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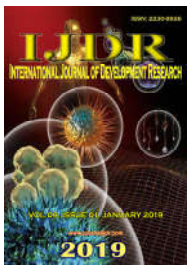

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

PERCEPTIONS OF MENTAL HEALTH DISORDERS: AN EXPLORATORY STUDY IN SOME ARAB SOCIETIES

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ABSTRACT

The present study examined the perceptions and attitudes of some samples from three Arab countries in terms of psychotherapy and mental disorders. The sample consisted of 813 (366 male and 447 female) respondents from Syria, Oman and Saudi Arabia. Respondents completed an electronic questionnaire developed by the researchers to assess their perceptions and attitudes towards psychotherapy and mental disorders. The results showed that respondents from different sources had information about mental disorders, especially from books and magazines. It was also found that they had a relatively good idea about psychotherapy overall. Their attitudes have been positive, but there have been some misconceptions and stereotypes about some aspects of psychotherapy, mental disorders and their causes. These misunderstandings and stereotypes should be removed to promote awareness of psychotherapy and its potentialities, as well as general mental health problems in Arab countries.

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INTRODUCTION

Despite the ever-increasing demand for psychological services with their different types in Arab countries, there is an observable lack of interest in these services at the governmental and social levels. Besides, there seems to be an increase in services provided by non-professional personnel and/or centers. This, in turn, leads people to develop negative attitudes and notions about psychological services, or at least create confusion over psychotherapy and the qualification of psychotherapists. Hence, people may hold many misconceptions about mental health disorders. Owing to easy access to various communication and information media and the increasing needs of the public to better understand themselves and the problems they encounter, people have come to search for information in a big number of sites, not all of which are either reliable or valid. It is also noticeable that nowadays there is an increasing public awareness and understanding of mental health disorders with differences in their explanation and attribution. Such observations are not yet research supported. Attitudes towards mental disorders and mental health problems affect the behavior of individuals. Individuals whose attitudes are rather negative are unlikely to use psychosocial services. This can lead to increased social problems and higher long-term costs. This is reflected in the different rates between those who need psychotherapy and those who are actually seeking psychotherapeutic services. In addition, the attitudes towards mental health problems and psychotherapy influence compliance and follow-up. In Germany, for example, 31% of the population between the ages of Eighteen and sixty-five years are mentally ill, but the proportion of those seeking a psychiatrist or psychologist is only between 4% -6%. (Paderewski, Hassle, KöRene, Widener, Brähaler, Heinz, 2014). The reasons for the negative attitudes to psychotherapy vary between institutional structures and cultural backgrounds (such as beliefs, customs, traditions, etc.). This study was conducted to fill this gap in the field. Therefore, this study aimed to survey attitudes and perceptions of issues related to psychotherapy and mental health disorders in samples from some Arab countries. By so doing, the study hopefully aimed to provide a deeper understanding of the obstacles that may exist and deter the spread of psychological services.

Statement of the Problem

More specifically, the study aimed to

- Explore information about mental health disorders

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among respondents from some Arab countries and the source of this information,
- Explore perceptions of the respondents about Psychotherapy and Psychotherapists,
- Identify respondents' attitudes towards Psychotherapy and
- Identify respondents' attitudes and perceptions about mental health disorders.

Research Questions

The study addressed the following questions

- What is the percentage of respondents who have information about mental health disorders and what is the source of this information?
- What are the attitudes of the respondents towards the psychotherapist?
- What are the attitudes of the respondents towards psychotherapy?
- What are the attitudes of the respondents towards mental health disorders?
- Are there statistically significant differences in respondents' attitudes towards psychotherapy and mental health disorders?

The significance of the study

This study is an attempt to explore the perceptions of samples from different Arabic environments towards mental health disorders and some other issues related to psychotherapy. It is noteworthy here that the researchers' interest in conducting this study was fuelled by a number of factors. First, there are many stereotypes and misconceptions about mental health disorders and psychotherapy in the Arabic environment. Second, a valid understanding of the psychotherapist is lacking in Arab countries. Third, laws organizing the profession of psychotherapy are lacking in many Arab countries. These factors make it necessary to investigate the perceptions of psychotherapy and mental health disorders among Arabs. Hopefully, this is expected to provide a clear understanding of the obstacles that deter good exploitation of psychological services in the Arabic environment.

In addition to this, the understanding of attitudes and how people perceive mental health problems and psychological services are of intercultural importance. In the wake of the large wave of immigration, particularly in Europe due to wars in the Middle East and North African countries, psychosocial service providers have difficulty in psychosocially supporting people with different cultural backgrounds. Some of these difficulties may be due to diagnostic procedures and therapeutic interventions originally designed for different cultural environments in the sense of culture-sensitive interventions (Ahmad and Reid, 2009). This leads to the search for methods that take into account the cultural context of ethnic groups, and to the design of approaches that also have an intercultural validation (Lauber, Nordt, Luis and Wulf; Bhugra and Jones, 2001). In this regard, the search for cultural and intercultural similarities and differences in attitudes is a rich source of information that can help facilitate psychological services, increase efficiency and reduce costs.

Review of literature

The interest in mental and physical well-being is at the forefront of human life. Hence, developed countries exert all possible efforts to secure good mental health for their citizens. This has good reflections on individuals being beneficial to themselves, families and societies. It is well known in this respect that mental health is affected by several personal, economic and social variables. Mental illness is as old as man's existence on earth. It constituted a significant part of the primitive man's life (Hinshaw, 2007) exactly as it does nowadays. Throughout ages, man has diligently sought to identify causes of psychological disturbance in order to eliminate them. However, people in the far past were helpless to deal with mental health disorders since their simple minds could not identify the true nature of these disorders (Attayeb, 1994). Mental illness cannot be isolated from its social milieu because a host of social factors affects it. These factors cause mental illness and affect its subsequent development. The manipulation of such factors is therefore necessary for people to enjoy good mental health (World Health Organization, 2001). Throughout ages, mental illness has been subject to several misconceptions and stereotypes held by both uneducated and educated people. Many people still attribute mental illness to superstitions, possession by demons, envy, punishment from God because of sins, and other illogical causes. These misconceptions about causes of mental illness affected people's perceptions and attitudes towards psychotherapy that was an associated with people of religion and conjurers who performed the exorcism to evict demons or other spiritual entities from individuals with mental illness. Furthermore, they have had an adverse effect on the way people look at individuals with mental health disorders. Lack of psychological awareness worsens the situation by contributing to the development of negative attitudes towards people with mental health disorders.

Furthermore, families having members with mental health disorders are affected by such misconceptions and illogical explanations that they hesitate to consult psychotherapists and prefer to hide their mentally disturbed members (Rudwan, 2007; Alradaan, 2017). Mass media have also contributed to the stereotypes and negative attitudes towards psychotherapy, psychotherapists, and psychologically disturbed people by showing psychotherapists and their assistants as torturers of psychologically disturbed people (Kafafi, 1990). They also show models of psychologically disturbed people who are hostile and difficult to treat, if not impossible. It seems that such ungrounded and illogical conceptions still arouse fears concerning the treatment of mental illness. For this reason, families hide their members' mental illness and enclose them to conceal them from visitors and strangers. Moreover, the stigmatizing nature of mental illness in many Arab societies makes families abstain from seeking the specialized help of professionals. To avoid stigmatization, people in Arab countries avoid the expression of their mental suffering and avoid interaction with the mentally disturbed (Alradaan, 2016). Scholars and researchers have asserted that positive attitudes towards mental health disorders are required for successful treatment of such disorders. Negative attitudes, on the other hand, adversely affect psychologically disturbed people even worse than symptoms of disorders. Such negative attitudes take many forms such as avoidance, aversion, intolerance, and rejection.

No wonder then that families in cultures with these misconceptions feel ashamed by what is called the stigma of mental illness. Fear of this stigma is the most obvious cause and a sign of negative attitudes towards mental illness (Crabb, Stewart, Kokota, Masson, Chabunya, and Krishnadas (2012). Gureje, Lasebikan, Oluwanuga, Olley and Lolakola (2005) wrote that studies conducted in America and Europe found that the stigma of mental illness is a major problem in these societies. The case is even worse in Arab societies where there is more ambiguity concerning mental illness compared to somatic illness. The big number of misconceptions about mental illness in Arab countries contributes to the development of such a stigma and negative attitudes towards mental illness (Hamad, 2016). There is a long history of regional and international research exploring frequent perceptions and attitudes towards psychotherapy and people with mental illness. The study conducted by Abdel-Khalek and Immam (1982) is one of the earliest studies in this area. That study aimed to explore attitudes towards mental illness among 164 female students majoring in psychology at the Islamic Girls' College at Al-Azhar University, Egypt. Overall, results revealed the presence of misconceptions and negative attitudes towards mental illness among the students. Khalifa (1987) compared the perceptions and attitudes of families and relatives of psychologically disturbed individuals with those of the common people.

The sample consisted of 400male and female respondents (relatives = 200 and common people = 200). Results reported misconceptions and negative attitudes towards individuals with mental illness between the two groups of respondents. Educated respondents were found to be more tolerant and inclined to resort to recent treatment than uneducated ones. No effect was found for gender. The study by Al-Adawi, Dorvlo, Al-Ismaily, Al-Ghafry, Al-Noobi, Salmi and others (2002) in Oman found no statistically significant correlation between mental health attitudes and a range of demographic variables (age, education, social status, gender, confrontation with people with mental illness). On the one hand, medical students and the general public tend not to believe that the genetic causes cause mental illnesses, on the other hand, they think that magic powers can play a role. Positive attitudes were in terms of family life, decision-making and mental illness management. The two samples (medical students and the general population) believe that mental patients have strange behaviors and the preference to care for mental patients outside the community. Shoqair (1994) explored perceptions and attitudes towards mental illness among a sample (N = 161) of secondary school and university students in Kingdom of Saudi Arabia. Again, misconceptions and negative attitudes towards mental illness were found among the respondents. Those misconceptions and negative attitudes were significantly higher among secondary school students than among university students. Results also indicated that specialization affects the type of attitudes developed towards mental illness. Students majoring in specializations relevant to psychology were found to be more inclined to develop positive attitudes towards mental illness. A study by Abdulrahman and Abduljawad (1998 investigated the attitudes of relatives of mentally disturbed individuals towards mental illness in Saudi Arabia. The sample consisted of 150 participants (58 males and 92 females) whose level of education did not exceed the intermediate school. It was found that relatives held negative attitudes towards mental illness. They also displayed a dearth of knowledge about causes and methods of treating mental illness. Barakat and Hassan (2006) explored university students' attitudes towards mental illness and treatment in the light of some variables. A cohort of 111 male and female students from Northern Palestine Universities participated in the study. That study found positive attitudes towards mental illness and treatment. Significant differences in attitudes were found by specialization in favor of students in scientific specializations. No significant differences were found by gender. Abdulfatah, Arremawi and Barakat (2014) explored attitudes towards mental illness and treatment among pregnant mothers (N = 133) visiting female public clinics in Ramallah and Al-Bireh in Palestine. The study found, among other things, that there were no statistically significant differences in attitudes towards mental illness by age. Conversely, significant differences were found at the educational level in favor of respondents with university degrees and higher. Aleinzi (2015) explored attitudes towards mental illness among a sample of Northern Borders University students in Saudi Arabia. A cohort of 425-male and female students participated in the study. Student's attitudes were found to be neutral. Significant differences in attitudes were found in favor of female students and students majoring in arts. Hamad (2016) investigated Tobruk University students' attitudes towards mental illness. The sample consisted of 261 students (113 males and 148 females). Students' attitudes were found to be positive towards mental illness. No significant differences were found by gender, college or age. In one German study, Albani, Blaser, Rusch and Brähler (2013) conducted psychotherapy, and their attitudes were positive with regard to the need for and use of psychotherapy. Women were more positive than men.

In this study, an estimated 34% are ashamed when others know that they are receiving psychotherapy. In a study carried out in Northern Sweden in 1976, which was repeated in 2003, there were positive changes in attitudes to mental disorders, psychotherapy, information on mental disorders and stigmatization. (Ineland, Jacobssson, Renberg and Sjölander (2009). In a study of samples of Jews of European descent as well as non-Jews of European and African descent, Midlarsky, Pirutinsky and Chohen (2012) found that the confidence of the members of the Jewish sample in helping the psychotherapeutic was great; they had more tolerance for that Stigma. In addition, the emotional expressiveness was greater than in other groups. A British study on a sample of 185 British adults also showed positive attitudes toward the benefits of psychotherapy in treating general psychiatric disorders, their understanding of the origin of schizophrenia, and the chances of healing mental disorders (Furnham, 2009). Finally, in a cross-cultural study, Megran and Arradaan (2017) investigated attitudes towards mental illness among student-teachers at the College of Education in Kuwait and Yemen in the light of some demographic variables (nationality, gender, specialization and marital status). Participants were 1015 students (589 from Kuwait and 426 from Yemen). Overall, students' attitudes were positive. Nationality and gender did not affect attitudes towards mental illness. Conversely, specialization and marital status proved to affect attitudes significantly.

MATERIALS AND METHODS

Participants

In order to recruit the sample needed for this study, the questionnaire was electronically programmed. Initially, 929

individuals (408 males and 521 females) completed the study questionnaire. Their age average was 33.4 with a standard deviation of 9.1. Most participants were from Syria (N = 451; 48.5%). The second biggest number was from Sultanate of Oman (N = 188, 20.2%). Saudi Arabian participants were third in number (N = 174; 18.7%). The remaining 117 participants were from Palestine, Jordan, Sudan, Bahrain, Kuwait and Lebanon (12.5%). Because of the small numbers of participants from other Arab countries, their responses were not included in statistical analysis. Accordingly, only data of participants from Syria, Saudi Arabia, and Sultanate of Oman (N = 813: 366 males, 45.1% and 447 females, 54.9%) were treated statistically. As to the level of education, most respondents (N = 514, 63.23%) held a Bachelor Degree. Respondents with a postgraduate degree, i.e., diploma, M.A., and Ph.D. were 208 (25.58%). Ninety-one of the respondents were undergraduate students (11.20%). Respondents' occupations included students, teachers, officials, and entrepreneurs. It is noteworthy that the sample was not quite representative, which would limit the generalizability of results. However, it could provide good indices about variables under examination. Table 1. provides the distribution and gender of the sample from the three Arab countries.

The Instrument

A questionnaire was developed to be part of a research project encompassing a wide spectrum of issues relevant to conceptions and attitudes towards psychotherapy and mental health disorders. It included four dimensions. Items of the first dimension groped respondents' information about psychotherapy and the source of information. The second dimension was concerned with respondents' perceptions of the psychotherapist. Items of the third dimension assessed attitudes towards psychotherapy. The fourth dimension included items measuring attitudes towards mental health disorders. As to the psychometric characteristics, the questionnaire had good internal consistency. It yielded alpha coefficients of .84, .88, .86 and .91 for the four dimensions respectively. These values were quite acceptable and met the purposes of the study. Item difficulty for the whole questionnaire ranged between .22-.54, which was quite acceptable.

Statistical Analysis

Statistical devices were selected based on the characteristics of the sample and aims of the study. They included percentages to grope respondents' information and one-way analysis of variance to examine differences among respondents.

RESULTS

Information on mental health disorders

The number of the respondents who positively answered the question "Do you have any idea about mental health disorders?" was 744, i.e., 91.51% of the total sample reported knowing about mental health disorders. Only 69 (8.48%) respondents reported lack of knowledge about mental health disorders. Table 2 below shows the number of respondents from the three Arab countries who answered that question positively and negatively. A percentage of 24.7% of the total sample indicated that their source of information on mental health disorders was a personal experience, 16.17% mentioned social media as their primary source of information and 49.2% mentioned books and journals as their main source of information. Movies were the main source of information for 5.4%. The remaining 4.0% reported knowing about mental health disorders from friends. Table 3 presents data about sources of information reported by respondents from the different samples. It is obvious from table 3 that the highest percentage of respondents in the whole sample reported magazines and books as their main source of information on mental health disorders, followed by personal experience. The lowest percentage was for information gained from movies and friends who visited psychotherapists. It is also evident that respondents from Syria were the highest to know about mental health disorders from multiple sources compared to the whole sample (N = 744). The percentages differed slightly between Saudis and Omanis.

Conception of psychotherapy

The questionnaire had 10 items assessing respondents' conception of psychotherapy. Table 4 illustrates the result of the analysis. As table 4 shows, the highest percentage of the three samples viewed psychotherapy as an effective way to confront psychological problems. Responses to the second question showed that the highest percentage of respondents who saw psychotherapy as a profession of psychiatrists were Omanis (84%). The counterpart percentages decreased by 10% and 20% for Saudis and Syrians respectively. As to the question of whether psychotherapy is something that anyone with a psychological background can do, 67.6% of the Omani respondents, 81.4 of the Syrian respondents and 66.75 of the Saudi respondents disagreed, indicating a strong belief among the whole sample that psychotherapy is practiced by specialized and qualified psychotherapists. All percentages exceeded 90% for the respondents in the whole sample who agreed that psychotherapy is a discipline that helps people to solve their psychological problems. There was fluctuation in the belief that psychotherapy is a method of scientific research. Percentages of agreement to this item ranged between 37.4% and 50.9 %. Of the whole sample, 80% agreed that psychotherapy is a profession practiced by professionals specialized in psychology. Percentage of respondents who disagreed with this item ranged between 11.2% and 12.5%. Percentages of agreement to the item that psychotherapy is psychoanalysis were 54.8%, 36.4% and 39.7% for Omanis, Syrians and Saudis respectively. Respondents who disagreed were 37.2% of the Omani sample and 57.4% of the Syrian sample. Percentages were low for respondents holding the belief that psychotherapy is a medication to be taken. These were 12.6%, 23.9% and 18.4% for the Syrian, Omani and Saudi samples respectively. The percentage of those who disagreed that psychotherapy is a medication to be taken ranged between 68.6% and 82.3%. The majority of the sample agreed that psychotherapy is a profession to be practiced by specialized professionals with accredited licensure. The average of agreement exceeded 80%, whereas the average of disagreement was 13.57%. Finally, results indicated that knowledge about psychotherapy was high among all respondents (over 80%). Respondents who were uncertain or did not have any idea about psychotherapy were lower than 20%.

Attitudes towards psychotherapy

Percentages and frequencies were used to grope respondents' attitudes towards psychotherapy.

Table 1. Sample by nationality and gender

		Gender		Total
		Male	Female	
Nationality	Oman	102	86	188
	Syria	132	319	451
	Saudi	132	42	174
	Total	366	447	813

Table 2. Information on mental disorders

		Nationality			Total
		Oman	Syria	Saudi	
Do you have any idea about mental disorders?	Yes	161	429	154	744
	No	27	22	20	69
	Total	188	451	174	813

Table 3. Source of information on mental disorders

		Nationality			Total
		Oman	Syria	Saudi	
What is the source of your information on mental disorders?	Personal experience	40	108	36	184
	% of the whole Sample	24.84	25.17	23.8	
	Social media	22	70	32	124
	% of the whole Sample	13.66	16.32	20.78	
	Magazines & books	85	205	76	366
	% of the whole Sample	52.8	47.79	49.35	
	Movies 7 TV shows	8	25	7	40
	% of the whole Sample	4.97	5.83	4.55	
	Friends	6	21	3	30
	% of the whole Sample	3.73	4.90	1.95	
	Total	161	429	154	744

These results are presented in table 5. Data in table 5 indicate that the percentage of respondents in the whole sample who rejected the idea that psychotherapy targets only the crazy and the sick exceeded 90%. As to the belief that psychotherapy targets only people who are weak and unable to solve their problems, the percentage descended to 70%. Percentages of agreement to this belief ranged between 23% and 27.7%. From 5.9% to 1308% of the respondents held a belief that psychotherapists themselves have multiple psychological problems. From 16.0% to 27.3 % were not sure of that. Percentage of those who disagreed with that claim ranged from 59.8% for the Saudi sample (the lowest percentage) to 78.2% for the Omani sample (the highest percentage). Percentages fluctuated for the belief that consulting a doctor and taking prescribed medicine is the best method to deal with a psychological problem. Those who agreed to this belief were 29.3% of the Omani sample, 31.7% of the Syrian sample and 38.5% of the Saudi sample. Disagreement to this belief ranged between 56.3% and 60.3%. A percentage ranging from 87.8% to 98% believed that psychotherapy is beneficial and is not a harmful western invention. Respondents who did not support a correlation between the strength of faith and the need for psychotherapy (59%, 82% and 65% for the Omani, Syrian and Saudi samples respectively) outnumbered respondents who supported such a correlation. Respondents supporting this correlation, on the other hand, ranged between 25.9% (the Saudi sample) and 30.3% (the Omani sample). Only 9.3% of the Syrian sample supported the presence of such a correlation. The majority of the respondents in the three samples did not hold the belief that people of religion are the most capable of dealing with psychological problems. Disagreement percentages were 94.7, 80% and 72.35 for the Syrian, Saudi and Omani samples respectively. The lowest percentage of respondents who rejected this belief was 1.1% (the Syrian sample), whereas the highest percentage was 12.8% (the Omani sample). Those who were not sure ranged between 4.2% (the Syrian sample) and 14.9% (the Omani sample).

Perceptions and attitudes towards mental health disorders. Table 6 below lists data concerning perceptions and attitudes towards mental health disorders among the respondents. Table 6 reveals that the majority of respondents did not believe that psychological disorders are a punishment from God for sin. About 94% of Syrians and 80% of Saudis rejected such a claim. Only 11.5% of Saudis believed that psychological disorders are caused by demon's power, whereas 88.5% did not believe so. Omanis were close to that percentage. For the Syrian' sample, 99.1% did not believe that psychological disorders are caused by demon's power. The percentage was 64.0% for those who believed that weakness of faith is the major cause of psychological disorders. About 35.1% did not believe so. The percentages of Saudis who agreed (51.1%) and disagreed (48.9%) to this claim were comparable. As to the Syrian sample, 67.6% disagreed and 23.1% agreed. As to the conception of hysteria, the three samples showed comparable agreement (42%) and disagreement (57%). About 95.6%, 85.1% and 81.6% of the Syrian, Saudi and Omani samples rejected the idea that mental health disorders are stigmatizing. It is noticeable that some misconceptions about the origin of some mental health disorders existed among respondents. For instance, 55.2% of the Saudi sample, 66.5% of the Omani sample and 15% of the Syrian sample believed anxiety to be caused by demon's whispers. It is obvious therefore that there was a big difference between Syrians and Omanis concerning this misconception, as 84.3% of Syrians disagreed to this claim, whereas only 33.5% of Omanis disagreed to it. A misconception also existed concerning hysteria being madness that afflicts people. The percentages of agreement and disagreement to this false idea were similar. Saudis were the first to view hysteria as madness, followed by Omani and Syrians. As to the time span of mental health disorders, 90% of the whole sample agreed that they do not last forever. Only about 7.3 to 16.00% of the respondents believed that it is better to avoid those who are psychologically disturbed. The majority disagreed to this idea.

Table 4. Respondents' conception of Psychotherapy

An effective way to cope with psychological and life problems				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	7	3.7
		Don't know	3	1.6
		Agree	178	94.7
Syrian	n=451	Don't Agree	18	4.0
		Don't know	12	2.7
		Agree	421	93.3
Saudi	n=174	Don't Agree	14	8.0
		Don't know	10	5.7
		Agree	150	86.2
It is a profession practiced by psychiatrists				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	23	12.2
		Don't know	6	3.2
		Agree	159	84.6
Syrian	n=451	Don't Agree	128	28.4
		Don't know	9	2.0
		Agree	314	69.6
Saudi	n=174	Don't Agree	31	17.8
		Don't know	8	4.6
		Agree	135	77.6
It is something that anyone with a psychological background can do				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	127	67.6
		Don't know	21	11.2
		Agree	40	21.3
Syrian	n=451	Don't Agree	367	81.4
		Don't know	32	7.1
		Agree	52	11.5
Saudi	n=174	Don't Agree	116	66.7
		Don't know	17	9.8
		Agree	41	23.6
It is a discipline that helps people solve their psychological problems				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	5	2.7
		Don't know	1	.5
		Agree	182	96.8
Syrian	n=451	Don't Agree	15	3.3
		Don't know	9	2.0
		Agree	427	94.7
Saudi	n=174	Don't Agree	5	2.9
		Don't know	6	3.4
		Agree	163	93.7
A method of scientific research				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	79	42.0
		Don't know	25	13.3
		Agree	84	44.7
Syrian	n=451	Don't Agree	171	37.9
		Don't know	54	12.0
		Agree	226	50.1
Saudi	n=174	Don't Agree	65	37.4
		Don't know	27	15.5
		Agree	82	47.1
Is a profession practiced by someone specialized in psychology				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	23	12.2
		Don't know	6	3.2
		Agree	159	84.6
Syrian	n=451	Don't Agree	82	18.2
		Don't know	25	5.5
		Agree	344	76.3
Saudi	n=174	Don't Agree	20	11.5
		Don't know	8	4.6
		Agree	146	83.9
Psychotherapy is psychoanalysis which analyzes the psychology of people				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	70	37.2
		Don't know	15	8.0
		Agree	103	54.8
Syrian	n=451	Don't Agree	259	57.4
		Don't know	28	6.2
		Agree	164	36.4
Saudi	n=174	Don't Agree	84	48.3
		Don't know	21	12.1
		Agree	69	39.7

Continue .....

It is a medicine that a person takes to solve his own problems				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	129	68.6
		Don't know	14	7.4
		Agree	45	23.9
Syrian	n=451	Don't Agree	371	82.3
		Don't know	23	5.1
		Agree	57	12.6
Saudi	n=174	Don't Agree	123	70.7
		Don't know	19	10.9
		Agree	32	18.4
A profession practiced by a specialist in psychology with a license to do so				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	16	8.5
		Don't know	7	3.7
		Agree	165	87.8
Syrian	n=451	Don't Agree	59	13.1
		Don't know	32	7.1
		Agree	360	79.8
Saudi	n=174	Don't Agree	10	5.7
		Don't know	14	8.0
		Agree	150	86.2
I have no idea what psychotherapy is				
Sample			Frequency	Percent
Omani	n=188	Not Agree	152	80.9
		Don't know	17	9.0
		Agree	19	10.1
Syrian	n=451	Not Agree	398	88.2
		Don't know	32	7.1
		Agree	21	4.7
Saudi	n=174	Not Agree	140	80.5
		Don't know	13	7.5
		Agree	21	12.1

Table 5. Attitude towards Psychotherapy

Psychotherapy is intended for the crazy and the sick only				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	174	92.6
		Don't know	5	2.7
		Agree	9	4.8
Syrian	n=451	Don't Agree	442	98.0
		Don't know	1	.2
		Agree	8	1.8
Saudi	n=174	Don't Agree	162	93.1
		Don't know	4	2.3
		Agree	8	4.6
Psychotherapy is only for the weak and helpless to solve their problems				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	132	70.2
		Don't know	4	2.1
		Agree	52	27.7
Syrian	n=451	Don't Agree	341	75.6
		Don't know	6	1.3
		Agree	104	23.1
Saudi	n=174	Don't Agree	128	73.6
		Don't know	4	2.3
		Agree	42	24.1
Psychotherapists are people with many psychological problems				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	147	78.2
		Don't know	30	16.0
		Agree	11	5.9
Syrian	n=451	Don't Agree	293	65.0
		Don't know	123	27.3
		Agree	35	7.8
Saudi	n=174	Don't Agree	104	59.8
		Don't know	35	20.1
		Agree	35	20.1
In the case of a psychological problem, it is best to see a doctor and make him prescribe a medicine				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	112	59.6
		Don't know	21	11.2
		Agree	55	29.3
Syrian	n=451	Don't Agree	272	60.3
		Don't know	36	8.0
		Agree	143	31.7
Saudi	n=174	Don't Agree	98	56.3
		Don't know	9	5.2
		Agree	67	38.5

Continue ……..

In the case of a psychological problem, it is best to see a doctor and make him prescribe a medicine				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	112	59.6
		Don't know	21	11.2
		Agree	55	29.3
Syrian	n=451	Don't Agree	272	60.3
		Don't know	36	8.0
		Agree	143	31.7
Saudi	n=174	Don't Agree	98	56.3
		Don't know	9	5.2
		Agree	67	38.5
Psychotherapy is a western invention that hurts us more than it benefits us				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	165	87.8
		Don't know	13	6.9
		Agree	10	5.3
Syrian	n=451	Don't Agree	442	98.0
		Don't know	5	1.1
		Agree	4	.9
Saudi	n=174	Don't Agree	155	89.1
		Don't know	10	5.7
		Agree	9	5.2
A person whose faith is strong does not need psychotherapy				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	111	59.0
		Don't know	20	10.6
		Agree	57	30.3
Syrian	n=451	Don't Agree	370	82.0
		Don't know	39	8.6
		Agree	42	9.3
Saudi	n=174	Don't Agree	114	65.5
		Don't know	15	8.6
		Agree	45	25.9
People of religion are the most capable of solving the psychological problems of people				
Sample			Frequency	Percent
Omani	n=188	Don't Agree	136	72.3
		Don't know	28	14.9
		Agree	24	12.8
Syrian	n=451	Don't Agree	427	94.7
		Don't know	19	4.2
		Agree	5	1.1
Saudi	n=174	Don't Agree	140	80.5
		Don't know	22	12.6
		Agree	12	6.9

Table 6. Perceptions and attitudes towards mental health disorders

Mental Health disorders are a punishment from God for sinning			
Sample		Frequency	Percent
Omani	No	161	85.6
	yes	27	14.4
Syrian	No	424	94.0
	yes	27	6.0
Saudi	No	140	80.5
	yes	34	19.5
Mental Health disorders are the result of supernatural powers on people			
Sample		Frequency	Percent
Omani	No	169	89.9
	yes	19	10.1
Syrian	No	447	99.1
	yes	4	.9
Saudi	No	154	88.5
	yes	20	11.5
Lack of faith causes mental illness			
Sample		Frequency	Percent
Omani	No	66	35.1
	yes	122	64.9
Syrian	No	347	76.9
	yes	104	23.1
Saudi	No	85	48.9
	yes	89	51.1
Hysteria is a madness that afflicts humans			
Sample		Frequency	Percent
Omani	No	108	57.4
	yes	80	42.6
Syrian	No	261	57.9
	yes	190	42.1
Saudi	No	74	42.5
	yes	100	57.5

Continue …….

Mental health disorders are stigmatizing			
Sample		Frequency	Percent
Omani	No	160	85.1
	yes	28	14.9
Syrian	No	431	95.6
	yes	20	4.4
Saudi	No	142	81.6
	yes	32	18.4
Anxiety is caused by the whispers of Satan			
Sample		Frequency	Percent
Omani	No	63	33.5
	yes	125	66.5
Syrian	No	380	84.3
	yes	71	15.7
Saudi	No	78	44.8
	yes	96	55.2
Mental Health disorders last a lifetime			
Sample		Frequency	Percent
Omani	No	174	92.6
	yes	14	7.4
Syrian	No	427	94.7
	yes	24	5.3
Saudi	No	162	93.1
	yes	12	6.9
It is best to avoid people with Mental Health disorders			
Sample		Frequency	Percent
Omani	No	158	84.0
	yes	30	16.0
Syrian	No	418	92.7
	yes	33	7.3
Saudi	No	148	85.1
	yes	**26**	**14.9**
I'd rather not work with someone with a mental health disorder			
Sample		Frequency	Percent
Omani	No	119	63.3
	yes	69	36.7
Syrian	No	323	71.6
	yes	128	28.4
Saudi	No	100	57.5
	yes	74	42.5
It is the nature of man and his actions that cause mental disorders			
Sample		Frequency	Percent
Omani	No	61	32.4
	yes	127	67.6
Syrian	No	183	40.6
	yes	268	59.4
Saudi	No	81	46.6
	yes	93	53.4
No person with a mental disorder should be held responsible for the disorder			
Sample		Frequency	Percent
Omani	No	140	74.5
	yes	48	25.5
Syrian	No	331	73.4
	yes	120	26.6
Saudi	No	120	69.0
	yes	54	31.0
Psychosocial support services should be provided in every region			
Sample		Frequency	Percent
Omani	No	10	5.3
	yes	178	94.7
Syrian	No	5	1.1
	yes	446	98.9
Saudi	No	13	7.5
	yes	161	92.5
People with mental health disorders are dangerous			
Sample		Frequency	Percent
Omani	No	169	89.9
	yes	19	10.1
Syrian	No	413	91.6
	yes	38	8.4
Saudi	No	145	83.3
	yes	29	16.7

Table 7. ANOVA for the differences among the three samples in attitudes towards mental health disorders

		Sum of Squares	df	Mean Square	F	Sig	Sample	N	Mean	Std. Deviation	Std. Error
Mental Health disorders are a punishment from God for sinning	Between Groups	2.613	2	1.306	13.947	.000	Omani	188	1.1436	.35164	.02565
	Within Groups	75.862	810	.094			Syrian	451	1.0599	.23750	.01118
	Total	78.475	812				Saudi	174	1.1954	.39765	.03015
							Total	813	1.1082	.31088	.01090
Mental disorders are due to jinn haunting people	Between Groups	1.980	2	.990	20.699	.000	Omani	188	1.1011	.30222	.02204
	Within Groups	38.745	810	.048			Syrian	451	1.0089	.09386	.00442
							Saudi	174	1.1149	.31987	.02425
	Total	40.726	812				Total	813	1.0529	.22395	.00785
Mental Health disorders are the result of supernatural powers on people	Between Groups	15.916	2	7.958	41.412	.000	Omani	188	1.3511	.47858	.03490
							Syrian	451	1.1907	.39328	.01852
	Within Groups	155.649	810	.192			Saudi	174	1.5402	.49982	.03789
	Total	171.565	812				Total	813	1.3026	.45966	.01612
Lack of faith causes mental illness	Between Groups	26.627	2	13.314	64.838	.000	Omani	188	1.6489	.47858	.03490
							Syrian	451	1.2306	.42168	.01986
	Within Groups	166.325	810	.205			Saudi	174	1.5115	.50131	.03800
	Total	192.952	812				Total	813	1.3875	.48747	.01710
Hysteria is a madness that affects humans	Between Groups	3.169	2	1.585	6.469	.002	Omani	188	1.4255	.49574	.03616
							Syrian	451	1.4213	.49431	.02328
	Within Groups	198.442	810	.245			Saudi	174	1.5747	.49581	.03759
	Total	201.611	812				Total	813	1.4551	.49829	.01748
Mental health disorders are stigmatizing	Between Groups	3.070	2	1.535	18.005	.000	Omani	188	1.1489	.35698	.02604
							Syrian	451	1.0443	.20609	.00970
	Within Groups	69.058	810	.085			Saudi	174	1.1839	.38853	.02945
	Total	72.128	812				Total	813	1.0984	.29804	.01045
Anxiety is caused by the whispers of Satan	Between Groups	42.379	2	21.189	118.577	.000	Omani	188	1.6649	.47329	.03452
							Syrian	451	1.1574	.36461	.01717
	Within Groups	144.745	810	.179			Saudi	174	1.5517	.49875	.03781
	Total	187.124	812				Total	813	1.3592	.48005	.01684
It is best to avoid people with mental Health disorders	Between Groups	1.344	2	.672	6.986	.001	Omani	188	1.1596	.36719	.02678
	Within Groups	77.913	810	.096			Syrian	451	1.0732	.26071	.01228
							Saudi	174	1.1494	.35754	.02710
	Total	79.257	812				Total	813	1.1095	.31242	.01096
I'd rather not work with someone with a mental health disorder	Between Groups	2.791	2	1.395	6.354	.002	Omani	188	1.3670	.48328	.03525
							Syrian	451	1.2838	.45135	.02125
	Within Groups	177.876	810	.220			Saudi	174	1.4253	.49581	.03759
	Total	180.667	812				Total	813	1.3333	.47169	.01654
Mental health disorders are cured on their own	Between Groups	.952	2	.476	6.845	.001	Omani	188	1.0798	.27169	.01981
							Syrian	451	1.0510	.22024	.01037
	Within Groups	56.320	810	.070			Saudi	174	1.1379	.34582	.02622
	Total	57.272	812				Total	813	1.0763	.26558	.00931
Psychiatric patients cause problems for themselves and do not deserve sympathy	Between Groups	.585	2	.292	6.174	.002	Omani	188	1.0851	.27979	.02041
							Syrian	451	1.0266	.16111	.00759
	Within Groups	38.348	810	.047			Saudi	174	1.0747	.26369	.01999
	Total	38.932	812				Total	813	1.0504	.21897	.00768
It is the nature of man and his actions that cause mental disorders	Between Groups	1.834	2	.917	3.844	.022	Omani	188	1.6755	.46943	.03424
							Syrian	451	1.5942	.49158	.02315
	Within Groups	193.246	810	.239			Saudi	174	1.5345	.50025	.03792
	Total	195.080	812				Total	813	1.6002	.49015	.01719
Life stresses cause mental health disorders	Between Groups	.502	2	.251	5.170	.006	Omani	188	1.9362	.24510	.01788
	Within Groups	39.328	810	.049			Syrian	451	1.9690	.17362	.00818
	Total	39.830	812				Saudi	174	1.9080	.28979	.02197

Continue ….

Mental disorders are curable	Between Groups	.320	2	.160	4.266	.014	Total	813	1.9483	.22148	.00777
							Omani	188	1.9574	.20239	.01476
	Within Groups	30.420	810	.038			Syrian	451	1.9756	.15443	.00727
	Total	30.740	812				Saudi	174	1.9253	.26369	.01999
If one of my friends had a mental disorder, I'd break up with him	Between Groups	.545	2	.273	4.853	.008	Total	813	1.9606	.19457	.00682
							Oman	188	1.0798	.27169	.01981
	Within Groups	45.501	810	.056			Syria	451	1.0377	.19067	.00898
	Total	46.047	812				Saudi	174	1.0977	.29777	.02257
Psychosocial support services should be provided in every region	Between Groups	.594	2	.297	9.103	.000	Total	813	1.0603	.23813	.00835
	Within Groups	26.441	810	.033			Oman	188	1.9468	.22501	.01641
							Syria	451	1.9889	.10482	.00494
	Total	27.036	812				Saudi	174	1.9253	.26369	.01999
People with mental health disorders are ridiculous and laughable	Between Groups	.541	2	.270	5.573	.004	Total	813	1.9656	.18247	.00640
							Oman	188	1.0745	.26323	.01920
	Within Groups	39.290	810	.049			Syria	451	1.0288	.16750	.00789
	Total	39.830	812				Saudi	174	1.0862	.28148	.02134
People with mental health disorders are dangerous	Between Groups	.858	2	.429	4.570	.011	Total	813	1.0517	.22148	.00777
							Oman	188	1.1011	.30222	.02204
	Within Groups	76.045	810	.094			Syria	451	1.0843	.27808	.01309
	Total	76.903	812				Saudi	174	1.1667	.37375	.02833

Table 8. Post-hoc-Test LSD

Dependent Variable	(I) sample	(J) Sample	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Mental Health disorders are punishment from God for sinning	Omani	Syrian	.08375*	.02657	.002	.0316	.1359
	Syrian	Omani	-.08375-*	.02657	.002	-.1359-	-.0316-
		Saudi	-.13554-*	.02731	.000	-.1891-	-.0819-
Mental disorders are due to jinn haunting people	Omani	Syrian	.09219*	.01899	.000	.0549	.1295
		Saudi	-.01388-	.02301	.547	-.0590-	.0313
Mental Health disorders are the result of supernatural powers on people	Omani	Syrian	.16038*	.03806	.000	.0857	.2351
		Saudi	-.18917-*	.04611	.000	-.2797-	-.0986-
	Syrian	Omani	-.16038-*	.03806	.000	-.2351-	-.0857-
		Saudi	-.34954-*	.03912	.000	-.4263-	-.2728-
Lack of faith causes mental illness	Omani	Syrian	.41834*	.03934	.000	.3411	.4956
		Saudi	.13744*	.04767	.004	.0439	.2310
Hysteria is a madness that affects humans	Omani	Syrian	.00425	.04297	.921	-.0801-	.0886
		Saudi	-.14918-*	.05207	.004	-.2514-	-.0470-
	Syrian	Omani	-.00425-	.04297	.921	-.0886-	.0801
		Saudi	-.15343-*	.04417	.001	-.2401-	-.0667-
Mental health disorders are stigmatizing	Omani	Syrian	.10459*	.02535	.000	.0548	.1543
		Saudi	-.03497-	.03072	.255	-.0953-	.0253
	Syrian	Omani	-.10459-*	.02535	.000	-.1543-	-.0548-
		Saudi	-.13956-*	.02606	.000	-.1907-	-.0884-
Anxiety is caused by the whispers of Satan	Omani	Syrian	.50747*	.03670	.000	.4354	.5795
		Saudi	.11317*	.04447	.011	.0259	.2005
	Syria	Omani	-.50747-*	.03670	.000	-.5795-	-.4354-
		Saudi	-.39430-*	.03773	.000	-.4683-	-.3202-
It is best to avoid people with mental Health disorders	Omani	Syrian	.08640*	.02692	.001	.0336	.1393
		Saudi	.01015	.03263	.756	-.0539-	.0742
	Syrian	Omani	-.08640-*	.02692	.001	-.1393-	-.0336-
		Saudi	-.07625-*	.02768	.006	-.1306-	-.0219-
I'd rather not work with someone with a mental health disorder	Omani	Syrian	.08321*	.04068	.041	.0034	.1631
		Saudi	-.05827-	.04930	.238	-.1550-	.0385
	Syrian	Omani	-.08321-*	.04068	.041	-.1631-	-.0034-
		Saudi	-.14147-*	.04182	.001	-.2236-	-.0594-
	Saudi	Oman	.05827	.04930	.238	-.0385-	.1550
		Syria	.14147*	.04182	.001	.0594	.2236
Mental health disorders are cured on their own	Omani	Syrian	.02879	.02289	.209	-.0161-	.0737
		Saudi	-.05814-*	.02774	.036	-.1126-	-.0037-
	Syria	Omani	-.02879-	.02289	.209	-.0737-	.0161
		Saudi	-.08693-*	.02353	.000	-.1331-	-.0407-
Psychiatric patients cause problems for themselves and do not deserve sympathy	Oman	Syrian	.05850*	.01889	.002	.0214	.0956
		Saudi	.01039	.02289	.650	-.0345-	.0553
	Syrian	Omani	-.05850-*	.01889	.002	-.0956-	-.0214-
		Saudi	-.04811-*	.01942	.013	-.0862-	-.0100-
It is the nature of man and his actions that cause mental disorders	Omani	Syrian	.08130	.04240	.056	-.0019-	.1645
		Saudi	.14105*	.05138	.006	.0402	.2419
	Syria	Omani	-.08130-	.04240	.056	-.1645-	.0019
		Saudi	.05975	.04359	.171	-.0258-	.1453
If one of my friends had a mental disorder, I'd break up with him	Omani	Syrian	.04209*	.02058	.041	.0017	.0825
		Saudi	-.01791-	.02493	.473	-.0669-	.0310
	Syrian	Omani	-.04209-*	.02058	.041	-.0825-	-.0017-
		Saudi	-.06001-*	.02115	.005	-.1015-	-.0185-
Psychosocial support services should be provided in every region	Omani	Syrian	-.04211-*	.01568	.007	-.0729-	-.0113-
		Saudi	.02152	.01901	.258	-.0158-	.0588
	Syria	Omani	.04211*	.01568	.007	.0113	.0729
		Saudi	.06363*	.01612	.000	.0320	.0953
People with mental health disorders are ridiculous and laughable	Omani	Syrian	.04564*	.01912	.017	.0081	.0832
		Saudi	-.01174-	.02317	.613	-.0572-	.0337
	Syrian	Omani	-.04564-*	.01912	.017	-.0832-	-.0081-
		Saudi	-.05738-*	.01966	.004	-.0960-	-.0188-
People with mental health disorders are dangerous	Omani	Syrian	.01681	.02660	.528	-.0354-	.0690
		Saudi	-.06560-*	.03223	.042	-.1289-	-.0023-
	Syrian	Omani	-.01681-	.02660	.528	-.0690-	.0354
		Saudi	-.08241-*	.02734	.003	-.1361-	-.0287-

P = 0.05

About 79.3% of the Omani sample did not believe that mental health disorders cause shame to the family. The counterpart percentages for Syrians and Saudis were 86% and 73% respectively. About 71.6%, 63.3%, and 57.5% of Syrians, Omanis, and Saudis respectively do not mind working with a psychologically disturbed individual. It is noticeable here that 42.5% of Saudis do not prefer to work with a psychologically disturbed person, which is somehow a high percentage. The majority of respondents in the whole sample did not believe that mental health disorders are cured on their own. Only 32.4% of the Omani sample did not believe that there is a relationship between the human nature/behavior and the origins of mental health disorders, while 67.6% believed so. Similarly, 40.6% of Syrians did not correlate between behavior and mental health disorders, while 59.4% did. Agreement and disagreement percentages of Saudis to this claim were similar to their Syrian counterparts. The majority (higher than 90%) of the respondents supported a relationship between life stresses and mental health disorders. About 25.5% of Omani and Syrian respondents agreed that psychologically disturbed individuals should not be held responsible. The counterpart percentage for the Saudi sample was a bit higher (31%). The percentages of those who disagreed with this idea ranged from 69% to 74.5%. From 92.5% to 98.9% of respondents in the three samples supported the necessity of spreading psychologically services in all provinces. About 89.9% of the Omani sample and 83.3% of the Saudi sample did not conceive of psychologically disturbed individuals as dangerous. The counterpart percentage for the Syrian sample was a bit higher (91.6).

Differences in attitudes towards mental health disorders

To explore differences among the three samples in attitudes towards mental health disorders, one-way analysis of variance was used. Table 7 presents the results of the ANOVA statistics. It is clear from table 7 that there were differences among samples in all items. To identify the significance of differences, the value of the least significant difference (LSD) was computed. Table 8 below presents the results of this analysis. As listed in table 8, there were significant differences among the three samples concerning perceptions of mental health disorders.

These differences can be summarized as follows

- The difference between Syrians and Saudis was significant concerning the belief that mental health disorders are a punishment from God. Saudis were more inclined to hold this belief. The difference between Omanis on one hand and Syrians and Saudis on the other was not significant.
- Omanis and Saudis were more inclined than Syrians to believe that mental health disorders are caused by possession of demons. Differences were significant between Syrians on one hand and Omanis and Saudis on the other. There were no significant differences between Omanis and Saudis concerning this belief, although Saudis are slightly more inclined to attribute causes of mental health disorders to supernatural powers.
- As to the belief that magic causes mental health disorders, there were significant differences between Omanis and Syrians, between Omanis and Saudis and between Saudis and Syrians. Saudis were the highest to attribute mental health disorders to magic, followed by Omanis and Syrians respectively.
- Omanis attributed mental health disorders to weak faith in God more than Saudis did. Syrians showed the least support for this belief. Differences were significant between Omanis and Saudis, between Omanis and Syrians and between Syrians and Saudis.
- There were significant differences between Saudis and Omanis and between Saudis and Syrians in the belief that hysteria is a madness that afflicts people. Differences in this belief were in favor of the Saudi sample, followed by the Omani sample then the Syrian sample.
- Differences between Syrians and Saudis and between Omanis and Saudis in the belief that mental health disorders are stigmatizing were statistically significant. Saudis showed the strongest agreement to this belief, followed by Omanis then Syrians.
- There were significant differences between Omanis and Syrians and between Saudis and Syrians in the belief that mental health disorders are caused by whispers of the devil. Omanis showed the strongest agreement to this belief, followed by Saudis then Syrians.
- As to the issue of avoiding individuals with mental health disorders, there were significant differences between Omanis and Syrians in favor of Omanis. The difference was also significant between Syrians and Saudis. A bigger number of Saudis preferred avoiding the psychologically disturbed.
- As to unwillingness to work with psychologically disturbed individuals, there were significant differences between Omanis and Saudis on one hand and Syrians on the other. A bigger number of Omanis and Saudis reported, that there are being less willing to work with psychologically disturbed individuals compared to Syrians.
- There were significant differences between Omanis and Saudis and between Saudis and Syrians in the belief that mental health disorders are cured on their own in favor of Omanis and Saudis. The Saudi sample showed the strongest support for this belief followed by the Omani sample and the Syrian sample.
- There were significant differences between Omanis and Syrians and between Syrians and Saudis in the belief that people with mental health disorders cause illness to themselves and therefore do not deserve any sympathy. The Omani sample was the most inclined to this belief, whereas the Syrian sample was the least inclined to it.
- Differences between Omanis and Syrians in the belief that the reason beyond mental health disorders is the human nature/behavior were significant in favor of Omanis. Differences were also significant between Omanis and Saudis concerning this belief. Differences between Saudis and Syrians in this belief were not significant.
- Syrians differed significantly from Saudis in the belief that that life stresses cause mental health disorders. The difference was in favor of the Syrian sample. No significant differences were found between Omanis on one hand and Saudis and Syrians on the other.

- As to the belief that mental health disorders are curable, the only significant difference was between Saudis and Syrians. Syrians held a stronger belief that mental health disorders are curable.
- There were significant differences between Saudis and Syrians and between Omanis and Syrians in the preference to avoid developing relationships with psychologically disturbed people. Saudis were the most inclined to avoiding relationships with psychologically disturbed individuals, followed by Omanis and Syrians.
- There were significant differences between Syrians on one hand and Omanis and Saudis on the other concerning the necessity of generalizing psychological services in all provinces. Syrians were the most supportive of that idea, followed by Omanis and then the Saudis.
- There were significant differences between Syrians one hand and Omanis and Saudis on the other concerning the idea that psychologically disturbed individuals are ridiculous. Syrians were the lowest to believe in that idea followed by Omanis and then the Saudis.
- There were significant differences between Saudis one hand and Omani and Syrians on the other in the belief that people with mental health disorders are dangerous. Syrians were the lowest to hold this belief, followed by Omanis and then the Saudis.

Delimitations

- The study was conducted between August 2017 and April 2018.
- Volunteer respondents having access to the internet in some Arab countries participated in the study. That is, the samples were not representative of the societies they were taken from.
- The questionnaire developed by the researchers covered only issues related to this study.
- The statistical methods used to answer the study questions should be considered in the generalizability of results.

Conclusions and implications

This study aimed to survey perceptions and attitudes of respondents from different Arab countries towards psychotherapy and mental health disorders. This was done first by surveying respondents' perceptions and attitudes towards psychotherapy and mental health disorders and second by exploring differences respondents in those perceptions and attitudes. One of the study aims was to compare the responses of respondents from a large number of Arab countries. Therefore, an electronic questionnaire was designed. However, most respondents were from three Arab countries: The Sultanate of Oman, The Syrian Arab Rebuplic and the Kingdom of Saudi Arabia. Respondents from other Arab countries were very few and were therefore excluded. Results revealed that respondents had information on mental health disorders from different sources. Books and magazines proved to be the main sources of respondents' information, which indicates a general interest to gain information on mental health disorders. That movies and serials were poor sources of information is due to the fact that such movies and serials rarely tackle issues relevant to mental health disorders. Also, results revealed an overall good general understanding among respondents of the nature of psychotherapy. They conceived of psychotherapy as a profession of helping people with mental health disorders practiced by licensed and qualified professionals. They knew a lot about psychotherapy. However, percentages of agreement that psychotherapy is a profession practiced by physicians varied from a sample to another. Syrians were the least to believe so (28%). Syrians were also the most knowledgeable of the fact that psychotherapy is a profession that cannot be practiced by anyone with a psychological background and that it entails accredited licensure. The case is somehow different with Saudis and Omanis. Almost One-fourth of the Saudi and Omani respondents believed that having a general knowledge of psychology is enough to practice psychotherapy. This can be due to the confusion in the field concerning the granting of licenses to centers without making sure that personnel in them are suitably qualified. Also, there was some ambiguity about whether or not psychotherapy is a scientific method. From about the third to the half of respondents saw psychotherapy as a scientific method.

Thus, there seemed to be some ambiguity about this among respondents. Percentages varied in regard to the popular belief that psychotherapy is psychoanalysis that does not entail profound knowledge of what psychoanalysis is. More than half of the Omani sample, almost third of the Saudi sample and less than third of the Syrian sample viewed psychotherapy as psychoanalysis. This may be due to the stereotype that media (movies and serials) instills in people's minds. Again this indicates some confusion regarding the nature of psychotherapy. Therefore, the right concept of psychotherapy and its purposes need to be instilled in the public awareness. A high percentage of the respondents distinguished between medication and the nature of psychotherapy. However, there was still a percentage of respondents who believed that psychotherapy is equivalent to the prescription of medicine. About one-fourth of Omanis believed so. There seemed to be an agreement about the practitioner of psychotherapy, but there was some confusion about the nature of the profession among a small percentage of the public. Overall, respondents' attitudes towards psychotherapy were found to be positive. This finding is consistent with other earlier studies conducted in the Arabic environment (e.g., Barakat and Hassan, 2006; Hamad, 2016; Megran and Arradaan, 2017). It is nevertheless inconsistent with other studies (e.g., Abdel-Khalek and Immam, 1982; Shoqair, 1994; Abdulrahman and Abduljawad, 1998). Respondents in the present study did not hold that psychotherapy targets only people with mental disorders. However, about one-third of the respondents were either supportive of the claim that psychotherapist themselves have mental health disorders or were not sure about that. This can be a negative attitude linked with the image of the psychotherapist. Respondents also had a positive attitude towards psychotherapy by admitting its benefits and rejecting the claim that it is a western fad. However, there were some differences in attitudes concerning the idea that psychotherapy targets only people who are unable to solve their problems. Almost one-fourth of respondents held that belief. There were also differences in attitudes concerning the relationship between faith and psychotherapy. For instance, more than half of the Omanis and Saudis believed that even people with strong faith may need psychotherapy. The remaining respondents were either unsure or supportive of the opposite.

Differences were significant between Omanis and Saudis and between Omanis and Saudis on one hand and Syrians on the other. This means that connecting the strength of faith to psychotherapy may produce a negative attitude towards the latter. Some people may avoid psychotherapy not to be accused of having weak faith. Syrians, on the other hand, did not believe in such a connection. About 30% of Omanis were either supportive or unsure of the idea that people of religion are the most capable of helping people with mental health problems. None of the Syrian-Sample believed in that idea. This common belief among Omanis and Saudis can be due to cultural grounds, as the influence of religion on people in these two countries is stronger. Attitudes of all the respondents were positive in regard to the nature of mental health disorders. Although the majority of the respondents did not conceive of mental health disorders as punishment from God, a high percentage of the Omani sample, half of the Saudi sample and about one-fourth of the Syrian sample correlated mental health disorders with weak faith in God. Differences in this respect were significant between the Saudi and Syrian samples and insignificant between the Omani and Saudi samples. The reasons for that are mainly cultural since people in the Omani and Saudi societies tend to confuse religious and psychological issues to a large extent that they sometimes attribute mental health disorders and the current world's problems to hesitant faith. This, of course, has an adverse effect on people's understanding of mental health disorders and the mechanisms of dealing with them. The idea of attributing mental health disorders to supernatural powers is rooted in our past and still exists among the common.

However, it seems that this belief is disappearing. The percentage of those who held that belief in the three samples did not exceed 12%. The lowest percentage was among Syrians (0.9%). This can be due to the characteristics of the Syrian sample, as most of the Syrians who responded to the questionnaire were with good education and intellectuality. The case is different when it comes to the belief that anxiety is caused by devil's whispers. This belief proved to be strong among Omanis (65%) and Saudis (55%). Only less than 15% of Syrians held that belief. Such a belief can be due to a prevalent idea that people with a strong belief system live in tranquility, which weakens the influence of the devil on them. In this respect, there were significant differences between Omanis and Saudis on one hand and Syrians on the other in the belief that demons are responsible for mental health disorders. There were also significant differences among the three samples concerning the attribution of mental health disorders to magical powers. Saudis were the strongest believers in magical powers, followed by Omanis and then the Syrians. There were differences in the opinion about a connection between human nature/behavior and mental health disorders. There seems to be lack of clarity about this. Percentages of agreement and disagreement between Syrians and Saudis were equal. The significant difference was in favor of the Omani sample where 30% did not agree to such connection. Also, the Syrian sample was significantly higher than the Saudi sample in favoring the idea that life stresses cause mental health disorders. The majority of respondents, especially Syrians rejected the belief that mental health disorders are stigmatizing. That is, they did not believe that having individuals with mental health disorders in the family is shameful. This was also supported by an overall high rejection among respondents of the preference to avoid psychologically disturbed people. The case was nonetheless slightly different concerning the idea of working with people with mental health disorders where from about one-third to the half of respondents in the three samples preferred not to working with people with mental health disorders. The same applied to the tendency to evade developing relationships with the psychologically disturbed. Saudis and Omanis were more supportive of such an avoidance compared to Syrians. From one-fourth to one-third of all respondents believed that individuals with mental health disorders should not be held responsible for their actions. However, some respondents were reluctant to work/interact with psychologically disturbed individuals and unsure of their being dangerous. Overall, these results indicate a general acceptance of mental health disorders in term of ideas, but the case can be different in terms of actual behavior. Even though attitudes towards mental health disorders among respondents are more positive than negative, there is still a necessity to show more interest in these issues. Generally speaking, respondents were aware the importance of generalizing psychological services to different provinces. Yet, this was more obvious among Syrians than others. This can be due to current conditions in Syria which increase the need for such services. Overall, attitudes towards mental health disorders and psychologically disturbed individuals were positive among the three samples. However, there seemed to some misconceptions about certain issues relevant to the profession of psychotherapy and causes of the mental health disorders. Thus, there is a need to spread awareness of such issues in order to eliminate misconceptions and stereotypes that may exist in Arab societies. These results are not significantly different from the results of European or other studies for overall positive attitudes (eg. Petrowski, Hessel, Körner, Weidner, Brähler, Hinz, 2014; Albani, Blaser, Rusch and Brähler, 2013; Furnham, Adrian, 2009). However, intercultural differences in attitudes towards psychotherapy arise for reasons of nonuse of psychological services and interpretation of the pathogenesis of mental disorders. This requires further research as it is of great importance in providing psychological services to immigrants from different cultures in European or other countries where the number of migrants is increasing. In addition to its importance for the understanding and development of local psychological services in the Arab countries.

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