on herself. I asked, “How?” She stated, “I read the Quran and prayed to forget this illness.”

She studied hard and got a high grade that qualified her to major in nursing. In her first year in her major, she experienced the same symptoms. She stated, “I was feeling tired and felt something in my heart.” She continued stating that she could not concentrate and was feeling uneasy when she had exams. She also stated that she was spending a lot of time thinking about her problem and this made her situation worse. She stated that her family thought it was hasd and they took her to a religious person, shaykh, to read the Quran over her. When her symptoms did not disappear, she was taken to the psychiatric hospital. She told me at the beginning of her illness she did not think it was hasd. When experienced suddenly the same symptoms, she thought it might be envy. She stated that she was feeling tired, sad, and not motivated. Her aunt, who is a nurse, brought her to the psychiatric department at SQU. She indicated that after she was admitted to the ward in the psychiatric department she felt better. She engaged in several activities that were part of her treatment.

I noted in my conversations and interviews that some participants were unable to comprehend that somatic complaint might have psychological roots. I had a chance to conduct a lengthy interview with Alya at the psychiatric department. She expressed that she was hesitant to seek help from psychiatrists. She said, “I was between life and death I had headaches and I could not swallow.” She stated that physicians ran several different tests and they found nothing. They suggested she see a psychiatrist. She said, “I told them that it is inconceivable that I have psychological problems; I have a good life.” She
continued, “You know about psychological things; do you believe that I have something wrong psychologically.” She carried on, “I know that psychological illnesses manifest themselves in depression, and tightness in the chest; they cannot appear in physical symptoms.”

She continued to ask me if her illness was a form of psychological distress. This was a kind of a challenge to me because she was waiting for a response to confirm her physical explanation of her symptoms. Her voice carried somewhat of a disbelief in linking her physical symptoms to psychological idioms. I was unable to confirm her physical explanation, but I explained my role as a researcher without affecting the rapport between us. I told her I was hearing her pain and the psychiatrist was the one who would be more able to tell her about her concern.

Alya indicated that she experienced rajfa and laziness. The first time she had a rajfa was when she was in a consolation, ‘aza, gathering. She stated, “I had times where I could not get out of my bed and could not see my child.” Then she focused on her physical pain. He pain always started, as she pointed with her finger, from the bottom to the top. She indicated that the pain went from her stomach to her throat. She stated that she struggled with these symptoms for almost three months. She went to many hospitals and used traditional methods of healing. Medical students I interviewed criticized the burden that somatic patients put on the medical system. They stated that they encountered many patients who came with physical symptoms which turned out to be an expression of a psychological state.
One of the traditional ways that Alya sought to cure her illness was branding, *kay*. She was branded on the part of her body in which she had a pain. She showed me the *kay* on her stomach. She stated that after the burning, she felt better, but she began to have pain in her stomach again. She indicated that when she had the pain she thought about death. She said in a sarcastic way, “The doctor asked me to ignore the pain. How can I ignore the pain when I can feel it inside me. I cannot ignore that I have a sickness.” She told me that she was going to see a psychiatrist whose name seemed to be foreign. She was worry and fearful that the psychiatrist might not understand her. She asked me to go with her as an interpreter. She put it, “if you come with me that may help your research.” I explained that my role was to learn from her about the Omani experience of seeking help regarding their pain. Nevertheless, I told her that the psychiatrists would find way to understand and communicate with her if there was any difficulty about the language. I was trying to minimize my interference in the psychiatrists’ work.

The nurse came to take her blood pressure and weight screening. After she finished the screening, we continued our conversation. I asked what she expected to get from the psychiatric department. She stated, “I want to get rid of the pain that occupies my body.” She stated that if she did not get any benefit from the psychiatric department, she would go to see an Omani woman whose name was Safiya. She said, “You have heard about this woman.” She assumed that I had heard about this woman, and she was right. The story of this woman’s ability to cure physical and psychological problems prevailed in Oman at the time I was conducting my research. I searched for more information about Safiya’s abilities and Omani perceptions regarding this source of help.
I heard some people were aspiring to have a chance to get some of her potion. I heard from people, both educated and uneducated, about Safiya’s potion. Many people from across Oman from the north and to the south came to secure potion that they believed would relieve physical and psychological ailments. People drove from long distances and were willing to wait for a long time to get the potion.

Safiya lives in Sharqiya, approximately three hours driving from Muscat. I could not explore the phenomenon directly from Safiya’s mouth. However, I searched for any information that was written about her. In an interview with Omani newspaper, Safiya described the potion as a plant. She said the gift was not originally intended for her. The plant first appeared in her friend’s dream who was suffering from some kind of cancer. Her friend had just returned from a pilgrimage, *haj*, when a divine figure appeared in her dream and asked her to look out for a tree that was growing in her backyard. She found the tree and made the potion and drank it and she was cured. The news of the plant spread. The same divine figure asked Safiya’s friend to transfer her vision and gift to someone else. This person was Safiya. She did not charge for it because it would lose its healing power (Joshi, 2003).

I sensed in the voices of help seekers at a psychiatric department feelings of ambiguity and powerlessness in understanding the sudden changes in their behaviors and feelings. Maha indicated that she could not understand why she had feelings of hatred towards her siblings. She said, “It was unbelievable that I felt that I hated my brothers.” Six months ago Maha started to have tightness in the chest and isolated herself. Her sleeping and appetite changed, and she began to have thoughts such as, “Why should I
live?” She followed, saying, “Forgive me, God.” She stated that she did not know why she had these thoughts. For her it was strange what she was going through. She stated that the first explanation was that it was envy and her family took her to a traditional healer. She stated that her brother, who was a dentist, suggested that she might have depression. He brought her to Muscat to see a psychiatrist. She stated that she was disappointed with the length of time that it took until she found an explanation to what she was experiencing. Nonetheless, she told me that people think a person who has a psychological problem means that they are crazy. She stated, “This would attach to persons even if they got married.”

Lack of information about emotional problems and negative perceptions towards the psychiatric system inhibits some people from seeking help for mental health. Samya was one of female students that I recruited through a snowballing technique. Samya was referred by one of my interviewees. This student told me that she encouraged Samya to seek a formal source of help. I had a lengthy conversation with Samya in my office at the Student Affairs Deanship. A sophomore in education college, Samya was wearing an ‘abaya and she darkened her eyebrows and eyelashes with eyeliner.

Samya was feeling helpless about her compulsive behavior. She started pulling her eyebrows and eyelashes when she was in high school. She said for three years she had tried to stop her compulsive behavior of pulling her eyebrows and eyelashes, but she could not. Her family thinks it is kind of voluntary behavior. She stated that they deem that she can stop if she wants. She said, “I cannot.” Samya indicated that with and without feeling of pressure, she pulls her eyebrows and eyelashes. She stated that she
feels satisfied if she feels pain, *alm*. However, she stated that she realizes that she is doing a “wrong thing,” and, thus, sometimes she stops in the middle of the act. Then she said, “I do not like half things, so I start cleaning them completely.” She stated that she gets different pain from different types of pulling. Sometimes she waits for her eyebrows and eyelashes to grow to pull them and other times she pulls them when they are small to get a different feeling of pain. She stated that she does not pull her hair in front of her parents, but she does it in front of her younger sister. She was also cautious of not pulling her eyebrows and eyelashes in front of strange students.

There are times where she has resisted her compulsive behavior for periods of times. She said, “My family thinks if I can resist it for periods of times that means I can stop behavior completely and permanently.” She continued that part of her decision to go to FAMCO was a result of feeling helpless and feeling that her situation was getting worse. She was referred to the psychiatric department. In the first interview, she told me that she went to the psychiatric department and gave them the referral letter. However, she told me that they had lost her referral letter. In the second interview, I encouraged her to see someone in the psychiatric department. She stated that she did not want to see a psychiatrist because her family would not approve. She also feared of being stigmatized as crazy, and, thus, it might affect her chance for marriage as she stated. I felt that the only way I could help was by directing her to express her talents. She talked about her writing talent and she would like to explore this area. There is a section at the Student Affairs Deanship that helps students to develop their writing talents. I encouraged and directed her to contact a person who is responsible for that.
In the psychiatric department, I met Kareem. A male in his early twenties Kareem came to the psychiatric department because he had fainted while he was working. He stated that two years ago he had also fainted and done nothing about it. For two years he did not faint until recently. When he fainted, he was taken to medical health care and had a physical checkup. No physical illness was found with him. He was referred by a hospital to the psychiatric department. He decided to seek psychiatric help for the purpose of “buying a peaceful mind.” He stated, “People perceive psychiatric hospitals as a place for the crazy and mentally ill.” Two of his friends discouraged him from going to the psychiatric department. He stated that his mother thought he was envied, mahsūd, and she took him to see a traditional healer. Kareem defended the healer. He stated he was not a charlatan, dajal, because he did not charge people. The healer gave him water to drink. He explained that this water was a curative because the healer read some verses of the Quran. Then Kareem asked me if I saw the man who was sitting beside him in the waiting area. Kareem explained to me that this man was mahsūd. I asked why he thought it was hasd. He stated that this person fainted on the first night of a religious holiday (‘Īd al-Fitr). He stated, “People usually are happy and excited on this night.”

Then Kareem changed the issue to focus on his problem. His voice reflected a hope that his problem would be a physical. He told me that he suspected that he might have a physical illness. He confirmed this when he pointed to his chest and said, “See, I have pain here.” He emphasized he might have a problem in his heart and because of that he had shortness in his breath. Than he showed me the card on which the psychiatrist prescribed some physical tests, specifically cardiac. Kareem briefly mentioned in the
course of our conversation that he experienced the same symptoms when he had to make a presentation in his college years. He stated, “I did not feel comfortable when I had to make a presentation.” He did not go into detail on this issue. He was expecting that he would find a physical explanation for what he experienced. As he said, “They may find something wrong with my heart.”

Use of a Traditional Healer

All my participants in the psychiatric clinic identified the first source of help they sought to be a traditional healer. Some of them decided to go by themselves, but for others it was a family decision. I decided to explore the phenomenon from a traditional healer’s perspective. Therefore, I searched for a distinguished traditional healer who lived in the capital, Muscat. I was encouraged to see the mu’lam, Saber. He is a 38 year-old male who lives in a villa with two floors. The mu’lam took me and my nephew to the reception room in his house that has an external entrance and exit. The mu’lam sat in the corner of the room with a shelf of books behind him. There was also frankincense and a small desk that he used to write. Before exploring his thought regarding his participation in my research, I asked him about my future. He wanted to know my mother’s name and then he drew out 12 boxes. He put 12 horoscopes in these boxes. Then he told me my fortune.

Later on I explained to him that I was a student interested in understanding his science, ‘lm. I asked him if he could be my teacher and help me to learn about his ‘lm. He was excited, even though he said, “You people do not believe in the effectiveness of our treatment.” He continued explaining that he dealt with two types of ‘lm: stars, alnajûm
and divination, *aljfr*. He stated that he studied the science of *alnajām* for eleven and a half years. In treating the cases that are caused by magic spells and jinni, he used verses from the Quran and magic spells. His cell phone was constantly ringing while we were talking. He answered some and skipped others. I heard people telling him about their problems. Callers were asking when they could see him. I was fortunate that he agreed to schedule some time for me.

The *mu’lam*’s vision is that psychiatrists and psychologists cannot treat everything. He was vexed when he said, “Psychological doctors do not think there are illnesses that occur because of magic spells. They think they are a product of our imagination.” He criticized treatment that was prescribed by a psychiatrist. He stated, “Medication takes over people’s minds.” He stated some patients sought help from him based on psychiatrists’ recommendations. He said many cases were referred to him because a physician could not find a medical explanation. He shared some of these cases with me: “a young girl in whose head he found a pin.” He stated that he told her parents to take her to the hospital for X-rays. The pin appeared in the X-rays. She was brought again to the *mu’lam* to get the pin out. He told me that for an entire night he was reading verses from the Quran over her. Also, he treated a male who had long hair continually growing out of his fingers. He said, “This person’s behavior was not normal because he was shouting and screaming to his parents.” He treated him as well.

Two diagnostic categories that I noted the *mu’lam* always put his cases into were: magic spells and *hasd*. He declared, “*Hasd* is a prevailing phenomenon in Oman.” It was his perception that *hasd* was the cause of mental illness and tightness or pain in the chest.
He told me that women sought his help for issues concerning marriage, love, and guarding or maintaining a husband’s love. Males, as he stated, sought help for better work, success in business, and love issues. He also had cases related to strange behaviors that resulted from jinni or magic spells. I was asked by my friend to consult him regarding one of her relatives. He sometimes became violent. He screamed and fought with the family. He did not have a clear goal that other youth his age had. He was suspicious about people and had almost no friends. The mu‘lam recommended a treatment that consists of frying the heart of rabbit and a cup of water over which some verses from the Quran should be read. He stated that the treatment should be taken for 11 days. He stated that after the 11th day, this person would be fine.

I asked the mu‘lam if I could see some of his patients. He agreed, and we scheduled a day for the trip. He asked me to come the next day to visit his patients. He drove for approximately 45 minutes until we reached the patient’s house. The place was located close to the coast. I said aloud, but to myself, about the possibility of taping. I was surprised when he responded that I could tape. I voiced the fact that I needed to ask the family’s permission. He said powerfully, “If I say Ok, that means they agree with what I say.” I was not certain if that was a power he had or a display of appreciation from those people for his work. Nonetheless, I did not feel it was right to tape without getting their permission. I decided not to tape without permission.

He knocked on the door. A woman in her forties opened the door. She was wearing a traditional Omani dress, consisting of a long dress and pants. We shook hands, and she invited us to come in. She had not known that we would visit because she
appeared to be surprised; nonetheless, she welcomed us. She called her husband, who seemed to be about in his fifties. Her husband greeted the mu’lam, and said, “We have not seen you for a long time.” The mu’lam introduced me as a student studying in the U.S.A. who wanted to know about the people whom he treated. At the beginning, they appeared somewhat reserved with me. The mu’lam told them that I would ask some questions. They responded, “Whatever you say.” I felt that I was put in an awkward position. The mu’lam expected that I would begin asking questions immediately. I did not ask any specific questions or ask permission to tape. Yet, I spent some time chatting with the parents. They brought coffee with fruit and dates. I felt the tension ease a little bit.

The mother told me that one day her son, Saad, who was 18 years old, came home from the beach telling her that he was seeing people’s faces and hearing voices. She stated that this was strange because nobody was in the room. His behavior changed and he became violent and was screaming to his parents. He damaged doorknobs and the cooking stove. She took me to the kitchen to show me the damage. She described that her son sometimes screamed that there were people trying to hurt him. “We did not see anything,” she said. They sought help from different healers but they did not get any benefit as she stated. Then they were advised to seek help from a psychiatric hospital. She stated that her son was given an injection. As a result, his situation deteriorated, and he was almost in a coma. They transferred him to the hospital to treat the consequences of the injection. She stated that they decided to take him out of the hospital. She said, “After that we brought him home and he was like a newborn baby who could not speak, eat, or go to the bathroom.”
They heard about *mu‘lam*, Saber, and they contacted him. He started the treatment from the first day. First, he read some verses of the Quran over the son and stated that someone had worked an evil on him, ‘aml. For almost forty days, he had come over to read over Saad. She stated that after forty days Saad became normal and that ended almost a year of suffering. I asked her to elaborate on this. She stated that he stopped seeing or hearing voices and shouting and screaming in front of his parents’ face. He became calm, and continued his education. She told me that they could not rest because another son was hit by the same ‘aml. The other son also manifested the same symptoms that his brother had experienced but they did not last for a long time. However, the change in his behavior was drastic. She said, “This time we did not go to the hospital but we called the *mu‘lam*, Saber.” She said, “We will never forget his kindness.” She stated that the *mu‘lam* was always there whenever Saad’s situation regressed. The mother gazed at the *mu‘lam* and in gratefulness her voice was saying, “We will never forget that you sometimes took a taxi to rush to us.”

There was a lawsuit against Saad because in the course of his illness he smashed an automated cash machine. The mother asked the *mu‘lam* to make a spell so the charge would be dropped. She brought a psychiatric report. The *mu‘lam* asked me to read the report. The report was written in English. It stated that Saad was diagnosed with a schizophrenic disorder. It explained that Saad had hallucinations and delusions so he was not responsible for his acts. The mother told me that they would use this report in the hearing session in the court. She asked me if that would be enough to waive the fine of
breaking the machine. I told her that the report was written in a strong way and it could help.

The mother told the *mu‘lam* Saber that her neighbors wanted to know the name of the person who treated her sons. She stated that they wanted to seek the *mu‘lam’s* help. His response was “You had better not say.” I was rather surprised at his response. After we got out the house, I asked the *mu‘lam* for the reason for refusing to give his name to other people. He said, “People who live in this area are indigents,” and most cases are caused by magic spells. Magic spells need a lot of work to annul. People cannot afford to pay the cost of the treatment. However, he stated that his fee fluctuated based on people’s economic status. His fee goes up if a person’s economic status is high, and with a person from low economic status, the *mu‘lam* accepts whatever is offered.

We visited another house which was a 25 minute drive from the first house. The *mu‘lam* knocked on the door. A woman in her late fifties opened the door and greeted the *mu‘lam*. The woman was a traditional Omani woman. He asked the woman if there was a male in the house. She said, “No.” Then he asked her to take me inside, and he would wait outside the house. She said, “You are like a father and brother, just come in please.” He introduced me with the same introduction he used in the first house. I felt like I was treated with welcome and respect because I was accompanied by the *mu‘lam*. The woman said, “All the grace is for God and the *mu‘lam*.” She said, “Anyone who comes from the *mu‘lam*’s side is like one of us and from us.” I found a considerable appreciation for the *mu‘lam* and I was amazed. Before she started talking about her daughter, Nadia’s, and son’s illness she brought fruit and coffee.
We sat in the room, which had two entrances: one through the house and the other one from the outside. One of her other daughters sat with us. After we finished eating, she started to tell me about the illness of her children. She stated that Nadia was in the high school when she had the first convulsion, tashnuj. When she had tashnuj, Nadia was barely able to speak and she was constantly crying day and night. Her teachers in high school stated that these were just “teenager symptoms.” They sought help from several traditional healers but she was not cured. They decided to take her to a psychiatric hospital. She was diagnosed with schizophrenia. She said, “We were tired because no one succeeded in curing her.” She did not benefit from the psychiatric hospital and her situation became worse. She stated that at the time they were busy with Nadia’s illness her son was hit by the same thing. I asked what happened to her son. She stated that her son’s behavior suddenly changed to become violent. She stated that Ahmed started screaming and breaking doorknobs in the house. She said, “My children were hit by envy.” They heard about the mu’lam, Saber, and sought his help. The mother stated, “I saw by my own eyes how the mu’lam read over Nadia and got a thorn out of her tongue.” She continued stating that her daughter and son were cured by reading verses of the Quran and using talismans.

Since then, practically four years, Nadia has not experienced any type of symptoms. She got married and had a son. She said, “All that happened to us because of envy.” After Ahmed and Nadia became well they detested the mu’lam. The mother said, “Certainly because he freed them from the magic spell.” The mother said, “I do not do anything without the mu’lam’s consultation.” During our conversations, Nadia came in.
She was in her early twenties. She was crying when she entered the room. She shook the *mu’lam’s* hand and kissed his head. The mother was surprised and she said, “Nadia hates hearing or seeing the *mu’lam.*” She did not comprehend why Nadia had come in. Nadia did not sit. She stayed standing up with her head on the *mu’lam’s* shoulder. For almost 20 minutes, she was crying and clinging to the *mu’lam’s* neck. She was murmuring, and I could not understand what she was saying. The mother told me that she was asking the *mu’lam* for forgiveness.

Suddenly there was a knock on the door. Nadia’s sister wanted to open the door. Her mother asked her to ignore the knocking. The mother said, “Probably this is my son.” She explained that Nadia’s brother would not like the scene of his sister clinging to the *mu’lam* neck or that they were dealing with the *mu’lam*. He would see this as a sin. The mother did not perceive the *mu’lam* as a strange man. As the mother said, “the *mu’lam* is one of us.” I noted that the *mu’lam* was calling the mother the *umi* (mother) and Nadia the *binti* (daughter). He whispered some words from the Quran over Nadia. The *mu’lam* was also holding Nadia’s hand and kissing her head. He was saying words like “I am not mad at you” and he was also asking, “How is your eating and why is your hair thin?” His words reflected attention and love similar to a father comforting a little child.

Nadia was crying severely and her body was shaking. Her mother signaled to me to focus on Nadia’s shaking. The mother added, “It is not normal. It was like someone made her occult work” She asked the *mu’lam* to read over her. Her sister told me that since Nadia’s husband left for trip she has been in this situation. At that moment Nadia’s father came in and shook the *mu’lam’s* hand. The daughter did not stop crying. She was
crying and holding the *mu‘lam* our entire visit. In order to detach himself and to leave
*mu‘lam* said, “I will come after two days.” When we left, I asked him what she had. He
stated that Nadia did not have anything related to magic spells or envy. He stated that she
was missing her husband. I noted that *mu‘lam* did not ask thorough or clarifying
questions. All he did was read verses from the Quran over Nadia. It appeared to me that
reading verses from the Quran served as a function of diagnosis and treatment.

Those two families told me that their house and their hearts would always be open
for the *mu‘lam.* He said, “I know I am clever, *shaţar,* but that does not make me ignorant.
What makes me successful is being humble.” He stated that he goes to people, eats, and
sits with them. He said, “I want you to remember two things: do not bite the hand that
taught you. Do not hurt and forget your family.” He told me that when he heard his
teacher was dying he immediately left Oman to go to Pakistan. He stated that he was
honored to perform the ritual of washing his teacher’s body and wrapped him in the
special shroud.
Summary

The themes in this section illustrated different coping strategies and sources of help that participants identified. There are several cultural and contextual factors that play a role in selecting a source of help. One contextual factor is the nature of the problem. Students whose problems are related to academic issues seek help from counseling. A factor that influences students’ decisions to seek help from counseling is the requirement element. Students who are on academic probation are “told to go to the CGC.” Previous experience, satisfaction, and familiarity with counseling also influence students “not to hesitate to seek them again.”

Religion is an “extremely important” cultural factor that influences the decision to select a specific source of help. Since the Omani culture promotes adhering to religious values, undesirable behavior is defined within the religious domain. In this case, students seek help from a clergy figure for suffering related to fiqh dilemmas. Also, students regard hardships they encounter in their life as ibtilā min Allāh. Students indicated that they rely on reading the Quran and praying to endure the pain and sooth their emotional problems.

Another cultural factor that influences the decision in selecting a specific source of help is the prominence of supernatural belief among people. Envy and magic spells are the cause to “change a person’s behavior drastically and vehemently.” In this case, students regard “a traditional healer who deals only with the Quran” as the best way to deal with undesirable behavior.
Another contextual factor is the familiarity and acceptance of the source of help. Students expressed their problems, these “first year syndromes,” in somatic terms, and, thus they sought help from the Student Clinic and FAMCO. Culturally, a physical complaint is a legitimate condition from which to receive empathy, and mental health is a new phenomenon in Oman. The nature and the severity of aberrant behavior led students to make decisions on the “spur of the moment” to seek help from mental health services. However, some participants were discouraged from seeking help from a psychiatric service because the negative stigma “would attach to persons even if they got married.” Failure of a traditional treatment to cure a person influences the decision to seek help from a psychiatric service, and psychiatric failure to “get rid of the pain” of the person influences the decision to re-seek a traditional treatment.
CHAPTER FIVE

Discussion and Recommendations

This research was an attempt to study and understand the help-seeking behavior among Omani people, specifically students at Sultan Qaboos University (SQU). Research on the entire help-seeking process within Arab culture, and most specifically within Omani culture, is almost nonexistent (Ibrahim & Ibrahim, 1993). This study contributes to an understanding of the help-seeking process in Arab cultures in general and Oman specifically. The discourses and narratives in this study illuminate contextual and cultural factors that facilitated or hindered the seeking and utilization of different sources of help by the participants. This study also contributes to the establishment of a culture of research in Oman.

The main focus of this research was the exploration of four broad questions. 1) How do students recognize a problem or issue? 2) How do students define the problem? 3) How do students make the decision regarding seeking help? 4) What source of help do students choose?

In the process of analyzing the data, I found these steps were interrelated. Therefore, the four steps, including the recognition of a problem, the definition of a problem, the decision to seek help, and the selection of source of help, were placed into two categories. The steps of recognizing a problem and defining the problem were combined, and the steps of deciding to select help and selecting the source of help were combined.
Recognition and Definition of a Problem

Students’ responses to this area emerged from the following questions. 1) Describe your experience at SQU. 2) What types of struggles have you experienced? In analyzing the observations and participant responses as well as their extended narratives I found almost all students experienced cultural shock, ʿadma thaqāfiyya, by attending the university. The participants experienced multiple challenges impacting their psychological adjustment. These challenges were usually related to the novelty of academic life and the coeducational environment of SQU. Both female and male students, particularly freshmen, described the SQU culture as “new world,” “strange,” “overwhelming,” and “disorganized.”

The Novelty of Academic Life

The first aspect of this challenge can be related to the academic factor. SQU is a huge leap for students given the incongruency between high school and university life. The major components of this incongruency are inadequacy in English, unfamiliarity with the SQU culture, and new ways of learning. Therefore, students, and more specifically freshmen at SQU, may be at greater risk for experiencing psychological distress. Female students added that they felt psychological pressure because they needed to familiarize themselves with the way of teaching, to use different ways of learning, and to learn how to deal with their instructors. Another student, Mohammed, considered his first two weeks to be the most difficult of his life. One of his friends delayed entry for a semester and another left the university.
That Omani students experience difficulty in adjusting as freshmen is not unique to the culture. As Hirsch (2001) indicated, the personal and academic transition to college is difficult for anybody. Tasks such as learning new academic skills and dealing with physical separation from one’s family are problematic for the adolescent who is in the transition from high school to college.

Another source of distress in regard to academics that is frequently cited by students is making an oral presentation. A freshmen male student indicated that he felt tightness in his chest when he made a presentation. A physician at the student clinic noted that oral presentations are one of the primary reasons for students coming to the clinic. This coincides with findings of studies that surveyed college students’ needs in the U.S. Studies reported that students need assistance with learning skills to overcome presentation anxiety (Bishop, Bauer & Becker, 1998; Gallagher, Golin & Kelleher, 1992). Two aspects explain, in part, students’ concerns regarding making presentations. The first aspect is that they lack presentation skills. Another aspect that students referred to was concern with the heterogeneous environment. Some female students stated that were shocked when they learned that they had to make a presentation, but became further distressed when they discovered they had to present in front of males.

*Expectations are Challenged*

The second aspect of students’ challenges encompasses influential interconnected factors related to students’ stereotypic expectations, their families, and the reality they experience at SQU. Students who are admitted to SQU are those who have obtained the highest grades in their high schools. Those students are expected to maintain the same
academic excellence that they had previously experienced. Students experienced distress when they fail to achieve high grades at SQU and struggled to deal with the situation. The degree of difficulty of courses at SQU and lower grades was a source of frustration that made some students doubt their academic competency.

Students’ families also expect that their children will achieve the same academic excellence. Their expectations are based on the students’ previous performance in high school. Since the majority of participants in this study were first generation, parents place a great emphasis on academic achievement, which becomes an essential part of student anxiety about achieving high grades. To please and to live up to parent expectations, in part, add up to student stress regarding academic achievement and the pressure of SQU life. A female participant, Lila, did not tell her family about her second academic probation. She felt pain in her heart because she disappointed her family and let them down.

SQU has high standards for academic achievement. A senior female student described the academic system at SQU as “difficult and demanding.” Students are subjected to continuous pressure even before enrolling. SQU has a highly selective admission policy which places students in a stressful competition. This is obvious in student narratives about repeating a year in high school in order to improve grades to enter SQU. Some students developed maladaptive behavior to deal with these pressures while in high school. In one case, a female student’s strategy for coping with the pressure of achieving high grades in high school was to pull out her eyelashes and eyebrows. During the interview, she was struggling to control her compulsive behavior as she talked
about her feeling of hopelessness. The pressure of high school also affected student self-
esteems as demonstrated in some narratives.

Students’ failure to meet the academic demands of SQU and to live up to their
own expectations, as well as their family expectations, are significant factors contributing
to student psychological distress. Their narratives regarding academic probations
demonstrated that clearly. Students on probation are at high risk for psychological
distress, because the college degree is perceived as a vehicle for higher economic status
and is a symbol of family pride and prestige. Joseph (1994) explained that in the Arab
world the value of family honor is crucial. Family honor implies that one’s sense of
dignity, identity status, and self, as well as public esteem, are closely connected with how
a family is perceived by the community at large. The cultural assumption is that a
student’s actions reflect on the family as a whole. In this sense, failure is not only
distressing psychologically, but also places a student at even greater risk for further
problems, especially if it is accompanied with other concerns such as relationships.
Extreme actions such as suicide at SQU should set off an alarm for these greater risks that
are significantly associated with the academic rigors to which students are subjected.
However, the data does not confirm this correlation even though all the participants
offered the academic factor as a reason.

The Coeducational Culture of SQU

The third influential challenge of the struggle is the uniqueness of Arab cultures,
including that of Oman, which praises separation of the sexes. The social system in Oman
is based on mixing and socializing only with the same gender. However, the
implementation of this aspect of culture varies from one family to another. Even the education system in Oman promotes separation, although it is more flexible in private schools. Students who participated in this study were taught in a segregated environment from elementary to secondary school. Yet, when they enrolled in SQU, they found themselves enrolled in heterogeneous classes.

It appears that the coeducational culture of SQU is a significant factor for the psychological distress of students. Culturally students are not accustomed to interacting with unrelated members of the opposite sex. These opposing views and lifestyles to which students are exposed when they enroll at SQU can be a significant stressor that may place them at risk for developing complex problems as demonstrated in Sana’s case. Sana was depressed and cried during the interview. Sana attributed part of her depression to being in a coeducational culture and worrying about her future, because with her major, commerce and economics, she had no chance to work in a feminine environment. Some students partially blamed their low GPA in their freshmen year on the difficulty of adjusting to the coeducational environment.

The lack of interpersonal skills in interacting with the opposite sex emerged as a significant concern within the coeducational category. Because the value of segregation is embedded in the social structure of Omani society, students lack the experience of interacting with unrelated persons of the opposite sex. This lack threatens students’ self-esteem and their sense of self-competency. Male students voiced this clearly in their narratives and conversations. Some of them showed interest in interacting with female students, but were uncertain of how to go about it and the consequences of this action.
Conflicting values

Students are conflicted about their traditional value system in the coeducational culture of SQU. They are experiencing social changes where traditional values are challenged and new values of coeducation are unclear. Peterson (1970) argues that in such a time, where alternative values increase, comes fear and loss of direction.

An analysis of the data suggests that conflicting values are manifested in two ways. The first type of conflict occurs when students attempt to restrict their interaction and socialization with the opposite sex and the new expectations of coeducational environment where they need to normalize these interactions. This conflict induces a state similar to Seeman’s (1959) concept of meaninglessness in which students expressed uncertainty of what they ought to believe because the standard of clarity for their decision-making was challenged. Some students questioned the moral appropriateness of communicating and having a relationship with students of the opposite sex.

The male students participating in this study also conveyed contradictory values regarding romantic relationships. A new value was male students’ desire to have a romantic relationship with a female student. This value may have been compounded by feelings of loneliness, being away from home and family surveillance, and the coeducational culture. The other value is shaped by the relatively traditional view of a modest woman. Some male students viewed a good female student as one who is not recognized throughout her years at the university. Another male student viewed a female honor to be like a white cloth, if it is polluted even with a small taint, the whole cloth will be tarnished.
The consequence of the conflict in student values regarding the coeducational environment impacts both academic and social life, which along with other factors, could place them at risk for experiencing significant stress and problems adjusting. The impact of academic life presents for some females a difficulty in communicating and interacting with their male advisors and faculty. Furthermore, it limits students’ social interaction as, clearly illustrated by some of the cases in Chapter Four. For example, a male student felt uncomfortable being in an area where there were females, and female students felt guilty about being curious, which challenged the cultural value of shyness. Females and males learn to behave modestly and to restrict their interaction with the opposite sex (Altareb, 1996).

The second type of conflict is related surprisingly to the issue of love relationships. Romantic love relationships were among the greatest concerns that students reported. Within Arab culture, marriage is a family matter and not based on the concept of romantic love. However, even with the change that Arab cultures are undergoing, this view of marriage remains the rule and romantic love is considered an exception (Abudabbeh, 1998).

Female students were reticent to open themselves to this issue; nonetheless, they were generous in recounting other female relationship tragedies. When some female students were directly asked about the effects of coeducational environment on them, they responded that since it was a mixed society, it would be normal for affection to grow between both sexes. Female students did not relate any personal relationship experiences, because in Arab culture, as Abu-Lughod (1986) stated, sexual shame and modesty are
more essential to women than men, and correspondingly, males are less repressed to deny it. As a female student in this study said, if a man loves, that would be pride, but if a woman loves it is ‘ayb.

The fact that some female participants in this study quite consistently reported that there were a good number of female students who experienced relationship problems, it is likely that female students, who struggle with romantic relationship concerns, are vulnerable to devastating distress. First, forming a romantic relationship deviates from the cultural notion of a modest Arab woman who shows no interest in men, makes no attempt to attract them through behavior or dress, and represses any indication of a sexual or romantic attachment (Abu-Lughod, 1986). The second aspect is the possible grieving over a lost relationship. One reason of disappointment in the love relationship occurs as a result of difference in religious sects or tribes as indicated by some participants of this study, because marriage within the same lineage is still highly preferred in Oman (Riphenburg, 1998). This pressure is greater on women in Arab cultures because, as Joseph (1994) explained, Arab women, somewhat more than men, are expected to put others before themselves and to see their interests embedded in those of others, especially family members.

That male students freely shared their personal romantic relationships was surprising. In fact it was easy to access the male point of view regarding the issue of relationships. Several factors did impact data collecting in this regard. The first factor was education, where male students identified me in a professional role. This afforded male participants more flexibility to share their romantic love relationships with me. The
second factor was gender, which facilitated access to the male students’ point of view regarding romantic love relationships. Almost all male students who participated in this study stated straightforwardly that they preferred a female figure with whom to discuss the issue of romantic love relationships. However, the gender factor limited my access to aspects of relationships especially those that deviated from the cultural moral code. For example, in the suicidal and Naji cases, participants found it difficult to freely express the relevant information.

Even with gender playing a role in data collection in issues concerning romantic relationships, almost all male students participating in this study reported that they preferred to see a female counselor for a relationship matter, and a number of them would see a female counselor even for other matters. This finding is somewhat inconsistent with the studies that suggested that an Arab male student prefers a helper from the same sex, and that Arab clients respect male rather than female therapists (Dwairy, 1998a; Soliman, 1992).

Factors Influencing the Recognition of a Problem

Several contextual and cultural factors contribute to explaining, in part, the dynamics of problem recognition within Omani culture, and most specifically for students at SQU. These factors are related to external factors that are consistent with Arab social reality characterized by external control (Dwairy, 1998b). Problems are recognized when associated with expressions of anger and declining academic achievement. Problems were also identified through observations by others or when some social criteria regarding appropriate behavior was violated.
A contextual factor that can capture students’ attention to their own problems is the decline in their academic achievement. Students whose grades declined, and who were then placed on academic probation, reported that they experienced feelings of frustration and loss. This recognition is associated with a change in self-image regarding their academic abilities. Academic probation captured students’ complete attention and their primary concerns were maintaining their status as students at SQU.

Another contextual factor contributing to the recognition of problems is observation by others. Several participants pointed out that people around them contributed to drawing their attention to concerns before they themselves noticed. Recognition of others took two forms: when a problem was confirmed and advice was given to overcome the problem, and when some participants were advised to seek help. This finding concurs with the notion that help-seeking behavior among Arab people is usually associated with outsider referral (Abudabbeh, 1996, Marshall, 1999).

A cultural factor contributing to the recognition of a problem is expression of anger and hatred towards parents. Such actions are seen as abnormal behavior because they are socially and religiously undesirable. Parents’ contentment, ṭidā, entails God’s ṭidā and is a religious and traditional ideology that characterizes children’s interactions with parents. The same idea reiterated in the Prophet Mohammed’s hadith that what pleases one’s parents is also pleasing to God, and what annoys them like-wise annoys God (Abd al-Ali, 1977). In Oman acting aggressively and shouting at others is also considered to be a sign of abnormality. The norm of appropriate conduct in daily life in Oman is characterized by “pervasive civility and tact that marks all social conduct”
Emotional problems were easily recognized when they were associated with hatred and shouting at other people as demonstrated in participant narratives. A mother in one of the families, who was treated by a traditional healer, emphasized shouting and being violent as one aspect that demonstrated that her son’s behavior was abnormal.

The Decision to Seek Help and the Source of Help

The data demonstrated that students experienced psychological distress associated with the challenges of the transition to college and the social changes that students were exposed to at SQU. These multiple challenges were the result of being thrown into a culture of new values in a coeducational environment that required new skills. Soliman (1993) argued that Arab students are exposed to the pressures of culture and expectations which conform to family standards. Because of this, he concluded, they need a support system for this stressful situation.

Despite these struggles in which students in this study reported feelings of distress, frustration, embarrassment, confusion, insomnia, absentmindedness, loneliness, emotional emptiness, grieving over lost romantic relationships, and depression, they did not report that they sought help from mental health services. Mandated referrals, such as when students were placed on academic probation, and the self-referral case of Sana, were exceptions to this rule.

Examination of the data and narratives illuminated several elements that contributed to the decision to seek help and select a source of help. This is consistent with
the view of Greenely and Mullen (1990) that help-seeking behavior is complex and involves several factors.

The first element is that one’s cultural orientation towards emotion in general, and emotional problems in particular, contributes to the dynamics involved in making the decision to seek help. Expressed feelings and emotions, as reflected in participants’ conversations and narratives, are quite often missing in family dynamics. A significant theme emerged from the data in regard to emotional emptiness, the feeling of emptiness is, in part, related to a lack of expressing love within their families. This is consistent with Eickelman’s (1984) observation that women in the oasis of the interior of Oman shy away from open expressions of their feelings. She noted that they did little kissing, and when she asked about the reason, she was told that they might only kiss the hand of their mothers or sisters if they had not seen each other for long time. A cultural aspect is the emphasis that Arab cultures, such as Oman, places on the value of appropriate behavior, so that a person is appraised to be rational ‘āql for a man and ‘āqla for a woman. Abu-Lughod (1986) explained that in the Arab Bedouin society the concept of ‘aql is connected to self-control, where a person controls their needs and passions to maintain the ideals of honor and propriety in social life. In some cases, students were over-conscious about their behavior being appropriate within social and cultural norms.

Another element emerging from the data regarding emotional issues that plays a role in people’s decision to seek help was that some families perceived emotional problems as a kind of dal‘ (self-pampering). Some female participants complained that their feelings did not capture family attention as much as tangible aspects. Since emotion
is equated to the *dal’*, it is likely that some emotional problems may not be perceived as symptomatic because of lack of understating or family attention. A social worker demonstrated this clearly when a family did not bring their daughter to her appointment in the psychiatric department because they assumed that her behavior was kind of *dal’*. However, she was brought when she tried to harm herself. This finding coincides with Dwairy’s (1998) statement regarding Arab tolerance of emotional problems, as long it is not expressed by undue violence, shameful behavior, or uncontrollable over-activity.

The third element emerging from the data regarding emotional issues that plays a role in the decision to seek help was that students focused on struggles, as demonstrated in some cases. Student may give no attention to feelings, considering them to be related to a solvable problem, as demonstrated in academic probation and Naji cases. For example, Lila did not pay attention to her feelings of restlessness and helplessness because her focus was solely academic. This view is consistent with what has been written about Arabs’ tendency to focus on complaints rather than emotions (Diba, 2000 & Dwairy, 1998).

The fourth element emerging from the data suggests that some students repress their emotions. This factor contributes, in part, to explain the decision dynamics of help-seeking behavior among students. Repressing emotions is defining a problem that one is “thinking too much of it.” Female and male students whom I interviewed at the Student Affairs Deanship indicated, “Thinking too much about an issue creates a problem.” One female student stated, “A psychological problem starts when we think too much about an issue. By thinking too much, a problem will occupy us, and thus we will feel distressed.”
This same view was related by a depressed student who felt her condition was caused by too much thinking. Students suggested coping strategies such as joining group activities, sleeping, humor, and emailing.

The fifth element influencing the decision to seek help is students’ belief that a problem is deemed to recede on its own. Students rationalize their struggles with the belief that things will become easier with time. This was clearly demonstrated in freshmen conversations. For example, a freshman participant that identified himself as Bedouin was struggling with adjusting to SQU. When I asked him how he was coping, he anticipated that by the end of the year he would be OK.

The sixth element contributing to the decision to seek help is the severity of a problem and its impact on students. Literature suggests that as the severity of symptoms increases, individuals are more likely to seek help (Eric, 1995; Goldsmith, Jackson & Hough, 1988). A problem is severe when one experiences several difficulties and feels there is no hope. This aspect suggests that students who are subjected to different sources of stress are likely to be at high risk for experiencing psychological distress. In one self-referral case, a female student who was experiencing depression from being in a coeducational environment, and did not have a quiet place in her home to study sought help from the psychiatric department.

The seventh element that influences students’ decisions to seek help is when a mandatory referral is required. Students who are placed on academic probation are required to contact CGC. Interviewed students stated that they had difficulty adjusting to SQU, but they did not regard that as a factor in deciding to seek help. However, when
students are placed on academic probation, the decision to seek help is made for them and they are required to make a contact with CGC. Four participants of this study reported that they sought counseling services because they were on academic probation.

One reason some students would consider returning to seek help from counseling services was having had previous experiences with CGC. Students who had previous contact with CGC and found the services helpful and relevant voiced a positive attitude about using counseling services again. Those students considered counseling services as a viable option if they were to encounter academic problems. On the other hand, assessment and treatment, as well as seeing a non-native counselor, were seen as reasons for students to be dissatisfied with their experiences at counseling services. Such experiences influenced student decisions to consider seeking further help from CGC.

Factors Influencing the Selection of the Types of Help

Religious and traditional healing systems

Religion was seen to be the most significant factor contributing to understanding why students on college campuses who experience psychological distress did not avail themselves of counseling services. The traditional and religious values are rooted in the social and educational system in Oman. Because religious and traditional values play an important role in the lives of people in Oman, the participants in this study identified their well-being as rooted to religious values.

Two religious values help students to cope with distress. The first value is the belief that the hardship and stress they undergo is from God, and accordingly, enduring the pain will reap good rewards. Almost all female and male students cited verses of the
Quran and the tradition of the Prophet Mohammed while discussing their difficult experiences, such as struggling with the coeducational environment, studying pressure, and grieving issues. Students soothed themselves and bore the pain and struggles by reading the Quran and praying. Rahman (1989) explained that the Quran and the tradition of the Prophet explain several divine reasons for illness. The most frequently mentioned reason for illness and for other misfortunes is God’s trial.

The second religious value for students coping with stress and crisis is the belief in predestination. Students talked about pressure, distress, and grief that they had experienced, tying these hardships to being inevitable and a manifestation of God’s will. For example, two male students who participated in this study were grieving over the death of relatives. They acknowledged the pain; nonetheless, they soothed themselves by stating that it was God’s will. In other words, the implication is that they must accept and tolerate the pain because it has a good return. With the orientation of predestination they also coped and dealt with their ambivalences regarding issues of their future. Some students emphasized that they performed prayers, called *istkhāra*, to help in making decisions regarding their dilemmas. This was demonstrated in two narratives presented in the previous chapter, one in which a female student conducted the *istkhāra* prayer to help her make a decision regarding a marriage proposal, and another concerning a future job. A noteworthy aspect is that *istkhāra* did not emerge in male student responses.

It appears that the religious paradigm offers an explanation for why some Arab people declined to pathologize some behaviors and, thus, did not use mental health services (Dwairy, 1998). Behaviors such as obsession and compulsion, which are
connected to ritual cleaning, were perceived as being associated with religious rituals. Some students sought help from a religious figure for their obsessive and compulsive behaviors, believing they were related to ablution before each prayer and purification from menstruation. These behaviors start when individuals wonder if their act of purification meets the religious requirements in this regard. Abd al Ali (1970) explained that considering Islamic law from the strictly legal, moral, or religious point of view alone is probably more misleading than helpful.

A surprising factor is that a number of participants associated any sudden or drastic change in behavior with envy, magic spells and jinni. Different aspects influence students’ perceptions regarding identifying a sudden or drastic change in behavior. The first aspect is rooted to religious context. Students, and most specifically females, legitimatize envy and magic spells as causes which inflict disturbance that are manifested in behavioral and emotional states, because they are mentioned in the Quran. The second aspect is also related to religious context. The participants regarded a sick person who refused to listen to the Quran (which is read over them as a part of faith healing) as a sign that the sudden change in the behavior was caused by envy or magic spells. The third aspect is lack of knowledge about the nature of mental health problems. Lack of information about the relationship between psychological and physical manifestation, in part, accounts for students’ attributing a sudden change in behavior to envy and magic spells. Participants were unaware of the psychological etiology for behavior change with physical change. The participants in this study expressed curiosity if there was a connection between psychological and physical states.
Data analysis shows repeated patterns regarding the path of help-seeking behavior for sudden and drastic change in behavior. Most help-seekers had sought help from a traditional healer, called a *mu‘lam*, before coming to the psychiatric department. Failure to receive immediate relief influenced peoples’ decisions to seek help from a physician, where they were referred to a psychiatric department. If they did not benefit from the treatment, they turned again to traditional healing. In one example, Alya sought help in the beginning from traditional healing, and then from general biomedical health care, and finally was referred to the psychiatric department. She stated if she was not cured by psychiatric treatment she would seek a traditional healer who was a popular phenomenon in Oman at the time the research was conducted.

*The medical system*

Selecting a source of help is interrelated with the definition of a problem. The recurring words that participants used to describe discomfort or distress were “*ḏiq fi alṣadr*.” The literal translation for *ḏiq fi alṣadr* is tightness in the chest. This expression carries a physical connotation, and was repeatedly mentioned by both students and help seekers in the psychiatric department. A number of students who were distressed sought help from the student clinic. Freshmen especially sought help from the general medical sector for “first year syndrome,” related to adjustment to university and relationship issues. This finding coincides with a prevailing statement in the literature that Arabs tend to somatize their psychological distress (Dwairy, 1998b; Masalha, 1999; Okasha, 1999).

Two factors were defined as contributing to students’ decisions to seek help from the student clinic rather than from mental health in general and CGC particularly. The
first was a lack of information about emotional troubles and the relationship between the psychological and physical states. Students were curious to learn if emotional troubles had an impact on the physical body. There was uncertainty about how to explain change in behaviors if associated with physical symptoms. The identification occurs within the biomedical paradigm because people in Oman are familiar with this mode of treatment. Culturally, a physical complaint is a legitimate condition for receiving empathy. Some participants’ knowledge about emotional problems was limited to depression, the symptom being tightness in the chest.

The second factor contributing to students’ decision not to use counseling specifically, and mental health services in general, is the stigma attached to these services. Students who are familiar with counseling services linked CGC with academic problems. This perception contributed partially in discouraging other students from using counseling services or seeking help for other issues. A male student who was straggling with a relationship issue did not consider consulting someone from CGC because he did not have an academic problem.

Some students perceived counseling services to be for students who were psychologically fragile. Some participants were discouraged by their friends from seeking help from CGC, and other students feared they would be stigmatized. Some female students did not want to seek professional help from mental health services because they would be stigmatized as crazy, which might affect their chance for marriage.
The fear of being stigmatized as crazy was also noted among psychiatric patients. It was reflected in the psychiatric participant conversations regarding their dissatisfaction with their not having a separate waiting area for children with disabilities. Psychiatric participants expressed dissatisfaction by being mixed with children with disabilities, and some of them pointed out that they felt perceived as having mental problems. This finding is consistent with mental health research findings that the reason for presenting mental health problems as physical complaints is, in part, to avoid the stigma attached to mental health problems (Greenely and Mullen, 1991).

Recommendations for Issues which Emerged from the Field

In exploring the four broad questions in regard to the help-seeking process at SQU, it was evident that the participants perceived this study as an opportunity to have a public voice to express their struggles. Students were enthusiastic and appreciative about participating. They were also curious to know if administrators would hear their voices through this study.

Since the struggle with adjustment resulting from cultural shock was found to be a major concern among students, a comprehensive college orientation program in high school would be helpful. Students, particularly females, voiced the need for such a program to facilitate their adjustment once they matriculated to SQU. As one female student stated, “It might have taken a shorter time to overcome adjustment difficulty if I had been learned more in high school about the social and academic life at SQU.” The college orientation in high school might be delivered through audio-visual presentations,
introducing the SQU culture, colleges, departments, classrooms, and SQU expectations, followed by discussion by SQU counselors.

Another perspective of the orientation activities that might help students in their adjustment is a comprehensive freshmen orientation course. Such a course would allow for monitoring students and helping them understand that the changes they are undergoing are normal. The course might be designed to help students address the academic demands and social challenges they are encountering. In addition to information about academic programs including courses, majors, and grade system, study skills and time and stress management. Students could be familiarized with the resources and services available on campus.

Another orientation activities that should be considered to help students in their adjustment is the organization and training of groups of peers. These peers could also function social supports for freshmen and as sources of accurate information about the function of CGC.

Finally, an adjunct to these orientation activities would be reaching out to students through on-going help service staff contact with students. Therefore, developing a training program for all staff would be helpful to assure better understanding of student needs. Such in service training might also include updating interpersonal and consultative skills to assure effective listening and communication, warmth, empathy, and unconditional acceptance.

Different issues emerged during the collection of relevant data for this research project that illustrate the barriers influencing student decisions to use counseling services.
Some students had unsatisfactory experiences with CGC assessments and treatments. Students expected to hear stories of struggles that other people went through and how they overcame them. They were curious about the types of problems for which other students sought help. These areas need further attention and evaluation in order to maximize the number of CGC clients. Creating more opportunities for students to hear others’ stories and how they overcame their struggles might promote a more desirable attitude toward counseling services.

Through the process of data collection, I noted there was not a systematic referral policy and procedure to organize the transference of students between the religious departments, psychiatric department, student clinic, and CGC. However, some participants were advised to have referral letters in order to be treated in the psychiatric department. This advice was a mechanical procedure to serve the administration’s purposes rather than one based on the thorough evaluation of clients. Further attention needs to be directed to the issue of developing a systematic policy and procedure to organize and handle transference.

There is a need for established university policies and practices for identifying and addressing student emotional problems and promoting the existent help services on campus. Also, further attention needs to be directed to integrate traditional and religious aspects to mental health because almost all students associated religious values with a positive well-being and integrated religion with their healing system.

When I designed this research project, I was not sure from which context I would be most likely to learn about the phenomenon of the help-seeking process. I initially
anticipated that two major sites, the Counseling and Guidance Center and the Student Affairs Deanship, would play key roles. Later on, in the field, I felt the necessity to include additional sites, the Psychiatric Department and the Admission and Registration Deanship. The experience of securing permission to research these sites was a source of excitement and frustration. It provided me with an opportunity to re-orient myself to SQU culture; thus, I learned about the help-seeking behavior of a prospective population with whom I will work. One incident was an emotionally exhausting experience; I did not anticipate the bitter denial to my request for conducting my study in CGC. Neither my relationship with the director of CGC nor the possibility of my serving here as a staff member eased my entry into this center. In evaluating this aspect of my research methodology, the procedure that I followed to gain access to CGC was not effective. Two ways were found useful for securing permission to conduct such a study. The first was to start from the top of the hierarchy to negotiate the entry. The second approach was to network with people within the hierarchy to accelerate the procedure.

Recommendation for Further Research

In 1998, five years after leaving my country, Oman, I returned to SQU, the place where I had worked since 1988, to conduct my study. When I went back home to conduct my study, I did not anticipate the obstacles that I would face in gaining access to CGC. Although this obstacle placed limitations on the data collected from CGC, the research design of this study allowed me to portray students’ experiences in their own words. Students perceived the time that I spent listening, conversing, and interviewing them as a
valuable experience. Some students expressed an appreciation for these gatherings because they felt comfortable and relieved.

Additionally, the research design of this study allowed various themes to emerge. I was able to include and investigate emergent concepts and themes. However, some surprising issues such as suicide, rape, and alcohol use arose spontaneously and were worth following up. These issues are regarded as taboo by Omani society and are seldom discussed openly because they violate traditional and religious values. Therefore, adopting a positivistic paradigm might have helped to explore these areas more effectively. Other factors emerging from this research still need further exploration. Some of these factors are CGC clients and their satisfaction, the role that previous counseling experiences and gender have on client willingness to seek help from CGC, perceived counselor creditability and client perception toward counseling style and counselor characteristics.

Another interesting area of this study was uncovering the issue of romantic relationships among current students. However, I was not able to access information regarding female struggles with romantic relationship issues, even though they indicated that such issues are a concern. I attributed their reticence to discuss their own relationship issues to my role as a researcher whom they believed could publicly reveal their issues. I also attributed this to my identity as a cultural insider who was aware of the impact that romantic relationships have on a female reputation. I wonder that if this research had been conducted by a cultural outsider, would the females have been as inhibited and restricted on their responses to this topic? Research on females in regard to their romantic
relationships and the consequences on female psychological well-being from a cultural context would be both interesting and relevant to the counseling profession. It could stimulate discussion related to ethics. Case studies and positivistic approaches could also be used to explore this area.

When I began my research, I was fully aware of gender role expectations. This awareness helped me to behave in a culturally appropriate manner. However, sometimes I caught myself being over-conscious about protecting my image as an honorable Omani female; I felt uncomfortable when highly personal, intimate subjects were discussed. I think a collaborative study carried out by both female and male researchers studying relationship issues could yield interesting views to be compared.

Conclusion

The two-and-a-half months I spent at SQU brought me closer to current student’s experiences, which are relatively different in nature and complexity than those experienced before 1998. The changes noted are not only in the type of student struggles, but also in the culture of SQU.

The most significant change is ikhtilāṭ (coeducational) culture. Ikhtilāṭ is a recurring theme that presented itself as a potential source of different stressors, contradictions, and dilemmas. It also induces feelings of shyness, embarrassment, and inadequacy among students not accustomed to interacting and associating with the opposite sex. Students are at a high risk to become psychologically distressed when coeducation stressors overlap with struggles to cope with the transition from high school to the new demands of SQU.
Another interesting finding of this study is that religious and traditional values are key coping mechanisms for students. This is consistent with the nature of Omani culture, which embedded with traditional values, is clearly demonstrated in the narratives of the participants. This study also demonstrates that there is a lack of understanding of mental health problems and an unfamiliarity with mental health services. This is most specifically true with counseling since it is relatively new to the Omani people.

The study shows that, at the present time in Oman, and specifically at Sultan Qaboos University, there is a lack of student guidance for addressing help-seeking, and there is a need for established university policies and practices for identifying and addressing student emotional problems and promoting the existent help services on campus.

With the various feelings of excitement, disappointment, surprise, and hopelessness that I experienced while conducting this research, I learned much about my own culture and myself. I found my cultural identity colored by my years spent abroad and sometimes found myself unable to relate to some aspects. Nonetheless, I was aware that my role was to reflect on the reality as voiced by my participants and to open new avenue for research in the hope that this study would provide a new understanding of support services within Omani culture, and most particularly at SQU.
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Appendix A

Interview Guidelines

Semi-structured

Recognition of Problem

1) Describe your experience at SQU?

2) What types of struggles have you experienced?

3) What criteria do you take into consideration in order to recognize that you have issues, which need assistance?

Definition of a problem

4) How do you define a problem?

5) What types of problems determine your need to seek assistance?

6) What do you perceive to be a problem?

Decision to Seek Help

7) What strategies and sources do you use to cope with your concerns?

8) What factors do you associate with the decision to seek help?

9) How do you react to the challenges or problems you experience?

10) How do you reflect on the decision-making process to seek help?

Selection of Help Sources

11) What sources of help do you consider when you need assistance?

12) How do you distinguish between problems that need formal or informal help?

13) How do you perceive other students who seek help from counseling services?

15) Under what circumstances are students likely to seek help from counselors?
16) What advantages and disadvantages are associated with the counseling center as a source of help?

Unstructured

Interview Guidelines

1) How would you describe the experience of having a counseling center at SQU?
2) How do you feel about considering the counseling center as a source of help?
3) How would you describe the desirable characteristics you look for in counselors?
4) What would say about your expectation of the counseling center?
Appendix B

بالإشارة إلى رسالتكم بخصوص رغبتك في تطبيق بحثي ميدانياً على مرجعي وأخصائي
المركز في مركز الإرشاد الطلابي وبعد عرض ذلك على جميع الأخصائيين والمستشارين
التعليميين العاملين بالمركز. أرجو أن أحيطك علماً بأنه قد تم إعداد إجراء مثل هذا البحث عن
طريق أدوات البحث التي تذكرها كاعتماد للملاحظة المباشرة أو غير المباشرة وتسجيل
المقابلات مسا بخصوصية الطلاب كما سيساهم في بناء علاقة سلبية بين الطلاب ومركز الإرشاد
الطلابي ويعودنا إنجازاً سالباً نحو مركز الإرشاد الطلابي لدىطلاب الجامعة، علماً بأننا بتلك
جهوداً مضنية لتحسين علاقة الثقة بين المركز والمسترشدين ومن هذا المنطلق أرجو أن تقبل
إعتباراً مشروعاً بأماناتنا لك بالنجاح والتفوق.

واقفون بقبول فائق الاحترام والتقدير ...

د. سعاد بنت محمد سليمان
مدرسة مركز الإرشاد الطلابي

P.O. Box 50, Postal Code 123 Al-Khodh, Sultanate of Oman; Tel: 968-515826 - Fax: 968-513522
المحترم

الدكتور/ موسي بن عبد الله الكوني
عميد الخدمات التعليمية

السلطنة:
مرجعة:

الموضوع: بحث الفاضلة الباحثة مني بنت عبدالله البحراني

بالإشارة: لقاء مع الباحثة مني بتاريخ 22/6/2003 من الساعة 9:15

أود إشراكك بأننا وقمنا كل التسجيلات الممكنة للفاضلة مني البحراني، وفي إطار التعاون معها، يأتينا بكل جد من أجل جمع الفوائد الأولى معًا لمساعدتها في تطبيق بحثها للحصول على درجة الدكتوراه. قد تم الاتفاق مع الباحثة منى البحراني بأنها ستجمع معلوماتها وبياناتها عن طريق الملاحظة غير المباشرة وستقوم بإعداد المقابلات مع الأشخاص الذين يتبعون مركز الإرشاد الطلابي. ولن تكون على أي معلومة تستغل بالطلاب الذين يرافقون مركز الإرشاد الطلابي كملاحظة الطلاب الذين يرافقون المركز أو إجراء المقابلات معهم. أو جمع أي معلومات مباشرة وغير مباشرة عنهم. علماً بأنهم يتبعون المركز أو يكونون أساتذة في جامعاتهم أو يراقبون أي معلومات عنهم في بحثه، أو بالأحرى أن لا تفضح بحثها الطالب الذين يرافقون مركز الإرشاد الطلابي، وذلك لحفظ خصوصية وسرية الطلاب الذين يرافقون المركز وعلى إبقاء علاقة الثقة ما بين مركز الإرشاد الطلابي وطلاب الجامعة، واتخاذهم الإيجابية نحو ليكون المركز سيعمل بنجاح.

أرجو التوقيت بإطلاع الدكتور نائب رئيس الجامعة على ما ورد أعلاه.

شاكرين لكم دعمكم، والسماح لنا،

ل. محمد سليمان
مدير مركز الإرشاد الطلابي

Sultan Qaboos University
Student Counseling Centre

Ref: S.C.C./
Date: / /
Appendix C

جامعة السلطان قابوس
نائب الرئيس

عليكم ورحمت الله وبركاته...

أود الإفادة بأن الفاضلة/ ملية بنت عبدالدين صالح البحراوي تقوم حالياً بإجراء بحث دكتورالي يستطلع أراء وتجهيزات الطلاب في جامعة السلطان قابوس تجاه خدمة الإرشاد التي توفرها الجامعة وذلك من منطلق الحصول على درجة الدكتوراه في الإرشاد النفسي.

تهدف الدراسة إلى تحديد العوامل التي تشجع أو تعيق الطلاب من ارتقاء مراكز المساعدة وخاصة مركز الإرشاد الطلابي، كما تتبع الدراسة إلى تصميم برامج إرشادية ووقائية قائمة على أسس سليمة ووثيقة إحتياجات الطلاب وتوليفتهم.

وحتى تتمكن المكتوبة من إجراء البحث المباني، فإنها ترغب في إجراء مقابلات مع عدد من المدرسين التدريس في مركز الإرشاد الطلابي ومع المختصين الذين يقدمون الإرشاد للطلاب في عادة القبول والتسجيل، وكمثل الطب النفسي والرياضة الخارجية، بالإضافة إلى المستشفى الجامعي، وكذلك الإطلاع على بعض الوثائق والإجراءات اللازمة.

بناء عليه، نأمل تقديم المساعدة للمذكورة لأداء مهمتها.

وتفضلوا بقبول قائل الاحترام

د. محمد بن سليمان السالمي
نائب رئيس الجامعة

الاريخ: 2474
الاريخ: 533330 - فيكس: 513979

Appendix D

Ohio University
Human Subject Consent form

Title research: “An Investigation of the Helping Process among Omani Students at SQU”

Principle investigator: Muna Al-Bahrani

Department: Counseling and Higher Education Department, College of Education.

The purpose of this research is to investigate and gain a better understanding of students’ perceptions regarding help seeking processes that includes how students recognize a problem, define a problem, decide to seek help, and select particular sources of help. This research, while not benefiting you directly and immediately, may benefit the students at SQU as they will be used to evaluate services at SQU.

The interview will be conducted in group. Your participation in this research is completely voluntary and you may stop the interview or not answer any question at any time you choose. The information shared in the interviews will be tape-recorded and transcribed in order to present in the final form of a completed dissertation. The purpose of this research is to understand students’ views of help seeking processes. It does not intend to assess students psychologically and it does not involve any risk to students’ personal welfare. Interviews will last between one and two hours. All information will be treated and stored in a confidential manner. Confidentiality will be protected by taking the following steps:

- Pseudonyms will be substituted in the transcripts for all names of participants
- The transcripts will remain in the direct physical possession of the researcher. All audio-tapes will be kept with the researcher in a safe place
- The researcher is the only one who will transcribe audio-taped interviews
- The tapes will only be used for the purpose of this research
- The tapes will be erased immediately after the dissertation is completed

This research is being conducted as part of my dissertation research at Ohio University. If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, at Ohio University, by telephone, (740) 593-0664, or by email, (sherow@ohio.edu).

I certify that I have read and understand the statement of procedures and agree to participate as a subject in this specific research described therein. I agree that non risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I certify that I am at least 18 years of age.

Signature___________ Print ______________ Date __________________
Appendix E

OHIO UNIVERSITY

The following research study has been approved by the Institutional Review Board at Ohio University for a period of one year. This review was conducted through an expedited review procedure as defined in the federal regulations as Category(ies):

7

Project Title: An investigation of the Help Seeking Process Among Omani Students at SQU

Project Director: Muna Al-Bahrani

Faculty Advisor (if applicable): Patricia Beamish

Department: Counselor Education

Jacqueline Legg, M.B.A., Chair
Institutional Review Board

3/11/03
Date
A Note of Transliteration of Arabic Words

The transliteration conforms to the standard system for the transliteration of Arabic followed by the *International Journal of Middle East Studies*.

<table>
<thead>
<tr>
<th>Consonant</th>
<th>Equivalent</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>ا (a)</td>
<td>ص (s)</td>
<td></td>
</tr>
<tr>
<td>ا (ā)</td>
<td>ض (d)</td>
<td></td>
</tr>
<tr>
<td>ب (b)</td>
<td>ط (t)</td>
<td></td>
</tr>
<tr>
<td>ت (t)</td>
<td>ظ (z)</td>
<td></td>
</tr>
<tr>
<td>ث (th)</td>
<td>ع (u)</td>
<td>Hamza</td>
</tr>
<tr>
<td>ج (j)</td>
<td>غ (gh)</td>
<td></td>
</tr>
<tr>
<td>ح (h)</td>
<td>ف (f)</td>
<td></td>
</tr>
<tr>
<td>خ (kh)</td>
<td>ق (q)</td>
<td></td>
</tr>
<tr>
<td>د (d)</td>
<td>ك (k)</td>
<td></td>
</tr>
<tr>
<td>ذ (dh)</td>
<td>ل (l)</td>
<td></td>
</tr>
<tr>
<td>ر (r)</td>
<td>م (m)</td>
<td></td>
</tr>
<tr>
<td>ز (z)</td>
<td>ن (n)</td>
<td></td>
</tr>
<tr>
<td>س (s)</td>
<td>و (w)</td>
<td></td>
</tr>
<tr>
<td>ش (sh)</td>
<td>ي (y)</td>
<td></td>
</tr>
</tbody>
</table>

*ة* is rendered *ā*.

*ى* followed by *ة* is rendered *iyya*.

<table>
<thead>
<tr>
<th>Long Vowel</th>
<th>Diphthong</th>
<th>Short Vowel</th>
</tr>
</thead>
<tbody>
<tr>
<td>وُ (u)</td>
<td>او (aw)</td>
<td>ى (i)</td>
</tr>
<tr>
<td>ئ (ay)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Glossary

‘abaya: a cloak

‘ādāt: customs

‘ātabt: criticized

‘ayb: shame

Ākhlāq: moral

Ansā: forget

Bald: region

Dajl: charlatanism

Dal’: self-pampering

Dīq: tightness to describe distress and discomfort

Fajā: a sudden

Fiqh: Islamic jurisprudence

Frāgh ‘atīfī: emotional emptiness

Ghalat: wrong

Ghrīb: strange

Hanīn: homesickness

Hasnāt: good returns

Hala nafasniyya: a psychological case

Hasd: envy

ibtilā: tribulation

Ikt‘ab: depression
infitāh: openness

istikhāra: prayer in which a person supplicated God to choose what is good for oneself

iltizām: conservatism

Jalsāt: gatherings

Jamā‘a: group

Kay: branding

Khajl: shyness

‘lm: science

Mashākil: problems

Mu‘āna: suffering

Mu‘lam: a traditional healer

Qaḍā waqadr: fate

Qaḍya: issue

‘ql: mind or reason

Rajfa: tremor

Ridā: contentment

Ṣadma thaqāfiyya: cultural shock

Ṣadr: chest

Sarhān: absentmindedness

Ṣartān: cancer

Sb: cursing words
Şha: health

Slūkiyya: behavioral

Takhulf: backwardness

Taqālīd: traditions

Ta'qlamt: adjusted

Thiqa bilnafs: self-esteem

Ta 'bāna: tired

Yā' isa: despaired