Counseling Muslim Americans: Issues, Challenges and Strategies

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ABSTRACT

This literature review is on key concepts involved in counseling Muslim Americans including religion, acculturation, role of women, attitudes and family structure. This paper also addresses issues, strategies, and interventions pertaining to counseling Muslim Americans. Specifically, discrimination, prejudice, and media representation will be reviewed. In addition, the strategies elaborated in this paper include: cognitive behavioral therapy, rational emotive behavior therapy and family therapy.

INTRODUCTION

Counseling Muslim Americans: Issues, Challenges, and Strategies

The world consists of different cultures, nationalities, faiths, ethnicities, religions and traditions. Some of the religions include: Christianity, Judaism, Hinduism, Buddhism, Atheist, Agnostic, and Islam. Individuals who practice Christianity are called Christians. In 2017 there were 560 million Protestants found in approximately all of the world’s 234 countries (Johnson, Zurlo, Hickman and Crossing, 2017). “Of these 560 million, only 16 percent are in Europe, with 41 percent in Africa, a figure projected to reach 53 percent by 2050” (Johnson et al., 2017). Individuals who practice Islam (the world’s fastest growing religion) (Inayat, 2007), are called Muslims. Islam continues to grow in the United States with the Muslim population more than doubling from 527,000 in 1990 to 1,349,000 in 2008 (Baggerly and Abugideiri, 2010). According to Ali, Yamada, and Mahmood (2015) Islam is the fastest growing religion in the United States and the Pew Research Center reported there are 2.8 million Muslims living in the United States, making Islam the fourth largest religion in the United States. According to Qasqas and Jerry (2014) there are approximately 1.57 billion Muslims in the world totaling around 23% of the world population. Islam is the second largest faith after Christianity (Inayat, 2007) and despite Islam being the fastest growing religion worldwide and in the United States, there is comparatively little research that discusses the experiences, identity issues, and counseling needs of Muslims (Schlosser, Ali, Ackerman and Dewey, 2009). In the United States, Muslim immigrants account for 77.6 percent while 22.4 percent were U.S. born of Muslims (Al-Krenawi and Graham, 2005). The American Muslim community is a mosaic, in which the members come from all parts of the world with most drawn from Asia, Africa, and the Middle East (Al Krenawi and Graham, 2005). While Islam has two main sects, Sunni and Shia, Muslims vary in several aspects which include: race, ethnicity, national origin, social class, gender, age, religiosity and immigration status (Samari, 2016). Followers of Islam are guided by very clear rules as delineated in the Quran by dictating behaviors and attitudes in all aspects of religious and secular life (El Azayem and Hedayat-Diba, 1994). The Quran is the source of these rules and guidelines assisting Muslims toward fulfilling their faith and protecting themselves from straying away. In accordance to psychological aspects, the belief in reward and punishment constitutes the safety of individual drives in the service of community welfare (El Azayem and Hedayat-Diba, 1994).

Many religions have holy books that individuals read such as the Bible for Christians, the Torah for Jewish populations and the Quran for Muslims. The Quran contains all the principles for Muslims to follow both as their “constitution” for worship as well as for guidance in their daily life (El Azayem and Hedayat-Diba, 1994). The Quran affirms the belief in the “afterlife” as well as punishment and reward significantly based on one’s adherence to the five pillars of the faith which include:
1. The "Shahada" which is the belief that there is no God but Allah and Muhammad is His last prophet
2. The five daily prayers.
3. Giving charity to the needy
4. Fasting during the month of Ramadan
5. A pilgrimage to Mecca at least once in one's lifetime (El Azayem and Hedayat-Diba, 1994).

Islam believes in the absolute oneness and power of Allah along with His mercy and compassion. The most essential doctrine of the Islamic faith is the first pillar the "Shahada," which is the belief that there is no God but Allah and Muhammad is his Apostle. By reading or reciting these words, Muslims testify to the oneness of Allah and gratefully surrender to His will. The second pillar of Islam is the five daily prayers which include Fajr, Zuhur, Asr, Mugrib, and Isha. Muslims are required to perform five daily prayers which are dawn, noon, mid-afternoon, sunset, and evening (El Azayem and Hedayat, 1994). There are specific timings for these prayers and there are specific scriptures from the Quran that must be recited while praying. Prayers can be performed either alone or in groups and can take place anywhere ranging from in the office, at home, in a library, at a shop or in the mosque. Friday prayers include verses from the Quran recited out loud by the Imam and funeral prayers which are mandatory for Muslims. The group prayers at the mosques help Muslims create a sense of familiarity, friendliness, selflessness and equality. The recitation of the Quran during prayer either silently or out loud represents a continuous chain of teaching, listening and memorizing Quranic verses and a reminder that Muslim's daily lives and faith are interconnected (El Azayem and Hedayat, 1994). Therefore, prayers can be viewed as a preventative and inexpensive psychological guard against anxiety and depression.

The third pillar of Islam is giving charity or alms giving to the needy. Being charitable and sharing one’s wealth with the less fortunate is a Muslim virtue emphasized in the Quran. Charity can be given with money, gold, food, or water. Giving charity leads to a sense of kindness that alleviates hatred, enmity and loneliness in the community. It also promotes an emotional attitude of generosity and gratitude that is preventative against depression, guilt feelings and crime. The fourth pillar of Islam is fasting during the month of Ramadan which consists of no water, liquids, or foods of any kind from sunrise to sunset for thirty days. Fasting is another virtue for Muslims that helps regulate strength and will power. Muslims are required to fast during the month of Ramadan from dawn to sunset and abstain from food, liquids, sex, and smoking cigarettes (El Azayem and Hedayat, 1994). People assume Muslims are "starving" themselves for no reason which is not the case. The sick, elderly, pregnant women and nursing women are exempted from fasting. Children are encouraged to fast at the age of seven years old which promotes maturity and spiritual discipline at an earlier age (El Azayem and Hedayat, 1994). Fasting also fosters compassion for the hungry and enhances a sense of gratitude for Allah's gifts of life. The concept behind fasting derives from gaining humility, compassion and kindness for the people who are less fortunate such as populations in poverty. The fifth pillar of Islam is the pilgrimage to Mecca which is essential for Muslims to perform at least once in their lifetime. Muslims from all parts of the world and all socioeconomic backgrounds congregate in the holy city of Mecca without any discrimination among each other (El Azayem and Hedayat, 1994). During this pilgrimage Muslims go on the journey in groups and ask Allah to forgive their sins and grant them His blessings. Approximately two million people every year unite in testimony of their faith (El Azayem and Hedayat, 1994). There are guides, brochures, and how-to books on performing the pilgrimage to Mecca because it is very specific, detail oriented and requires scriptures from the Quran to be read during specific times. The five pillars of Islam represent the importance of how a Muslim man or woman must live his or her life. The importance of the Quran, the five pillars – prayer, fasting, pilgrimage, giving to charity, cultural background and geographic location of the individual are essential in how religion plays a role for Muslim Americans. This paper will discuss the fundamental practices of Muslim Americans and how they impact counseling, the challenges with counseling and strategies/interventions that work best with Muslim Americans in counseling.

**FUNDAMENTAL PRACTICES RELIGION**

Remley and Herlihy (2016) stated that religion represents a significant part in the lives of many clients. Religion is a shared set of practices and beliefs that is associated with spiritual affiliations (Remley and Herlihy, 2016). The role of religion is extremely essential for some Muslim Americans. Also, some Muslims would encourage the use of prayer in counseling. According to Hamjah, Akhir, Ismail and Arib (2015), Islam has several essential components including ibadah (worship), aquidah (belief) and akhlaq (moral). Research indicated counselor's importance of infusing ibadah (worship) in counseling with Muslims clients (Hamjah et al., 2015). Some of the positive reasons why ibadah (worship) was essential in counseling Muslim clients were because it assisted clients in becoming closer to Allah, it assessed and improved clients' abilities to gain insight about themselves and clients accepted qadar (divine will) all of which are significant for helping clients resolve their problems in their lives (Hamjah et al., 2015). Many Muslims, depending on education, occupation and religious devoutness, are disinclined to obtain mental health services because of their belief that Islam should provide all of the answers to personal and family issues (Springer et al., 2009). A troubled husband, wife, parent or child might be more likely to consult with a sheikh at the mosque.
compared to a secular, non-Muslim therapist (Springer et al., 2009). Religious ideology affects the everyday life of the religious and non-religious Muslim Americans (Abu-Baker, 2003).

Selected characteristics are unconditionally held up as representing norms for healthy human functioning (Hodge and Nadir, 2008). Among the characteristics are values such as “individualism, self-determination, independence, self-expression, egalitarian, gender roles, explicit communication that clearly expresses individual opinion and identity rooted in work and love” (Hodge and Nadir, 2008: 32). Life is viewed as a holistic experience in which the spiritual informs all aspects of existence particularly, for the devout Muslim, Islamic teaching shapes the foundation in which other aspects of life are created (Hodge and Nadir, 2008). Islamic teaching promotes the implementation of a number of widely held values among Muslims such as “community, consensus, interdependence, self-control, complementary gender roles, implicit communication that safeguards others’ opinions, and identity rooted in religion, culture, and family” (Hodge and Nadir, 2008: 32). Understanding the role of religion, values, beliefs and traditions is important in counseling Muslim Americans. There are several Muslims that were born and raised in the United States of America and have become westernized along with immigrant Muslims who hold on to their customs, traditions, and beliefs.

ACCULTURATION

Muslims may identify themselves as migrants, refugees, children of migrant/refugee parents or converts to Islam (Armstrong and Munro, 2018). These characteristics may cause different interpretations of being misunderstood, stigmatized and ostracized because of their faith (Armstrong and Munro, 2018). In an environment full of hate, apprehension and controversy that surrounds Muslims in the United States and worldwide, it is understandable how Muslims feel constricted to voice their fears and concerns openly (Inayat, 2007). Additionally, Muslims underutilize mental health services due to having fear and anxiety of what society thinks about them (Inayat, 2007). According to Al-Krenawi, Graham, and Fakher-Aldin (2003) mental health services in the Middle East like those in other non-western countries, have lower utilization rates and higher early termination rates than many western countries despite evidence of higher psychiatric problems. It is understandable that Middle Eastern cultures do not go to a stranger to solve marital, family or psychological problems (Abu-Baker, 2003). There are several reasons why non-westernized cultures such as Middle Easterners, do not utilize mental health services such as:

1. Clinicians in this profession rarely attend to the needs of this population

2. An attempt to offer psychiatric services to Middle Eastern populations resulted in the hospitalization of psychotic patients where the stereotype emerged that psychological services are provided only for “crazy” people

3. There are Muslim Sheikhs, palm readers and fortunetellers who offer therapy for Middle Eastern populations and a portion of the population believes these people have the capacity to solve crisis of a psychological nature and turn to them

4. The role of the extended family plays an essential factor in the support and treatment of psychological, marital and family problems although the extended family may be a source of these problems (Abu-Baker, 2003).

Non-westernized cultures believe the parents are entailed to aid their children psychologically which is another factor why mental health services are underutilized with this population (Abu-Baker, 2003). Furthermore, when mental health workers or school counselors suggest to Muslim parents that they should take their children to therapy, the parents usually refuse. A common response is that the parents witnessed marital problems as children and it did not affect them which is denial and false understanding. Additionally, Middle Eastern cultures judge the behavior of women and men differently. According to Abu-Baker (2013), men can leave their houses without anyone knowing their objectives and can stay away from home for long periods of time. Also, a man can spend money on himself and deprive his wife and children. In contrast, if a woman did any of the behaviors mentioned above, it could result in an immediate divorce and withhold all of her rights as a wife, mother and a member of the community (Abu-Baker, 2003). As a result of this treatment and of the women being encouraged to “veil” and suppress their voices, the percent of Middle Eastern women requiring psychological treatment is much greater than that of Middle Eastern men (Abu-Baker, 2003). Although the view of counseling is extremely negative and low, Middle Eastern population and Muslim men and women would greatly benefit from utilizing counseling and mental health services.

ROLE OF WOMEN

The role of women in Islam incorporates equality. The role of Muslim women in the United States of America continually changes. Some men still hold traditional views of the role of women while others are adopting new roles. According to Saleem and Martin (2018) Muslim women have been stereotyped and often portrayed as subjugated, veiled, oppressed, unqualified, unintelligent, uneducated, at the mercy of patriarchal men and limited to the household. Muslim women are often viewed as powerless yet, they are significant decision makers, sources of guidance, solace for their families and make community decisions by regularly attending mosques and community events (Saleem and
Martin, 2018). Muslim women in the United States of America are obtaining their education and pursuing their educational goals. The role of Muslim women in the United States of America is continuously evolving and changing which can be viewed as either positive or negative for future Muslim women and families. This impacts the counseling profession by Muslim women becoming helping professionals such as teachers, professors and mental health professionals for other Muslims in the United States of America.

FAMILY STRUCTURE

Muslim Americans are collectivistic, family oriented and often involved in a community (Saleem and Martin, 2018). The family structure is important for Muslims worldwide and Muslim Americans. The family structure can vary for Muslim Americans depending on the country of origin and level of acculturation (Sue and Sue, 2013). Family responsibilities and interdependence among members in the Muslim community are essential (Sue and Sue, 2013). In traditional Muslim families, the oldest son is expected to become the head of the family and extended family. Family roles are that the men serve as the providers and head of the family and the women maintain the home and rear children. According to Killawi et al. (2017) Muslim families play a major role in partner selection, courtship and the decision to marry. Traditional Muslims families prefer to discuss issues privately or seek guidance from extended families, the community or the Imam from the local Mosque incorporating Islamic jurisprudence (Armstrong and Munro, 2018).

ATTITUDES TOWARD COUNSELING

Counseling Muslim Americans can be difficult and challenging since they have faced discrimination, prejudice and negative media representation. Muslims have endured and experienced negative attention and considerable discrimination for years which has increased due to the terrorist attacks on September 11, 2001 (Bushfield and Fritzpatrick, 2010). Additionally, the terrorist attacks of September 11, 2001 emphasized a growing need among counselors to understand Islam (Schlosser et al., 2009). Since Muslims already underutilize mental health services, negative media representation following specific events across the world and in the United States, do not encourage this population to trust counseling services or seek counseling. Furthermore, counseling Muslims can involve the relationship between psychological well-being, social customs, and cultural traditions (Abu-Baker, 2003). Some Muslim Americans are really religious and enjoy utilizing faith in counseling such as prayers, religious figures in the community, the Quran and spirituality. The view of counseling is extremely negative and portrayed in a bad fashion among Muslims. Anti-Muslim Semitists are increasingly widespread in the United States and internationally (Samari, 2016).

The unfortunate, recent increase in Islamophobia requires a public health perspective that considers the stigmatized identity of Muslim Americans and health suggestions of Islamophobic discrimination (Samari, 2016). Stigma can be avoided and reduced by assimilating mental health services into non-stigmatizing structures or physical settings such as general health clinics (Al-Krenawi et al., 2003). Furthermore, Muslims not only suffer from discrimination and stigma, there are also several stereotypes about this minority population. According to Samari (2016), stereotype threat is the establishment of negative stereotypes among stigmatized groups, which creates expectations and anxieties that can harmfully affect social and psychological functioning which can also contribute to stress. Additionally, stereotype threat can negatively affect physiological, psychological and self-regulatory processes that attribute to poor growth and health (Samari, 2016). The Muslim population suffers from discrimination and prejudice yet this population does not utilize mental health services due to fear, anxiety, stereotypes, and negative media representation. Along with the fundamental practices of Muslim Americans, this population experiences a variety of different challenges.

CHALLENGES

There are several issues that affect the Muslim American population such as discrimination, racism, prejudice, inequality, media representation and Islamophobia. In order to understand, gain knowledge and provide adequate counseling services for this population, counselors need to understand the issues Muslim Americans experience. This will benefit the counseling profession and mental health professionals in gaining insight about this population and effective interventions to utilize. According to Rassool (2015) the most common mental health issues for Muslims include but are not limited to: anxiety, depression, attention deficit disorder, addictions, psychosocial problems, domestic violence, marital problems, religious delusional behaviors and committing sins like drugs, drinking alcohol and sexual activity.

Discrimination

Discrimination refers to the unfair treatment of certain people regarding race, age or sex. According to Remley and Herlihy (2016) racism refers to discrimination and prejudice against people of color and people of certain ethnic origins. Discrimination at interpersonal and structural levels can be deconstructive for a stigmatized
identity such as Muslim Americans (Samari, 2016). The discriminatory experience for a Muslim American is appearance and religious based (Samari, 2016). The Middle Eastern populations along with other populations associate psychiatric issues, psychological intervention, family therapy and marital therapy as stigmatizing (Al-Krenawi et al., 2003). Young Muslim American men have been found to hide their identities along with Muslim Arab American immigrant women who realized that wearing the hijab or head covering leads to discrimination, which negatively impacts their physical and mental health (Samari, 2016).

**Prejudice**

Prejudice is a preconceived opinion about people or a certain group of people. These opinions can be potentially harmful for Muslim clients causing further underutilization of mental health services. The therapist should evaluate his or her own biases and prejudice toward the Islamic faith and Muslims in general (Springer et al., 2009). Sometimes therapists can let personal issues get in the way of helping the client (Springer et al., 2009). Some examples of biases and prejudice thoughts include: “Do you think Muslim women are oppressed by a patriarchal family system, do you believe that homemakers are inferior to women who work outside the home, do you think that adolescents should have the freedom to date, attend social functions or engage in sexual behaviors” (Springer et al., 2009, p. 232). Such closely and strongly held biases can offend and frustrate a therapy session with Muslim clients (Springer et al., 2009). Therapists and mental health professionals must watch their biases, values and beliefs when providing counseling to Muslim populations.

**Inequality**

Inequality can be demonstrated by lower pay, unfair treatment, demotion at work, verbal abuse, threats, sexual harassment and vandalizing of property. Muslim Americans living in the United States of America are confronted with hate and bias crimes that are accompanied by increased animosity towards them (Pena, 2007). Muslim Americans are constantly being monitored and kept in line by law enforcement agencies with some resulting in detention for indefinite periods of time (Pena, 2007). The civil liberties of Muslims are in danger and many live with the uncertainty of being deported or imprisoned (Pena, 2007). Not only are Muslims facing discrimination, prejudice, and inequality, they are also experiencing negative media representation all across the United States of America and worldwide.

**Media representation**

The media includes television, radio, newspapers, journal articles and online databases. According to Saleem and Martin (2018) Muslims are often portrayed in the media as uneducated, unintelligent and oppressed. Muslims and the Islamic faith have been pushed to the forefront of political dispute due to the distress and wars in Muslim countries with extremist groups who commit acts of violence in the name of Islam (Armstrong and Munro, 2018). These media reports along with images of dark bearded men flaunting weapons and veiled Muslim women consistently portray Muslims as barbaric, backward and specifically Muslim women as victims susceptible to misogynist and systemic violence (Armstrong and Munro, 2018). A term that has been broadly utilized with Muslim and Islam in the media is Islamophobia. According to Husain and Hodge (2016) Islamophobia is either absolute anti-Muslim bigotry due to religious intolerance or racism and xenophobia toward people from the Middle East, North Africa and South Asia who are Muslim or who have a “Muslim-like” appearance. The media representation of Muslims has continuously been negative for years. Across the world there have been significant events such as wars, terrorist attacks, weapons of mass destruction being found, rebellions, genocides and killings. Muslims equate the second largest population in the world yet this population has such unnecessary and negative attention drawn upon them. Since Muslims suffer from so many different avenues of negativity and misrepresentation there are specific techniques, strategies and culturally sensitive approaches utilized particularly for this population.

**STRATEGIES/INTERVENTIONS**

According to Inayat (2007) there are four specific aspects of the counseling relationship that are affected regarding Muslims. These include the therapeutic alliance, the sociopolitical context in which counseling takes place, the acknowledgement of multicultural competencies and training requirements for multicultural counselors. There are some cultural expectations especially concerning marriage that are different in comparison with American expectations (Johnson, 2013). In order to assist Muslims adjust to these realities and to help them fulfill their religious obligations, such as the five daily prayers and special community prayer on Fridays, various Islamic associations have developed organizations including the Islamic Society of North America and the Council on Arab Islamic Relations (Johnson, 2013). These organizations have spoken out against abuses within the Muslim family such as domestic violence and child abuse. These associations also sponsor family activities through the mosque (masjid) where individuals can learn about Islamic law and applications to marriage and family life within a western context (Johnson, 2013). Regardless of strategy, technique, or therapy utilized for Muslims, in order to help this population, therapists should first become knowledgeable about Islam.

Additionally, Springer et al. (2009) articulated that one
must be able to develop a balance between ethnical understanding and sensitivity with awareness of the commonality of the human experience. While cultural and religious components are important to understand, sensitivity to the uniqueness of each individual client may be a requirement to conduct good therapy. Mental health professionals need to ensure they are utilizing their theoretical models in a culturally flexible and sensitive manner. Clinicians can utilize new information about Muslim populations in order to recalibrate their hypothesizing about conceptualization in a culturally-informed method (Springer et al., 2009). Some techniques to utilize while counseling Muslim populations are: assessing counselor biases, encouraging the reluctant client, determining the client’s level of acculturation, assessing historical stress, not rushing therapy, becoming a learner, being responsive to a different communication style, using caution when diagnosing and respecting the importance of family role in counseling (Springer et al., 2009). Other strategies include the understanding of acculturation and reacculturation. Acculturation involves a process of adaptation and changes where a person or an ethnic, social, religious, language or national group integrates with or adapts to the cultural values and patterns of the majority group (Al-Krenawi and Graham, 2005). Reacculturation is the reverse process where an individual or group readapts to the cultural values and beliefs of their homeland (Al-Krenawai and Graham, 2005). With the increasing mobility of people and the appreciation of multiculturalism throughout the world, the acculturation and reacculturation process will have growing implication to clinical practice (Al-Krenawai and Graham, 2005). Three essential therapies utilized while counseling with Muslim Americans are cognitive behavior therapy, rational emotive behavior therapy, solution-focused brief therapy, narrative therapy and family therapy.

Cognitive behavior therapy

According to Hodge and Nadir (2008) a modality that is specifically congruent with Islamic tenets is cognitive behavior therapy. Reason, logical discussion, education, and consultation are widely affirmed in Islamic communication and also form the basis for cognitive approaches (Hodge and Nadir, 2008). Cognitive behavior therapy is based on reason, logic and education in a consultative manner which correlates harmoniously with counseling Muslim Americans. More specifically, clinicians work with clients to identify irrational beliefs or distorted thinking that underlies disruptive behaviors. Once the irrational beliefs and distorted thoughts are identified, the unhealthy thought patterns are replaced with self-statements that encourage enhanced functioning (Hodge and Nadir, 2008). The underlying principles of cognitive behavioral therapy are congruent with Islamic values (Hodge and Nadir, 2008).

In order to increase the level of congruence with Islamic beliefs, clinicians and practitioners can consider utilizing spirituality with cognitive behavioral therapy. Furthermore, the self-statements utilized in Western cognitive behavioral therapy are replaced with statements and phrases drawn from Islamic teaching (Hodge and Nadir, 2008). To summarize the process of cognitive interventions modified with content from Islamic tradition is that the clinician must remove the secular cultural wrapping from the fundamental therapeutic concept, evaluate the concept to assure its congruence with Islamic values and then repackage the concept to resonate with Muslim Americans (Hodge and Nadir, 2008). Another type of therapy that is utilized with counseling Muslim Americans is rational emotive behavior therapy.

Rational emotive behavior therapy

According to Johnson (2013) rational emotive behavior therapy can help understand marital issues in couples counseling with Muslim individuals in a way that supports the couples’ religious values and decreases dilemmas associated with religious issues within marriage. Johnson (2013) utilized REBT with Muslim couples and created case studies for each couple. The REBT therapist identified the couple’s religious beliefs regarding the importance of having a family which included future grandchildren. The REBT therapist was also knowledgeable in Islam and encouraged the couple to discuss the issue with a scholar of Islamic law who informed the couple that it was highly appropriate for a wife to have her own opinion on having a family and to working outside of the home. The husband and wife had differing values and beliefs about work yet with REBT the communication between the couple became effective and clear. Specifically utilizing REBT emphasizes Muslim Americans beliefs and behaviors of making communication successful. REBT assists Muslim Americans with better communication, marital issues and understanding beliefs and behaviors. Another type of therapy that is beneficial for counseling Muslim Americans is family therapy.

Family therapy

According to Al-Krenawi and Graham (2005) the purpose of family and couples therapy is to provide assistance to people within their relationships and the issues that arise which are unique to the people involved in each session. The therapist’s role functions as a cultural negotiator, assisting family members to recognize their ethnic values, resolve conflicts that evolve out of different perceptions and experiences, and renegotiate roles and power relations (Al-Krenawi and Graham, 2005). According to Abu-Baker (2003) marriage in a Middle Eastern family is a union of
two individuals as well as the union of their two families. There is no independence for an individual in the Middle Eastern family away from their family of origin (Abu-Baker, 2003). When psychological problems within the marriage or family occur, the family of origin is the first to know and serves as a basis of reconciliation. According to Sauerheber et al. (2014) the traditional custom of using the family as a mediator for understanding the dynamics of the family system without taking sides (Sauerheber et al., 2014). The family therapist seeks to understand and appreciate the family structure and the anxiety that results from trying to balance opposing sides within the family system (Sauerheber et al., 2014). There have also been some approaches that have not been successful with counseling Muslims.

OTHER APPROACHES

According to Hodge and Nadir (2008) psychoanalytic approaches may not be extensively accepted among Muslims. Muslims tend to look outward rather than looking inward to establish their identity, grounding their identity in religious teachings, culture and family. Similarly, to psychoanalytic approaches, some forms of group therapy can be problematic for Muslims as well (Hodge and Nadir, 2008). Although Muslims are community oriented, the affiliation is usually toward other members of their family and the Islamic faith. In contrast to psychoanalytic and group modalities, present-oriented strengths-based approaches can find wider acceptance among Muslims (Hodge and Nadir, 2008). In this approach present strengths are identified and equipped to ameliorate problems and since this perspective focuses on environmental and personal strengths, it is a good fit for several Muslim Americans.

Advocacy

Advocacy involves extending the work of counseling beyond the individual client to address the external forces that create barriers to clients’ full participation in society (Remley and Herlihy, 2016). As advocates, counselors are aware that racial and ethnic discrimination are rooted in the social organization of our society and that mental health is profoundly affected by experiences of marginalization and oppression (Remley and Herlihy, 2016). Therapists should most definitely develop an understanding and gain more knowledge of Islam in order to counsel this unique population (Inayat, 2007). Counselors and therapists need training to serve the growing population of Muslims in the United States and worldwide (Baggerly and Abugideiri, 2010). Furthermore, therapists’ potential biases against Muslims may emphasize socio-political relations between the United States and the Middle East, along with their religious and cultural differences (Inayat, 2007).

Self-Awareness

Counselors and therapists must be aware of their own biases, judgments and views on Muslims in general. Clinicians must evaluate their own views before conducting therapy with Muslim Americans in order to prevent harm. Clinicians must prevent themselves from projecting their own values on to Muslims and be aware of the cultural differences. Muslim Americans encompass a variety of different cultures and clinicians must understand each culture holds unique traditions, values and beliefs.

CONCLUSION

As the Muslim population in the United States of America continues to increase, counselors need to become knowledgeable about the concepts of religion, acculturation, role of women, family structure and attitudes towards counseling. Also, counselors need to become aware of the challenges and issues Muslim Americans face which include discrimination, prejudice, racism, media representation and inequality. This will aid mental health professionals in providing effective strategies and interventions for counseling Muslim Americans. Some effective strategies to utilize with Muslim Americans are cognitive behavior therapy, rational emotive behavior therapy and family therapy.

REFERENCES


