

Muslim Mental Health: Considerations

for Psychotherapy and Counseling

A Literature Review

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Abstract

This paper aims to explore the considerations for helping professionals working with Muslim clients and examines Islam for a historical perspective as well as discusses the link between Islamic tenets, teachings and beliefs as they intersect with psychotherapy and counseling and how Muslims possibly conceptualize Mental illness. This presents considerations for helping professionals in working with Muslim individuals, couples and families, which are based on Islamic principles, concepts and beliefs as a fundamental aspect to understanding mental illness within Muslim communities. This also examines the holistic view of human nature, as well as biological, social, cultural, ethnic and racial aspects as they are connected the Muslims worldview, and bring together information based on Islamic psychotherapy that would bridge differences, and explore the commonalities within the diversity of Muslims by focusing on the the pillars of Islam that bond Muslims worldview, which would be useful for helping professionals working with Muslims.

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Dedication

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Muslim Mental Health: Considerations for Psychotherapy and Counseling

It is estimated that there are 1.5 billion Muslims worldwide with an estimated 6 to 8 million Muslims in the U.S. (Hamdan, 2008). With the growing number of Muslims in America the implications of these numbers relate to the complex diversity that therapist will encounter with this population and considering the current climate and criticism of Islam in the United States, therapists must be aware of the multiple sources of oppression for Muslims (Valiante, 2003; Carolan, Bagherinis, Juhari, Himelright & Mouton-Sanders, 2000).

Muslims are diverse, by country of origin, race, culture and ethnicity, yet Muslims are also bonded by the same worldview and way of life that Islam provides (Hamdan, 2008; Manijeh, 1998). With the unfortunate occurrence of 9/11 there are many misconceptions and suspicions of Islam and Muslims. In a survey, nearly half the respondents believed that Islam is a religion that is Anti-Western and American and that Islam supports terrorism (Ali, Liu & Humedian, 2004; Hamdan, 2008). Also, with the tragedy of 9/11 and subsequent wars in the Middle East, many more Muslims are seeking out counseling services more than ever, due to multiple levels of oppression in religion, race, class, gender and cultural aspects as well as increasing rates of anxiety and depression (Ali, Liu & Humedian, 2004).

Mostly impacted due to discrimination, are issues and problems surround navigating everyday life, for example having to be in a constant position to defend his or her right to practice ones religion. Other issues include dealing with personal harassment and attack over Islamic modesty of dress, prejudice, conflicting ethical and value system with western culture. As well as discrimination in religious accommodations, employment and workplace issues. Other issues surround conflicted value systems between children and parents due to immigrating, and acculturation, loss of family from war torn countries, victims of torture, lost of family

support systems which were heavily depended for childcare, emotional support and companionship (Mujahid 2010).

Muslims deal with having to find a balance between religious beliefs, practices, and cultural values. As well as practicing Muslims face many stressors and challenges in following the pillars of Islam, as well as living in a society where Muslim value and belief systems are markedly contrasted with Western value system. Many face challenges in performance of the 5 daily prayers, fasting during Ramadan and attending Friday prayers at the Masjid, and come up against environments that see such things as an inconvenience to employment, and day to day tasks (Haque, 2004). As a result, some Muslims may have changed religious practices which make them possible targets of hostility as a coping mechanism for the overwhelming anxiety, fear and concern for loved ones, family and friends (Ali, Liu & Humedian, 2004).

With mental health issues seemingly being on the rise, as more Muslim communities may be facing higher rates of domestic violence, poor psychological health and lack of happiness, in adults as well as the youth. Other major issues for Muslims may be centered on guilt and anxiousness due to not meeting marital demands, committing sins like drugs, drinking alcohol sexual activity (Mujahid, 2010; Springer, Abbott, & Reisbig, 2009).

Therapists working with Muslims have a need to understand the Islamic faith, practices as well as culturally appropriate interventions. In seeking out a mental health professional, many questions surround using Islamic concepts and principles in therapy, especially, with the increase requirement of evidenced based practices in therapy. How can one justify the use of Islamic concepts as the only type of techniques to use with Muslim clients? And, if helping professionals are to question these practices that are being used with Muslim clients, how can one question a practice that is believed to be based on the Actual word of God? What is undeniable is that

many studies have shown that the discussion of spiritual and religious beliefs and incorporating religious interventions is an effective therapeutic tool (Ali, Liu & Humedian, 2004; Mujahid, 2010; Springer, Abbott, & Reisbig, 2009).

However, helping professionals may be unprepared to adequately help with the mental health of Muslims individuals and families. Often there are many taboos surrounding mental illness, psychotherapy and therapists for Muslims. Many may opt out of seeking help due to misunderstandings, stereotypes and misconceptions about the Islamic faith and fear of judgment by non-Muslim therapist. These issues are also compounded cultural, racial and ethnic differences and the fact that some cultures do not have the language to truly describe mental illnesses (Springer, Abbott, & Reisbig, 2008).

The purpose of this paper is to explore considerations for counseling Muslims. This paper examines mental illness in Islam and gives a historical perspective of Islamic psychotherapy. Major Tenets and beliefs are discussed, and are considered to be universal for Islam and therefore are the foundation of many Muslim religious belief system; these tenets are therefore important to understanding how to deal with mental health issues. As well as provide insight into how Muslims may face and how they conceptualize these problems. This paper is significant because it looks at therapy with Muslims from a holistic and social standpoint and brings together information that would be useful for therapist working with Muslim individuals, couples and families. However, since Muslims are diverse, by country of origin, race, culture and ethnicity, it may be difficult to make far reaching generalizations about the difficulties Muslims face yet, it is important to keep in mind that Muslims are also bonded by the same worldview and way of life that Islam provides. It becomes necessary to discuss the factors that are common to Muslims regardless of those individual differences (Hamdan, 2008; Manijeh, 1998)

What this paper cannot do is address every cultural issue that influence and also frame mental health issues for Muslims. This paper seeks to look at “Islamic psychotherapy” from the standpoint of reachable commonalities that every Muslim can identify with. Also, to address the current trend of western psychology moves toward evidence practices it also will try to address the question of therapist using Islamic based practices within therapy (Badri n.d.).

Islam: An Overview

To better understand the idea of psychotherapy therapy with Muslims, it is important to explain the basic fundamental teachings of Islam and historical aspects.

Islam is believed to have begun in the seventh century Arabia, 610 A.D, when the first words of the Holy Qur’an were revealed to Muhammad Ibn Abdullah. Muhammad was known for being honest, courteous and was given the name Ameen, meaning trustworthy (Alizadeh, 2012).

During this time, Muhammad would meditate every year in a cave in the Mountain of Hira, located in Mecca. During this time he would pray, fast and give charity to those less fortunate. On Muhammad’s annual trip to the Mountain of Hira, for meditation, the angel Gabriel brought the first 6340 verses of the Qur’an to Muhammad on the 17th day of Ramadan. Over the next 22 years, it is believed that the angel Gabriel continued to bring the Message of Allah to Muhammad, in which he in turned preached to the people of Arabia until his death in 632 A.D (Alizadeh, 2012; Ali, Liu, & Humedian, 2004).

Islam comes from the Arabic word salaam (peace) and translates literally to mean surrender. Islam is the religion and Muslims are the followers of Islam. The word Muslim means one who submits to the will of God. Muslims use the Arabic word Allah, instead of God, Allah is not just God for Muslims but for all of humanity (Ali, Liu, & Humedian, 2004).

Inherently, “Islam is a straightforward rational religion” (Badri, n.d.). Islam means to achieve peace. Peace with God, within oneself and the creations of God. Islam is considered not only to be a religion but a way of life. The Qur’an, is the holy book Muslims read which was revealed to Prophet Muhammad. The values, morals and social codes source is in the Qur’an, and provides the tools of conduct individually, to each other and in society as a whole. Other forms of guidelines and examples come from the life the prophet Muhammad via from his sayings and teachings; these are known as the Hadith and Sunnah (Ali, Liu, & Humedian, 2004).

Islam follows a set of beliefs and articles of faith. These beliefs and articles govern the acts of Muslim people and are called pillars. There are five pillars or tenets that every Muslim must follow. Generally, the pillars of Islam are described at the most basic level, and usually do not capture the essence and their layers in the relation to the central role Islam is in Muslims lives. For illustrative purposes, the First pillar of Islam is described in more detail (Ali, Liu, & Humedian, 2004).

Pillars of Islam

Pillar 1 Shahada. The testimony of faith is called the Shahada. *Ash-shadu an la ilaha illa Allah was ash-shadu anna Muhammadan Rasulallah*, The saying goes, “There is no God but Allah and Muhammad is his Messenger”. It is important to note that a more accurate translation of the Shahada is there is no deity worthy of worship except Allah and Muhammad is his messenger (Qadhi, 2011). This means to serve and obey only Allah (God). This establishes your belief in Allah thus your affirmation of your belief in Allah.

The Shahada is the first phrase that you speak into a newborn’s right ear because it is believed that all (non Muslims as well) are born Muslim, speaking this phrase establishes fitrah

in the child. Fitrah is the unconscious belief in Allah (a full explanation of Fitrah will be explained later in the paper) (Qadhi, 2011).

The Shahada is the basis of Islam, and it said to be the reason why humankind was created, for prophets and for revealed books (Torah, Bible & Qur'an). In Islamic tradition, the meaning and understanding of the Shahada comes with blessing which are: affirming the oneness of God, the reason for creation (worship of God), prophet being sent and books revealed, humankind is divided into Muslim and Non-Muslim, paradise and hell apportioned, person enters into Islam. The shahada, is the first phrase every Muslim child hears when born and is considered the goal of every Muslim to hear or say this phrase before dying, it forgives all other sins, best phrase that all prophet utter and is the highest level of faith.

Furthermore, with the Shahada come seven conditions of which innately come with this belief they are: 1). Knowledge (vs. ignorance): you have knowledge of God/Allah 2). Certainty (vs. doubt). 3). Accepting this Shahada (vs. rejecting it) 4). Submitting to this statement (vs. leaving it and not acting upon it), following the pillars of Islam, prayer, charity and fasting 5). being truthful to it (vs. lying) 6). Sincerely stating it with sincerity (vs. insincerity and associating idol with God), meaning you do it for the sake of Allah and not for others, and 7). Loving it and its people (vs. not loving its people) (Qahdi, 2011).

Pillar 2 Salat. Salat means to pray. Muslims are required to pray five times a day according to the Islamic calendar and the position of the sun at different times throughout the day. The timings of these prayers are before sunrise (Fajr), early afternoon (Zuhr), mid afternoon (Asr) just after sunset (Maghrib) and before going to sleep (Isha). These prayers may be done in congregation or individually. It is also important to make up each prayer missed during the day because prayer also establishes your connection with Allah (Ali, Liu and Humedian, 2004).

Pillar 3 Zakat. Zakat means to give to charity. Giving to others and the community is another form of purification and growth. Giving is told and revealed in the holy Quran, Torah, and the Bible as a pillar of faith. Besides being seen as a form of worship, it is seen to help balance out social inequalities. Muslims in the United States are required to give 2.5% of their combined yearly earnings and saving which is given to the less fortunate paid at the end of Ramadan. This is only for those who have enough money to give, or may be done as a form a charity cooking for a Muslim family or the poor during Ramadan or volunteering (Ali, Liu and Humedian, 2004)

Pillar 4 Sawn. Sawn means to fast. Fasting takes place during the month of Ramadan. This is a time for self reflection and spirituality. During Ramadan, you are to reframe from eating and drinking, from sunrise to sunset. Also, Ramadan is a time for self-reflection, increased empathy for the poor and hungry; it is a requirement for those who are physically healthy (Ali, Liu and Humedian, 2004).

Pillar 5 Hajj. Hajj is an event in which you take a pilgrimage to Mecca once in your lifetime if you are financially and physically able to travel. Mecca is the holy city for Islam and is located in Saudi Arabia. By going to Mecca you renew your faith in the All-Powerful. Pilgrim goers take part in a series of complex rituals to commemorate the lesson from the Prophet Abraham (Ali, Liu and Humedian, 2004).

There are other major practices that Muslims follow. Muslims do not consume pork or alcohol; both men and women are prescribed a certain gender role, forms of dressing and family roles. However these practices may be influenced by ethnic cultural and national differences (Ali, Liu and Humedian, 2004).

Psychology and Religion

Historical Islam and Psychology

Historically, the idea of Psychology is not new to Islam. Prior to the rise of modern day psychology, Muslim scholars examined the cause of psychological issues and treatment. Badri (2007), points out that what cognitive psychology has now achieved was already known to early Muslim scholars like Ibn-al Qayyim, al-Balkhi, al-Ghazali and Miskawayh.

The first known contribution was from the scholar Ibn Sina, who studied “associative learning in adaptive and maladaptive responses” (Khalili, Murken, Reich, Shah, & Vahabzadeh, 2002, p.223). This theory was expanded by Al-Ghazali. In his theory, he described the dynamic interaction of human emotions. Another often referred to scholar, Abu-Zaid Al-Balkhi made the distinction between neuroses and psychoses creating four categories 1) Fear and Anxiety 2) Anger and Aggression 3) Sadness and Depression and 4) Obsessions. He also suggested that balanced mental health is attributed between physical self (Nafs) and spiritual self (Ruh) (Khalili, et al., 2002).

Both Abu Zaid al-Balkhi and Ibn-Qayyim, showed the influence of contemplation (similar to meditation) on health and wrote about how any human act begins as an inner thought, which is now a concept of automatic thoughts and claimed by Aaron Beck as his discovery in the 1970s. Also, Ibn-Qayyim asserted that actions could be sound when internal thoughts originate from a contemplation immersed in spiritual relationship with God (Badri, 2007).

Specifically Abu Zayd al-Balkhi focused on psychological symptoms, and discussed fully the interaction of the body and soul in conjunction to diseases. The main point being that human beings cannot be healthy without the connection of the body and soul, because each does not exist as separate entities. Such that “if the body gets sick, the nafs loses much of its cognitive

ability to enjoy life” (Deuraseh & Talib, 2005, p.77) and the body may become physically ill. Understandably when the body is in distress physical ailments manifest as a fever or headache and if the soul is in distress ailments manifest as anxiety, or depression (Deuraseh & Talib, 2005; Khalili, et al., 2002).

Another important contribution of Al-Balkhi was his focus mainly on sadness (depression). Al-Balkhi considered sadness to be a spiritual disease with known causes either due to loss or biological and physical factors in the body. Such that treatments are both external and internal forms like: talking, confrontation, psycho-education, reframing inner thoughts, behaviors, and medication (Deuraseh & Talib, 2005; Khalili, et Al., 2002). Al-Balkhi, also suggested that well-being and freedom from depression is connected to the fact that the expression of emotions influence this sadness and those who can have joy and contentment bring on healthy aspects for handling stressors and living life positively (Deuraseh & Talib, 2005).

Spirituality, Human Nature and Mental Illness

When working with Muslim clients, it is important to understand that you cannot first talk about mental distress without first talking about spirituality and human nature. Islam is a religion that provides guidance about how to live, gives guidance to societal and self responsibility and relationships with family. The Qur’an and Sunnah’s are the sources of the guidelines for Muslims. Islam, through the Qur’an provides the code of his or her behavior and answers the question of humankind’s existence (Othman, Iqbal, & Rahmat, 2001).

The Islamic perspective views human nature as a holistic; it is seen as both a collective community and has a spiritual sense. So, the body is seen as a vessel for earthly work. The body is also is secondary and insignificant, but still much be taken care of. The mind is connected to the soul, and the soul is considered to have 3 levels. The soul is responsible for behavior, and is

considered to be the primary focus in this life because it is what is questioned in the hereafter. The hereafter is held as having a higher value than worldly life.

The three levels of the soul are as follows: Spirit (Ruh), considered to be truthful, it is the center for fitrah. The second level of the soul is Heart (Qalb): leads actions and thinking. It is affected by spiritual practice, remembrance of God is considered to be at the center of mental, emotional, and physical distress. The third level of the soul is Intellect (Aql): reasoning, wisdom and deep understanding (Inayat, 2001). This aspect of the soul is affected by education and social aspects of life.

Also contained in the holistic view of the self are drives called Nafs. The Nafs are considered to be equivalent to the ego, known as virtues which are the most primal and spiritual instincts like passion and lust (Deuraseh & Talib, 2005). They are the external and internal forces that complement each other. The Nafs are what Muslims inherently strive against by having patience (Sabr), faith (Iman), repentance and remembrance (Dhikr) (Ali, Lui & Humedian, 2004; Bokari, & Seddon, 2009; Haque, 2004, Hussain, 2004, Inayat, 2001). A person's control of the worldly tendencies of nafs, and the spiritual tendencies of ruh, establishes a healthy psycho-spiritual equilibrium (Khalili, et al., 2004, p. 224).

Fitrah is defined as being an instinct, intuition, or insight. It gives innate disposition to right action, it directs individuals on how to live in balance and acknowledge God. It is believed that whether Muslim or not, whether one believes in God or not all are born with fitrah. Fitrah is the purist form of goodness and is believed to be implanted by Allah into all of human nature. Fitrah is considered to be an "inborn predisposition to acknowledge Allah" and as an unconfirmed state of Iman (absolute belief) before individual consciously affirms their belief." (Khalili et al., 2001, p. 224)

Another connection with the soul is the belief in fitrah; this is the internal disposition that guides the soul of right or wrong actions,

The Islamic view of human based on Fitrah considers human activity or behavior as consciously determine. A behavior is regarded as a function of both the physical environment and the spiritual base. This makes the Islamic view of human nature a holistic one, as it integrates the physical and the psychical aspects with the spiritual aspects. (Haque, 2004; Khalili, et al., 2001, p. 224)

Mental Health

Mental health is viewed in the context of the self, center for psychological, emotional and physical presentation in response to life experiences. Islam shapes of cognitive map that helps with life difficulties. Islam protects one from ill health, but also manages ill health when it does occur. Muslims may believe illness and misfortune occurs due to God's will, it is seen as a process of growth or considered an imbalance/balance within self. It may also be viewed as a dis-ease of the spiritual heart or body. Therefore, mental distress may also be a response to social barriers as well as conflicting values with mainstream society as well as cultural and Islamic value conflicts.

When looking at the view mental health for Muslims, much of the literature states that mental health is linked to the view of human nature. The concept of human nature in Islam is holistic with the belief that the individual is both body and soul (spirit). When mental health issues arise, it is believed to be due to issues with the soul "when the soul is sick, the body would also be sick, as physical symptoms of distress, but not always the vice versa" (Seif, 2005, p. 49).

Also, mental health may be viewed as not only the absence of pathology but the presence of particular values and practices can lead men and women to his or hers own well-

being (Khalili, 2001). As mentioned above, both Fitrah and the Nafs abilities and drives inform the therapist of the clients inner life and “serve to enable the client-counselor relationship to be bounded by Allah’s mercy,” (Inayat, 2001, p. 385).

Mental health is linked to having a healthy heart (Ghalh-e-Salim), in life means to trust in God, friendship, and cooperation with others (Alizadeh, 2012). Mental health is viewed in the context of the self, center for psychological, emotional and physical presentation in response to life experiences. Islam shapes of cognitive map that helps with life difficulties. Islam protects from ill health, but also manages ill health when they do occur; Muslims may believe that it occurs due to God’s will, it seen as a process of growth. May also be considered an Imbalance/balance within self or viewed as a dis-ease of the spiritual heart or body. So, if the soul is sick, the body is sick. Mental distress may also be a response to social barriers as well as conflicting values with mainstream society as well as cultural /Islamic value conflicts

When Muslims seek out support for mental health distress, symptoms are often described in somatic terms. For example, mental illness could be seen as incongruent heart (unstable soul) that has become lost or distant from Allah. Typical locations for symptomology may be in the upper body and heart, also complaints of headaches, body aches, fatigue, insomnia, or as having a busy mind.

Islamic View of Mental Health

According to Raiya and Pargament (2010), there are seven factors based on Islamic beliefs and values that influence mental health. These seven factors are: “Islamic beliefs, Islamic ethical principles and universality, Islamic religious struggles, Islamic religious duty, obligation and exclusivism, Islamic positive religious coping and identification, Punishing Allah reappraisal and Islamic religious conversion” (Raiya & Pargament, 2010, p.184). Examining these seven

factors, much of their basis comes from the major tenets, beliefs and practices inherent to Islam. For example, the belief that all Muslims are brothers and sisters (universality), turning to the Qur'an for guidance (positive coping), and coming to the realization that one's life is void of something without Islam (religious conversion).

Therapist should also recognize that Islam can be both the source for positive coping and a source of struggle. As a positive coping mechanism, Islam provides support, strength and comfort. Due to her/his relationship to God, helps to provide meaning to life in both good times and trying times. For example, a subject stated that,

“Right now I have family issues; at times I can become very down, Then I close my eyes and open the Qur'an and wherever I fall, that is what I read, You know it is funny but most of the time it will be the answer for me” (Raiya & Pargament, 2010, p.184).

As a source of struggle, the relationship and connection to God can be seen as an internal con a source of internal and external conflict. This struggle may be in three areas, the first area being divine; which is the connection he or she has with god and belief that God has abandoned them or they are angry at God for allowing something to happen. The second are being Intra-psychic, which is the questioning religious beliefs and teaching and the conflict between human impulses like sexual relationships and drinking and the third area being Interpersonal conflicts with family, friends and institutions or whether a daughter wears hijab (traditional head covering for Muslim women and girls) or not.

These conflicts are important to the overall health of Muslims and it not addresses could be a possible source of loneliness, depression, and anger and poor coping strategies to handle other life stressors (Raiya & Pargament, 2010).

Due to the nature of Islam being a way of life, Quranic verses and Hadiths derived concepts can be utilized as sources for interventions to draw upon. With these sources being seen as inherent truths, they may be taken to heart and easily followed. Suggestions of these kinds of interventions include viewing this life as temporary, and seeing life as a journey that will lead to the afterlife. With this temporary life, come trials and tribulations. By having a focus on the hereafter, s/he essentially creates hope as Muslims aspire to meet Allah in his/her best state. Having this belief, hopefully will elicit a sense of ease and peace in when life present difficulties (Hamdan, 2008). Hamdan (2008) offers support of this belief by the Quranic verse and Hadith below:

““And the worldly life is not but diversion and amusement and indeed the home of the hereafter this is the [eternal] life if only they knew”” (Qur’an 29:64) and

““whoever has the Hereafter as the main concern Allah will fill his heart with a feeling of richness and independence; he will be focused and content, and this world will come to him in spite of it”” (Hamdan, 2008, p. 105)

Another area is to understand the purpose of struggle, when viewed Islamically struggles and pain in this life provoke actions of good will and decrease sin. Struggles may help a person in the hereafter, by easing his/her burden, decrease self loathing due to the struggles being teachers of lesson because they are temporary.

If struggles are a necessary aspect of life, placing his or her trust in Allah, as all knowing and powerful, should further the sense to hope. God knows what is best for his servant and God has made trial and tribulations that are designed especially for him or her in that each person has the ability to overcome them (Hamdan, 2008). The latter is referred to in the Hadith or saying of the Prophet Muhammad and the Qur’an

““ No fatigue, no disease, no sorrow, no sadness, no hurt, no distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiate some of his sins for that”” (Hamdan, 2008, p. 106) and in the following Quranic verse

““And when you have decided, then rely upon Allah. Indeed Allah loves those who rely [upon him]”” (Quran 3:159).

Furthering the purpose of struggles is that they come to an end. At the end there will be an ease which is much greater, the struggle will seem insignificant. For example, in the case of mental illness “the more intense the stress and depression, the close one is to assistance and relief” (Hamdan, 2008, p. 107). This belief is given the Qur’an ““so verily with hardship, there is ease; verily with the hardship there is ease”” (Qur’an 94:5-6).

Finally, the client should be encouraged to focus on his or her blessings and to remember Allah, as a source of calm and helps to relieve stress worry and anxiety. Muslims also tend to make Du’a (supplication) which is a powerful way to remember Allah, and also aids in overcoming anxiety and distress. These supplications come from the heart and bring comfort at the aspects the Allah will respond to his or her request. This is also evidenced by the Hadith and Quranic Verse below:

““Look at those who are less fortunate than yourselves, not at those who are better off than yourselves so that you will not belittle the blessings that Allah has bestowed upon you””(Hamdan, 2008, p 108) and the Quranic verse ““and when my slaves ask you (O Muhammad) concerning Me, then (answer them). I am indeed near. I respond to the invocations of the supplicant when he calls on me”” (Quran 2:186)

Religion in Psychotherapy

When examining the intersection of religion and psychology Raiya and Pargament (2010) proposed that the study of religious practices and beliefs is a growing field of psychology. Research has mainly focused on Christian populations, and studies of other religious faiths, however, studies focused on Muslims are scarce. Considering that Islam is one of the fastest growing religions in the United States and there is a lack of information to guide mental health professionals on the spirituality issues concerning Muslims and the influence of Islam in his or her daily life.

The authors believe that research into how to combine religious practices and psychotherapy for Muslims is limited, due to the lack of empirical studies with accurate measures of Islamic practices and beliefs on ones overall health (Raiya and Pargament, 2010).

One issue is how to define religion and spirituality in the realm of psychotherapy; Raiya and Pargament (2010) defined religion on many levels in its relations to health and well-being “religion is a search for significant in ways related to the sacred” (p.182). Furthering that the search is the process of finding value with life and connection to others which can be an inward or outward searching, while sacred includes God, divine beings, and one’s connection to God.

This searching can also be “psychological (identity, meaning), social (community, love), time, people and places” (Raiya & Pargament, 2010, p.182). By looking at religion as having more layers the authors view the connection of religion and therapy as “religiously integrated psychotherapy is an approach treatment that acknowledges and addresses the roles religion can serve in the lives of the client, the therapist and the process of change” (p.182).

Marks (2004), conveys how important religion is to a family and individual. Families today struggle to maintain faith and are up against many challenges, yet even amongst those challenges, faith and religion remain a comforting factor.

While, Bhui, King, Dein, and O'Conner (2008), examine the makeup of religious coping and see if there are similarities or patterns of using religious coping across ethnic groups. This study was done to in response to the mental health system usage of religious coping not meeting the needs of multi-cultural clients and for not having an understanding about the role of religious coping on treatment and therapy. Bhui et al. (2008) examined copings skills of dealing with stressful life events across different ethnic groups.

Bhui et al. (2008) found that being in a formal religion was not important in the use of religious coping. However, among the ethnic groups, religious coping was more commonly used among Bangladeshi Muslims and African Caribbean Christians. Among Muslim there was no distinction between cultural or spiritual coping to religious coping; which indicated that submission to God was inherently used in the task of life an already of essential quality of Islamic practice.

Also, Hamdan (2008) offered ethical issues that arise when integrating spirituality and religion into therapy, stating that the therapist needs to take into considering several situations that could be unethical in practice, these situations and issues could include 1) entering into a dual relationship with the client 2) Mainly focusing on religious goals 3) blurring professional boundaries 4) taking on a role of religious authority and taking on duties more appropriate for an Imam and 5) solely focusing on religious interventions when other type of intervention may be more appropriate (Hamdan, 2008, p.102).

Islamic Sensitive Counseling

Islamic Counseling examines the abilities of the client based on the client personal sense of self (Insaniyyah), Aql (Intelligence, cognitive thinking, Incorporates aspect of Sufi methodology forms a pattern of thinking behavior consistent across time and situations (Inayat, 2001, p. 383).

Islamic psychotherapy combines biological, social and spiritual aspects of the individual (Khalili et al., 2002). Therapist working with Muslim clients must be open to be open to discuss his/her views and biases about Islam (respectfully) with client and take a more active role to create a collaborative therapeutic alliance as well as seek out seek accurate information about Muslims and Islam. Therapist may also consider having a willingness to create alliances with the Islamic community to help bridge the gap and provide more access to mental health services (Khalili et al., 2002).

When Muslims seek out support for mental health distress, symptoms are often described in somatic terms, for example, a client might describe his/her distress as an incongruent heart (unstable soul) that has become lost or distant from Allah. Typical locations for symptomology may be in the upper body and heart, also complaints of headaches, body aches, fatigue, insomnia, or as having a busy mind.

Spiritual Health

It is the common view that the expression of spirituality is more than adhering to a set of beliefs. Many Muslims believe Islam to be a way of a life, which provides structure to day to day activities because there are many guidelines regarding life. Some examples are gender respect and gender relationship/interactions, marriage and well as family structure (Carolan, et al., 2000; Manijeh, 1998).

When it comes to spiritual health, according to Siddiqi the soul resides near or within the heart, Which means “when the heart gets sick, it loses its desire and ability to do right and good deeds” (Siddiqi, 2003, para 10); with this Siddiqi (2003) list seven diseases of the heart that can lead one off his/her spiritual path namely these are 1)arrogance and conceit, 2)ostentation,3) jealousy or envy, hate and deceit 4) suspicion, 5)anger, 6)stinginess, 7)love of power, money, position and fame (Siddiqi, 2003, para 10). In order to maintain spiritual health is to remind oneself that this world is a test and trial by sincere devotion to Allah.

Viewed from well-being standpoint, may be put into the context of life being a state of transit from Allah to Allah. From this viewpoint, it allows for the interaction of allows for integration of difficulties being described and assessed within a spiritual framework. In that the Muslim client may have the opportunity to learn a new process for self development, be reflective in the process of intention, presence and his or her inner life. May foster the client’s ability to look beyond his or her self and develop a relationship with God.

Islamic Sensitive Counseling

When it comes to Islamic counseling and psychotherapy this approach is not well defined. There is a growing need to establish a integrated framework, which would consist of combination psychotherapy with the basic tenets of Islam. Abdullah (2009) points to exploring the Qur’an, the sirah of the Prophet and his teachings and biographies of the prophet’s companions as providing the fundamental pieces to therapy with Muslims. Abdullah (2009) states that; “Islamic counseling in a cultural mode is not an explicit process. It manifests as part of ritual healing practices.” (para. 3). Islamic counseling would be a connection between counseling and psychotherapy with the central tenets of Islam (Abdullah, 2007).

Abdullah (2007) has suggested that western style of counseling is present in Islam, and can be found in three sources of Islamic doctrine and practice; namely, Muslim personal law, Spirit (Jinn) possession and Sufism (mystical tradition of Islam). Abdullah (2007) has suggested that western style of counseling is present in Islam, and can be found in three sources of Islamic doctrine and practice; namely, Muslim personal law, Spirit (Jinn) possession and Sufism (mystical tradition of Islam). Muslim personal law is a legal framework for regulating family life, based on Islamic principles and teachings of the Qur'an and sayings of the Prophet Muhammad. It denotes sincere advice about the clients concerns and problems. Jinn Possession is a traditional healing model, although considered to be inappropriate for some Muslims because it is not considered to be an Islamic form of healing. None the less, studies support its significance. Islamic scripture does imply the concept of spirits "the Qur'an chapter seventy-two attests though to the presence of spiritus, which it describes as non-human beings made of fire and that are either good or bad in nature" (Abdullah, 2007, p. 47).

Under this model, Jinn are believed to possess people and cause physical and psychological problems. Muslim believes in supernatural beings called Jinn. Jinn are made of fire and are able to take many shapes and forms, Jinn possession is considered to be a possible concern. Therapist should take heed and not be quick to diagnose it a psychosis (Husain, 1998).

Traditional healer exercise the individual afflicted through various rituals; have Quranic insight and believed to be gifted in this healing practice. Therapist having knowledge of this healing practice and how it relates to the clients understanding of their distress can be a supportive reference for clients. Thirdly, Sufism is considered to be a process of helping one to be more connected to God through remembrance of God in his/her daily life, linking counseling to spiritual well-being.

Each of these personalities develops to help people through life struggles.

Each personality point has good and as well as maladaptive aspects; a therapist having basic understanding of these can further help to provide the client with insight as they approach being more connected to God. Sufi methodology is a personality structure, which defines how one's personality is connected to spirituality. Inayat (2001), It is described as Enneagram, personality types called points, these personality types are 1) the perfectionist, 2) the giver 3) the performer 4) the tragic romantic 5) the observer 6) the devil's advocate 7) the epicure 8) the boss and 9) the mediator. Inayat, (2001) stated that these personality types are interconnected with energy of the head, heart and gut and can give insight into the client being able to understand oneself and how they establish prayer and religious practices in his or her life.

Typically counseling services are provided by Imams due to their understanding of Islamic tenets, mainly around issues of marriage and family struggles. When it comes to treating mental health, Haque (2004) suggests helping clients to build on their positive qualities and decrease negative aspects by developing their faith, increasing understanding of repentance, having hope and taking responsibility as aspects that could be incorporated into therapy (Haque, 2004).

Islamic sensitive counseling allows for the mental distress defined from client's own perspective and can incorporate their view of one's religions and faith. By allowing this kind of interaction may foster the client's ability to plot their own development from their view, increase self awareness and lower mental distress and well as learning to live with more contentment. With the level of diversity with Muslim, it becomes important to find out the degree in which Islam is central to his or her life. Although many Muslims would state that Islam is always

central to his or her life there is varying degrees into the level Muslims are adhering to Islamic practices in their everyday lives (Inayat, 2001).

Mental Health Awareness

On the idea of psychology and psychotherapy many Muslims view it as anti religious, and have a strong mistrust and a negative reaction to mental illness and therapy (Raiya & Pargament, 2010). As mentioned above, adherents to Islam are very diverse in culture, ethnicity and race. Due to this many are coming from cultures that do not have a conception of mental illness. Often others are coming from a racial background and have a historical mistrust of the medical system as is the case with many African American Muslims. Together, there is often fear, mistrust, shame and many taboos surrounding mental health professional, and services. Mujahid (2010) and Ahmad (2011) suggest mental health campaigns to break down the walls of mental health taboos and to understand the signs and issues related to stress, anxiety and depression. Also, Mosques and Masjids should be at the forefront in crisis intervention because most Muslims seek out spiritual guidance first and professional services as a last resort. Both Mujahid (2010) and Ahmad (2011) recommend Imams (religious leaders) to provide Khutbas (public preaching usually taking place at noon prayer on Friday) discussing mental health issues, while stressing the importance of strengthen one relationship with Allah during the trials and tribulations of life and stress and stress the importance of having patience, trust in Allah and being thankful of the good his or she has in this life.

An Imam's role as religious leaders in the community is the lead prayer conduct religious ceremonies and provide spiritual guidance. However with the growing Muslim population in the United States, Imams are often unable to keep up with the demand that their congregations need to address issues that go beyond religious and spiritual concerns. Imams are less likely to have

counseling training to address more psychiatric symptoms, social needs and complex family problems (Ali, Milstein & Marzuk, 2005).

Ahmad (2011) suggests eight tips on to Imams for providing a Khutba on mental health issues, which are: 1) Accept that mental health issues exist, understand that the issues many not manifest visually but have an impact on family, social and work life. 2) recognize that there are different types of mental illness; people are suffering from a variety of issues from stress and anxiety, schizophrenia, ADHD, substance and domestic abuse. 3) Do not replace medical treatment with prayer; it is not true that Muslims do not need to take medicine, in fact Islam seeking out medical treatments when available. 4) If you do not know the answer, seek out professional help. Imams are often relied upon from medical to mental health questions, instead of recommending a particular treatment; He should be ready and willing to guide others to mental professional who can deal better with treatment or counseling. 5) Tackle issues of mental health as a stigma. Many with mental health issues are concerned about being judged and being viewed as “crazy” he or she may be in denial and seek out the Imam before going to a professional, by addressing it in the speech he or she may feel more comfortable about getting help. 6) Look for signs of mental illness. Imams should try and interact with their congregation and people in the community. Imams can learn more and be willing to provide help and meet resources they can refer people to. 7) Address issues with inadequate healthcare, talk about issues surrounding health care and be able to provide resources how they can get help with medication and services. Reach out to community resources. 8) Know what not to say. Do not set forth the standard that getting help and mental health services are not needed, emphasize faith but that medical and mental health services are just as important, in conjunction to prayer, devotion and faith, all is a part of Islam (Ahmad, 2011).

Although Khutbas are a good source to talk about mental health issues and services it is important to note that Friday Khutbas should not be the only avenue for having this discussion. Generally more men than women go to Friday noon prayer because it is obligatory for men, women do go but many women pray at home. It is important to make sure that women are also getting this information as well, Imams can have women only Khutbas, or through other sisters only functions, halaqa or through parenting classes (Ahmad, 2011).

Furthermore, mental health professionals need to make an effort to increase contact, collaboration and partnerships with Islamic leaders to provide psycho- educational venues, resources and materials about mental health and illness, the role of therapist and the process of psychotherapy as well as the benefits of taking care of his/ her mental health. Overall the process and efforts of awareness should make Muslims feel that “psychotherapy is not against Islam” (Raiya & Pargament, 2010, p.186).

Marriage and Family

Muslim families may encounter many varying issues and concerns because spirituality and practices are receiving more attention, causing families to defend the right to practice ones religious without interference or discrimination and bias. as well as concerns over conflicting ethical and value systems with western culture and distractions of being able to practice Islam. These conflicts may impede on the values parents are trying to instill in their children. Also, compounding the factors are Immigrating families from war torn countries, who are victims of torture, lost of family support systems which were heavily depended for childcare, emotional support and companionship as well as adjustment concerns to living in a new country. For families, Islamic beliefs are central to its functioning (Carolan et al, 2000; Goldenberg & Goldenberg, 2008, Hussain, 2006; Manijeh, 1998).

Family Structure

One major factor that links these families together is the Islamic foundation of family. Family is held in the highest esteem, and holds strong bonds between the family of origin as well as extended family member. According to the Islamic Council of North America (2009) “family is important to the Islamic society. It is considered to be divinely inspired and ordained institution needed to foster faith and spiritual growth” (n.p.).

The Islamic family system is patriarchal based, with the father been seen at a respected authority and disciplinary of the family. He is solely responsible generally the one who is responsible for financial and disciplinary obligations of the household. The mother of the family is responsible for the household and has a central role there. Marriage and Family are considered to be fundamental aspects in Muslims life. There are many rules and laws that govern the structure of the family, gender roles, the process of finding a spouse and aspects within the marriage concerning the roles of husband and wife, and interactions with each other.

The family is considered to be a divinely inspired institution because it existed with the creation of humanity. Therefore, family is very important and it is difficult to cut ties. The family is structure of importance relationship there is the inner circle: Family (parents, grandparents, children and grandchildren), middle circle: blood related (sisters, brothers, uncles, aunts, step mother/father, breast fed children) included three 1) blood 2) affinity 3) breast feeding (breast feeding by other than mother on five separate occasions) Outer circle: extended family (cousins, in-laws and so forth) (Birjas, 2010, ICNA, n.d).

The family is also viewed as being a collective whole and does not focus on the individuals wants and need, however this can be different based on cultural and ethnicity. The Islamic family system is a general patriarchy and has defined complementary gender roles and

familial roles, and strengthening family ties. Generally women take care of the household and children and the men are the main breadwinners (Springer, Abbott & Reisbig, 2009).

Husband and wife hold the highest role in the family, also to provide for each other comfort and friendship (INCA, 2009; Manijeh, 1998). Although the family is arranged in this way each family member is an honored and respected member as Islamic seeks to maintain the bonds between families. The extended family is also an important component of the Islamic family systems in helping to maintain its balance. The roles are considered to be complimentary.

Counseling, Rights and Roles within Marriage

Marriage therapy provided by Imams is typically spiritually based, focuses on confidentiality, trust and respects and mainly examines several areas marriage, specifically the role of men and women within religion, communication, abuse, raising children and parenting styles, financial planning, role of extended family and decision making. Newly married couples are often encouraged to seek out premarital counseling (Magid, 2007).

Due to the fact that the family is very important, marriage is a requirement for all Muslims, and its regulation is found in the Qur'an in Sunnah. Consider this statement:

As Allah willed, a woman came from a man's rib as eve was created from Adam's rib.

She is not from his head, so that she could be a boss over him. She was also not from his feet, so that he would not step over her rights. She was from his rib, and so she remains close to his heart and under his protection, also that Adam will search for his missing piece, equal in love and protected by him (Birjas, 2010).

Marriage is considered to be a social contract which comes with terms and agreements, rights and obligations, stipulations, and ensured stability of a social life, marriage is also not just about the couple family plays an important role and helping the couple maintain their marriage.

Islam has also stipulated the rights between spouses both have a right to enjoy each other, to treat each other with kindness and compassion, women has similar rights as men in marriage; however men have a slight degree of advantage over women, men are also expected to help around the house to an certain degree as well in that which maintain harmony in the household (Birjas, 2010).

When it comes to gender roles in the marriage, spouses are equal in religion, but not in physiology, emotionality or speaking women tend to be more articulate and better able to express her. Men and Women under Allah have designed to have specific roles and responsibilities but they balance each other out. In marriage Men have the right of: obedience, position of head of household and respect, wife remain in house and leave with permission, sexual intimacy, protect house in his absence, serving husband preparing dinner (men should also help) Protecting his honor, children, wealth (family should be a priority), being thankful and grateful, his right to discipline family (Birjas, 2010).

The wife also has rights, which are to be treated with kindness and with good manners, to be taught her religion, either by going to school or by providing her with opportunities to learn in the home, to maintain her chastity and to be financially maintained (Birjas, 2010).

It is important for therapist to understand the importance of marriage and family with Muslims. By understanding the rights and roles of spouses it can help to ease the guilt or burden and abuse the right those is held by the husband and equalize an abuse in power in the relationship.

Approaches to Therapy with Muslim Families

Future marriage and family therapist, environments will comprise of many families with varying issues and concerns as well as different cultural, ethnic and religious backgrounds. Also, receiving more attention is spiritual influences on the family. Approaches to Therapy with

Muslim Families One group in particular and the focus of this paper is Muslim families, for these families, Islamic beliefs and practices are central to its functioning (Goldenberg & Goldenberg, 2008; Carolan, Bagherinia, Juhari, Himelright, & Sanders, 2000). This paper seeks to discuss the Islamic family structure and family systems that are adapted best in working with Muslim families in the most general terms.

Family is held in the highest esteem, and holds strong bonds between the families of origin as well as extended family members. According to the Islamic Council of North America (2009) “family is important to the Islamic society; it is considered to be divinely inspired and an ordained institution needed to foster faith and spiritual growth” (n. p.).

The Islamic family system is patriarchal based, with the father seen at a respected authority and disciplinary of the family. He is solely responsible for financial and disciplinary obligations of the household. The mother of the family is responsible for the household and has a central role there; these roles are considered to be complimentary. Husband and wife hold the highest role in the family and provide to each other comfort and friendship (Islamic Circle of North America, 2009; Manijeh, 1998).

Although the family is arranged in this way, each family member is honored and respected as Islamic seeks to maintain the bonds between families. The extended family is also an important component by helping to maintain its balance (Carolan et al, 2000).

Approaches to Family Therapy with Muslim Families

Two systems approaches that work well with Muslim families are Solution Brief Focused Therapy and Psycho-education, although not part of these approaches, the Circumplex Model of Marital and Family systems is an invaluable tool in working with Muslim families

Solution Brief Focused Therapy (SBFT)

Solution Brief Focused Therapy (SBFT) is a systems approach that overall focuses on change instead of looking into the history of why problems have developed. The therapist takes on the leading role of engaging the family in discussion about the presenting problem. Attention is paid to the language used to describe the situation. The belief that this language gives clues to resolving conflicts within the family. By zeroing on the facts, both therapist and family can begin to find solutions based on a mutually agreed upon reality of the problems thus empowering the family to change via “small changes” (Goldenberg & Goldenberg, 2008, p. 351).

From an Islamic standpoint, SBFT captures the view of individual responsibility for one’s own actions, which not only impact the self, but others, as well as the larger society. The change in behavior is guided by one’s spiritual beliefs parallels to changing behavior by staying in the here and now focus of SBFT (Valiante, 2003). With this in mind, one invention is widening the scope of the situation from either/or to both/and choices. The purpose of using this tool opens the number of solutions for the family. There is the possibility for further integrate traditional cultural and Islamic and bring in complimentary western values to re-harmonize family interactions.

The Miracle Question

The miracle question (add question here) provides a connection to SBFT and religious values. It initially seeks to establish goals from the family’s response because each family member is able to discuss what life could be like. This intervention also brings in another layer. It links actions to change which further establishes the Islamic view of to the family that God as the ultimate controller to ease trials and tribulations of life for the family through miracles

Another possible intervention is the miracle question. For one, it brings in the spiritual aspects that God brings the family through their issues. It also leaves the family structure in tack, yet allows the family to talk about their views on what could be different in the family. This allows for the development of solutions that the family develops together.

(Goldenberg & Goldenberg, 2008; Valiante, 2003).

Overall, SBFT allows the integrating of the families religious and cultural views, because the focus is on the solutions. The problems faced bring about self responsibility to change via guidance from God. Furthermore, the cyclical nature of the family allows for attention to be paid to solving current problems which should be both practical and attainable (Hussain, 2006; Valiante, 2003).

Psycho-educational (PE) Model

The second systems approach model that could be useful for Muslim families is the Psycho-educational (PE) model. The main goal is to focus on family strengths by improving communication and developing meaningful and useful coping skills. This process is considered to be educational in nature building on the social support systems, skills and relationship between family members and based on the family's needs. The assessment process looks at family stress, emotional issues and problems as well as familial interactions. The relationship between therapist and family is a collaborative and supportive partnership to help facilitate the learning process (Goldenberg & Goldenberg, 2008).

Psycho-education allows for the integration of many Islamic concepts like to reviewing the Islamic perspective of family, marriage and on raising children. The children can also learn the about the roles of children and proper interaction between genders. Also important is the

encouragement to have the family to visit the Masjid together and pray together, Being open to compromise yet still valuing the Islamic system is really key.

PREPARE and ENRICH

Considering the latter and the structure of Muslim families, this works well because of the educational process. In the Islamic perspective, marriage has a very central and important role. Ideally, marriage counseling would occur at three levels, before and post marriage and family counseling during marriage. This is very similar to the PE model marriage prep programs called the premarital personal and relationship evaluation inventory, (PREPARE and ENRICH), which is a 165 questionnaire (Goldenberg & Goldenberg, 2008; p.397). Both marriage counseling programs take on educational and structured support system that also includes individual couple session with a therapist to explore the issues. Both focus on the many issues that concern married life which are: communication, domestic abuse, raising children, parenting styles, financial planning, decision making, physical (sexual) relationship of marriage and conflict resolution (Magid, 2007; Goldenberg & Goldenberg, 2008).

Some differences lie in the the PREPARE and ENRICH program looks at personality differences, how to spend free time, attitudes about marital roles and spiritual beliefs (Goldenberg & Goldenberg, 2008). In Islamic counseling much of the latter has been established through Islamic family structure and Islamic guidelines regarding marriage and gender roles, and the notion of structuring free time is implied within Islamic standards.

Relationship Enhancement (RE) Program

Another useful tool is the Relationship Enhancement (RE) program; which, seeks to develop the families skills in three areas. One is the Expression (owning) skills, to develop self awareness self feelings and responsibility without projecting to others and learn to assert them. Two, is the

empathic responding (receptive) skills, learning to listen, and understand others feeling and motives. Lastly, is the conversive (discussing-negotiation/engagement) skill; this is learning to listen to the other for understanding and role playing being both speaker and listener.

(Goldenberg & Goldenberg, 2008, p. 395).

In Islam, education and family interactions is very important, especially on issues of maintaining the family and for marriage. Generally the Imam (Muslim religious leaders), focuses on the aspect of marriage because it is a desired goal for all Muslims, when counseling is focused on understanding religious beliefs and educational advancement of the family system of marriage on children, spouse and the extended family the PE model becomes a familiar and welcomed tool which is already used in Islamic settings (Carolan, 2000; Valiante, 2003).

Circumplex Model

Another assessment tool is the Circumplex Model, it examines three concepts flexibility (permits changes in role relationship), cohesion (emotional bond between family members) and communication (listening) and how families are able to deal with stress and issues surrounding of the life cycle. Cohesion examines levels from closeness to enmeshment, and Flexibility examines levels from rigid to chaotic (Goldenberg & Goldenberg, 2008). When a family is in the extremes it shows relationship issues that have developed over time.

The purpose of using this invention is to help understand the values and behavioral interaction of the Muslim family (Manijeh, 1998). This becomes a useful tool because value is placed on the family's unity, connectedness and maintenance of harmony by preserving familial ties. Generally, Muslim families are collectivistic and less flexible regarding rules, and values. According to Manijeh (1998), a family members self image, esteem and identity are based on relationship interactions with the family.

Since some Muslim tends to internalize problems and concerns, and seek to find solutions through their connection with God, via prayer, and supplications, which is considered the best answer to healing distress. By using the Circumplex model, issues that arise can be discuss in individual session to address more personal concerns to maintain the family structure. It also helps to understand the dynamics that need to be focused on in the family (Manijeh, 1998; Magid; 2007).

Since the family structure is extremely doing the circumplex assessment is a good way to understand how the family works, however keeping in mind Muslim families tend to seem more enmeshed and connected and less flexible compared to non-Muslim families (Manijeh, 1998). This can give you a view into changes in the traditional family structure which has change and possibly understanding the sources of the conflict the family is facing now.

Therapeutic Process with Muslim Families

When it comes to therapy, the issues seem to arise from conflicts between cultural religious and environmental factors which can disrupt the family's connectedness and the hierarchical nature of the family (Hussain, 2005). Therefore it becomes necessary to build the relationship, by understanding the family's religious views and beliefs, and the role of Islam to the families day to day living. Also, it is important to look at the uniqueness of the family's cultural influences and dynamics and how those interact with the family's overall functions. As well as bringing in the discussion of environmental and social factors

Adlerian Psychology and Islamic Connections

Adlerian psychology is considered to be an open and optimistic approach especially when integrating religious and spiritual issues, according to Johansen (2005) "religion is the manifestation of social interest" (p.174). Adler's view of religion and spirituality were seen as a

goal of striving to both overcome and to find a place in the community with God as the goal toward positive social interactions. Furthermore “Adler saw religion as helping to bind people closely to each other through worship and other religions practices, thus religion serves to further communal life and contribute to the survival of the individual and the larger group” (Johansen, 2005, p. 43). When S/he’s religion and spirituality move him or her to positively interact and cooperate with others, then it is to be considered a healthy aspect to life (Johansen, 2010).

One of the most important concepts in Adlerian Psychology is social interest. Social interest is at the core of Adlerian psychology and at the core of Islam, which emphasizes peace, social responsibility, family relationships and closeness and a commitment to the greater society (Johansen, 2005). Considering the latter, when doing counseling and therapy with Muslim clients, Adlerian psychotherapy has many essential concepts that compliment the Islamic faith. These concepts are free will (soft determination), teleology, striving for superiority, life tasks, social interest and goal directed behavior (Johansen, 2005).

Soft Determinism

Soft determinism or free will in Adlerian psychology stipulates that each person has the ability to change their thinking, feeling and behaviors, as well as having the internal ability to do so. This idea connects well with Islamic teachings because Islam places a lot of emphasis on his and her actions and intentions. Muslim men and women strive and are encouraged to do his and her best to follow the pillars of Islam, and have the freedom of choice; however Allah is the ultimate decider of the outcomes, consequences, rewards and punishment for his or her choices (Johansen, 2010).

Johansen (2010), suggest that the idea of free will may be an issue with Muslims because teachings of the Qur’an emphasize that Allah has total control in the affairs of human beings,

including the decision one chooses to make, yet that human beings have the freedom to essentially make a choice. Therefore, it is suggested to examine Muslim client's beliefs about free will and predestination, however many Muslim do believe in and emphasize the freedom of choice (Johansen, 2010).

Teleology

According to Adlerian psychology, teleology is the idea that each person's behavior and current state of being is due to a goal that he or she has set for their life and due to this goal, Johansen states (2010) that "all persons strive toward a sense of significance, a self-ideal, which becomes the motivating force behind all behavior." (p.123).

For Muslims, the driving force or goal of life is the hereafter, afterlife (Jannah). Islam teaches about the Day of Judgment and seek to avoid the punishment of God and are driven to seek the rewards of the hereafter by having the proper relationship to Allah by following and practicing the core tenets of Islam. Life is seen as a transition of from Allah to Allah in which everything done in this life is seen as a test and the rewards of this life in this world is a sign of one connection to Allah. Johansen (2005) also suggests that the goal of the afterlife is similar to Adlerian concept of the self ideal, in that Muslims are more likely to see value in the idea that his or her actions are not necessarily driven by our past but are due to a goal which he or she has set.

Striving for Superiority

Adlerian psychology defines striving for superiority is one's own ability to overcome the challenges of life and move toward growth, accomplishment, security and competency. For Adler this type of striving was neither good nor bad but simply apart of human nature to be actively engaged in life, and be as good as one can get (Johansen, 2010).

Johansen (2010) suggest that this type of striving is similar to the strivings of Muslims to submit themselves to Allah's will, and overcome one's own personal struggles to give up temptations of this life and gain a deeper faith and connection to Allah. However, the goal that drives the individual in Adlerian Psychology is unknown while the Goal for Muslims is the rewards of the hereafter (Johansen, 2010).

Social Interest and the Life Tasks

Life tasks. Examines all themes central to Islamic Life; Muslims have the duty to love, respect provide emotionally, materially and spiritual for the well being of family and extended, care for community and neighbors not just next door but a radius of 40 houses. Social and civil duties, environmental (recycling) as well as showing how clients are "balancing" spirituality and self with life tasks. Plus, being mindful to own holistic self. As mention earlier in this section, social interest is one of the most fundamental concepts in Adlerian Psychology. Social interest is also considered to be a link to mental health, and the lack of it implies an increased chance of having psychological distress (Alizadeh, 2012). Social interest encompasses the ideas of peace, social responsibility, family relationships, closeness and a commitment to the greater society (Johansen, 2005). These ideas are inherent to Islamic teachings and tenets. For example in two pillars of Islam, Muslims donate a portion of their yearly income to charity in order to help those with less; Muslims also fast during the month of Ramadan in order to understand the plight of others who do not have food to eat and humble yourself to the disadvantageous of others. As such the Pillars of Islam reinforce and encourage social interest not only for oneself but for others as well.

The Adlerian concept of the life tasks (work, community and love), self and spirituality were later included by Rudolf Driekurs (Johansen, 2010) are similar to the way of life guidelines

that Islam provides Muslims. Adler proposed that psychological problems lead to avoidance to life tasks. Islam is concerned with all areas, family, gender relationship and community, Muslims would not separate self and spirituality as separate tasks because they are included and discussed explicitly from the Quran, sunnah of the Prophet Muhammad and Hadiths.

Specifically the task of community examines the relationships with others, doing for others and the larger community (Johansen, 2010). In Islam the almsgiving (giving of Zakat) is important to decrease greed and selfishness. The Prophet Muhammad taught the importance of acting for the sake of God, and doing good deed is for the sake of God are the truly what matters most (Johansen 2010).

The task of work is considered to be important in Islam. Work is necessary because one is to contribute to the larger society and take care of family which is a religious obligation. Muslims are not encourage to neglect the work for devotion, in fact the practice of *only* (my emphasis) prayer and remembrance of Allah is not recommended. Muslims are encouraged to work and be active in their communities (Johansen, 2010).

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The task of love is very important to Muslims, such as marriage and family are very important for Muslims as marriage is a requirement. Celibacy and not getting marriage as a devotion to God is also not encouraged or recommended. Overall the life tasks are seen a necessary to everyday functioning, are also a fundamental aspects to a Muslim's way of life (Johansen, 2005; 2010).

Adlerian psychology can be a natural approach to working with Muslim clients due to the fact that mental illness and viewed from the perspective of discouragement. Johansen (2010) has stated that Muslim may generally come into therapy because the difficulties in managing the life tasks, social and spiritual challenges. Adlerian seeks to encourage the client, by examining the purpose of symptoms, increase self worth and emphasis of personal responsibility. (Johansen 2010).

Another important concept in Islam is Ummah which is the Islamic concept of community. The Ummah is considered to be a united brother and sisterhood which lend itself to a larger sense of responsibility to others in the community (Ahluwalia & Zaman, 2010).

Cultural Considerations

African American Muslim Women (AAMW)

African American Muslim women (AAMW) have strong cultural and religious foundations. Religion informs the family morals and values system as well as everyday living. Thus supporting the needs of the family takes precedence over cultural and racial expectations as the teachings of the Qur'an and supporting the family is her prescribed and respected role in the

family. However, bias around the role of women in Islam often sees AAMW as being oppressive (Wyche, 2004), yet the Qur'an describes the role of women as equal to men but different (Quran, Chapter 4).

During the 1960's civil rights movement gaining a sense of self empowerment asserting self se

Arab Muslims American

According to Haque (2004), Arab and south Asian cultures it may be important for the therapist to take a more active role by offering advice and providing psycho education to the clients (Winerman, 2006). When working with Arab Muslim American, Winerman (2006) mention that often they face identity conflicts and issues with resolution of those conflicts because he or she may live two separate lives one at the home and one outside the home as he or she may try to fit with American culture and society, which typically face issues around depression anxiety and other ailments. Muslim women face many stressors because they choose to wear the traditional dress, some women often face discrimination, and harassment because women are portrayed in the media as being oppressed by traditional clothing and head covering. Suggestions have been made to help women: increasing the visibility of Muslim women by hiring more Muslim women to increase acceptance and posting accepting policies on head covering in the work place. Considerations that therapist can take include

Connect with Imams to help them become more aware of social outlets and services to help with

Offering translating for Arabic language, possible home services, providing same sex therapist, using more culturally and religious appropriate terminology, build rapport, hire familiar faces and ask for help. (p. 55) With Arab Americans, increased rates of anxiety and depression, discrimination, alienation and religion and ethnicity loss of social status, lowered self esteems Arab American Muslims face higher rates of profiling, services unfair targeting. Even

with the cultural differences consider the Islamic faith that promotes harmony of self and with others (Ohm, 2003).

Therapeutic Considerations for Muslims

Therapeutic Alliance and Rapport

Badri suggests the therapeutic relationship is important to therapy. He suggests the therapist take a warm, caring, kind and compassionate position (Badri n.d.).

Therapists who have done psychotherapy and counseling with Muslims suggest coming from the standpoint of seeing that Islam is of great influence in his/her life. It is suggested by Springer, Abbott and Reisbig (2008) that therapist become familiar with religious beliefs, customs and traditions, major tenet of Islam, practices and working from the standpoint of finding the link between religion in the relief of mental illnesses and distress.

Therapists can help to build a better rapport with Muslim clients by bringing awareness to negative stereotypes and allow the client to discuss his/her experiences with discrimination, and mistrust about therapist and therapy. Also the therapist can empower the client by having the therapeutic relationship be one of collaboration in defining the problem, goals and intervention. It is believed that the latter opens dialogue for examining how external forces have been a contributing factor to the client's problems. The therapist should seek to encourage the client by bringing awareness and insight into strengths and beliefs (Ali, Liu & Humedian, 2004).

Therapists also need to assess their own biases toward the Islamic faith and Muslims, some questions that the therapist could ask themselves: do you think Muslim women are oppressed by a patriarchal family system? Do you believe that homemakers are inferior to women who work outside of the home? Do you think that adolescents should have the freedom

to date, attend social functions or engage in sexual behavior? (Springer, Abbott & Reisbig, 2009, p. 232).

Hamdan (2008) considers the concern over integrating religion into therapy, there are several points to keep in mind, it is possible for the therapist to take on dual relationship dealing with professional and religious aspects. The boundaries may become blurred for the therapeutic relationship to remain professional and ethical, and by only focusing on religious over other therapeutic goals. The therapist may get into a position where they take on the role of a religious leader when it may be better to refer the client or the therapist only look at religious interventions when medication or other interventions are needed. When considering religious aspects, the key to avoiding some of the latter issues is to assess religious and cultural aspects and make sure it is appropriate for the client. By looking into the therapists bias, and well and the clients bias toward the therapist, therapy can focus on the sources of strength of Islam in therapy.

In a study of 340 Muslims in the US and abroad, Raiya and Pargament (2010) found several aspects that are recommended and important to clinical practice with Muslims, but cautioned readers about making a broad generalization because of the relative small sample size.

Important aspects of clinical practice are that Islam plays a central role in Muslims well-being. Mainly in three major areas: mental, spiritual and physical, and these areas are deeply centered in his or her heart. Considering the central role, therapist should open the door to discussing the role of religion during assessment or at some other point in therapy.

The second area is that Islam is viewed as being a way of life for Muslims, because Islam has many layers or as Raiya and Pargament (2010) state, Islam is Multidimensional. Therefore, not only should the therapist understand the practices, beliefs and major tenets of Islam, but he or she should also know how the client defines the meaning of Islam in his or her own life. These

two aspects lend itself to better communication. Yet, it is important to know that Islam has major influences in the overall health of Muslims. So emphasis is placed on the distinctiveness between, beliefs practices and outcomes of the two.

Inayat (2001), examines two therapeutic approaches, integrative and Islamic counseling. Inayat found that both emphasize the relationship between the client and therapist. The main point of developing this relationship is in the humility of therapist lending to a supportive environment that encourages collaboration to explore the issues at hand. As well as, establishing mutually agreed upon goals and interventions. Both approaches suggest the therapist take an open stance and keep a healthy level of curiosity. However, the main difference between these two approaches is that Islamic counseling is informed by the teaching for the Holy Qur'an, Hadiths, and Sunnah. The client is also viewed from a holistic standpoint that exists with the realms of social, personal, and spiritual aspects.

When doing therapy with Muslim clients, Seif (2005) suggested several interventions to consider, particularly interventions that incorporate strengthen the soul, faith (Iman), fostering self awareness and helping the client to understand that the difficulties that he or she face are a part of the trials of life. It is also helpful for therapist to help Muslim clients reframe their thinking and to provide encouragement, offer guidance, have clients seek patience and to encourage clients to pray and help to remind clients of Allah's mercy. All of these suggestions must also take into consideration the client's community, culture and adherence to religious practices (Seif, 2005).

In particular three questions should be added to the intake process with Muslim clients: 1) Do you consider yourself a religious or spiritual person? If so, in what way? 2) Has your problem affected you religiously or spirituality? If so, in what way? 3) Has your religion or spirituality

been involved in the way you have coped with your problem? If so, in what way? (Raiya & Pargament, 2010, p.183). The importance of allowing the discussion of religion can lead to deeper insight about the client's problem and possibly aid in goals and interventions (Raiya & Pargament, 2010).

Ahluwalia and Zaman (2010) believe that the best practices in working with Muslim clients is building rapport and alliance, exploring the client's individual value systems so the client may feel open to discuss their concerns around seeking help and therapy. It is also important to help the Muslim clients to explore both religious and cultural expectations on their personal issues and how those factors shape and influence their worldview.

Another important concept is the idea of Islamic Contemplation. Contemplation passes through four stages in the stated sequence: direct sensory perception, state of wonder at the excellence of the object, feelings of submission to the one who created the object and finally spiritual cognition which magnetizes the person towards God. This kind of thinking according to Badri (2007) promotes a person's physical and psychological health. A true contemplator, Badri (2007) argues will see through physical and spiritual means, on how everything in the universe totally submits to God and this perception will bring ultimate happiness for the contemplator (Badri, 2007).

Conclusion

Therapists working with Muslim clients must be open to discuss his/her views and biases about Islam (respectfully) with client and take a more active role in the therapeutic environment, in hopes of creating a collaborative therapeutic alliance. To further this process, helping professionals must be willing to seek out accurate information about Muslims and Islam and a willingness to create alliances with the Islamic community to help bridge the gap and

provide more access and awareness to mental health services and mental illnesses. It is important to make sure the client is comfortable and wants to talk about religious and spiritual issues (Badri, n.d.).

Overall, it is important to understand how essential Islam can be for some if not most Muslim in psychotherapy. Islam should be considered as an area of focus in order to provide the most comprehensive therapy and counseling services.

To further this point, Badri (n.d.), emphasizes the importance of the family structure. The Islamic family system brings an ease to family interactions, because there are set a guidelines that could be followed to ensure the family system. At its best, this structure is a beautiful thing bringing mutual respect and love for each family member, establishing role examples for men and women, as well as children and healthy examples of marriage.

Noting that in an Islamic household, functional or dysfunctional family systems can both nurture and dismantle the religious and spiritual connections that were established in the family early if family issues are not resolved when problem arise. When this system becomes dysfunctional, the approaches that are needed for these families need to be especially individualized for the family due to cultural, ethnic and racial influences on the family's world view and varying degrees of adherence to Islamic principles. A one size fits all approach is not going to be appreciated with these families. What is important to know is that you cannot successfully help a Muslim client without considering religious and cultural aspects within the issue(Badri, n.d.).

As such, some cultural aspect and some religious aspects, discourage discussing family issues outside of the family, the therapist might want to consider longer sessions with Muslim clients initially. When therapists are unable to help the client with marital issues, it is due to the

lack of information about Islamic family law, and “teachings on sex, inheritance, divorce and guardianship of children” (Badri, n.d., n.p.).

Although this paper discusses approaches that could work well with Muslim families and individuals. The therapeutic relationship is key to the overall success of therapy. Many may prefer to have Muslim therapist before non-Muslim therapist. The indication of this for the therapist is to work on building the relationship, discussing the family’s cultural influences and beliefs and understanding the meaning of Islam in the families’ lives. As well as being open to finding out and challenging one’s own bias and misconceptions about Islam is needed.

Islam is central to Muslim lives it is important to incorporate some aspects into therapy. There is valuable information to gain when assessing the significance of faith in his or her behaviors and symptoms. The consideration of faith becomes imperative especially for clients who are religiously committed. It is not the therapist role to change the client frame of reference but to understand the significance of Islam in that viewpoint, especially if the therapist is not aware of their own biases, prejudices and knowledge of Islam and Muslims to help provide effective and quality services to this population (Hamdan, 2007).

Muslim rarely go to see mental health professionals, help is often sought out by a concerned relative (Husain, 1998). Therapist do their religious clients a good service by familiarizing his or her self with resources, places of worships, groups and services that would be of benefit to the client (Yarhouse & VanOrman, 1999).

Overall, more research is needed to possible develop a more defined and cohesive form of Islamic counseling and psychotherapy. Also, a broader depiction of Islam as well as whom Muslims are racially, culturally, ethnically, yet with the understanding that under Islam each is considered to in a community of brothers and sister regardless of those differences.

In review, when working with Muslim clients, therapists should be aware of major Islamic beliefs, concepts and structures and cultural differences that are inherent in the Muslim community as well as being open to explore their own bias toward Islam and Muslims.

Overall, the process should be holistic, through examining religious and cultural influences as well as environmental factors. Having an understanding of the Islamic guidelines for family, marriage/divorce and gender relationship and interactions is important to getting insight about the family however, not forgetting that each Muslim family has its own uniqueness.

References

- Abdullah, S. (2009). *Islamic counseling and psychotherapy trends in theory development*. Retrieved from <http://www.islamcity.com/articles/Articles.asp?ref=CF0906-3865>.
- Abdullah, S. (2007). Islam and counseling: Models of practice in Muslim communal life. *Journal of Pastoral Counseling*, 42, 42-55. Retrieved from: http://www.iona.edu/academic/artsscience/orgs/pastoral/issues/2007_v42/v42_2007.pdf
- Ahmad, M. (2011). *Speaking on mental health: Khutba tips for imams*. Retrieved from: <http://www.soundvision.com/utills/print.asp?url=info/life/mentalhealthkhutbatips.asp>
- Ahmed, S. A. (2007). Understanding the Mental Health Needs of American Muslims: Recommendations and Considerations for Practice. *Journal of Multicultural Counseling & Development*, 35(4), 207. Retrieved from EBSCOhost.
- Ahluwalia, M. K. & Zaman, N. K. (2010). Counseling Muslims and Sikhs in a post 9/11 world. In the Handbook of Multicultural Counseling (3rd Ed). In J. G., Ponterotto, J. M. Casas, L. A., Suzuki & C. M. Alexander (Eds.) (pp. 467-478). Sage Publications, INC, Thousand Oak: CA.
- Ali, O. M., Milstein, G. & Marzuk, P. M. (2005, February). The imam's role in meeting the counseling needs of muslim communities in the united states. *Psychiatric Services* 56(2), 202-205.
- Ali, O., Abu-Ras, W., & Hamid, H. (2009). *American Muslims*. Retrieved from: http://www.muslimmentalhealth.com/index.php?option=com_content&task=view&id=11&Itemid=51
- Ali, S.R. (2009). Using feminist psychotherapy with Muslim women. *Research in the Social*

- Scientific Study of Religion*, 20, 279-316. doi: 10.1163/ej.9789004175624.i-334.104
- Ali, S. R., Liu, W. M., & Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. *Journal of Professional Psychology: Research and Practice*, 35, 635-642. doi: 10.1037/0735-7028.35.6.635.
- Alizadeh, H. (2012). Individual psychology and Islam: An exploration of social interest
The Journal of Individual Psychology, 68, 216-224.
- Al-Krenawi, A., Graham, J. R., Dean, Y. Z., & Eltaiba, N. (2004). Cross-national study of Attitudes towards seeking professional help: Jordan, United Arab Emirates (UAE) and Arabs in Israel. *International Journal of Social Psychiatry*, 50, 102-114.
doi:10.1177/0020764004040957.
- Badri, M. B. (n.d.). Can psychotherapy of Muslim patients be of real help to them without being Islamimized? Retrieved from: <http://www.zeriislam.com/artikulli.php?id=987>
- Badri, M. (2007). *Contemplation: An Islamic psychospiritual study*. Hendon, VA: The Islamic Institute of Islamic Thought. Herndon: VA
- Bhui, K., King, M., Dein, S., & O'Conner, W. (2008). Ethnicity and religious coping with mental distress. *Journal of Mental Health*, 17, 141-151. doi: 10.1080/09638230701498408
- Birjas, Y. (2010). Love note: Marriage and family life [Lecture Notes]. Al Maghrib Institute, Carlson school of management, Minneapolis, MN.
- Bokhari, R., & Seddon, M. (2009). *The complete illustrated guide to Islam*. Singapore: Hermes House.
- Carolan, M.T., Bagherinia, G., Juhari, R., Himelright, J & Mouton-Sanders, M. (2000).

- Contemporary Muslim families: Research and practice. *Contemporary Family Therapy: An International Journal*, 22, 67-79. Retrieved from SocINDEX.
- Cook-Masaud, C., & Wiggins, M. I. (2011). Counseling Muslim women, navigating cultural And religious challenges. *Counseling and Values*, 55, 247-256. DOI: 10.1002/j.2161-007X.2011.tb00035.x
- Deuraseh, N. & Talib, M.A. (2005). Mental health in Islamic tradition. *The International Medical Journal*, 4, 76-79. Retrieved from: <http://www.eimjm.com/Vol4-No2/Vol4-No2-H2.pdf>.
- Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview* (7th Ed.). Belmont, CA: Thompson Brooks/Cole.
- Hamdan, A. (2008). Cognitive restructuring: An Islamic perspective. *The Journal of Muslim Mental Health*, 3, 99-116. doi:10.1080/155664900802035268.
- Hamdan, A. (2007). A case study of a Muslim client: Incorporating religious beliefs and practices. *Multicultural Counseling and Development*, 35, 92-100. doi:10.1080/13674670903313722.
- Haque, A. (2004). Religion and mental health: The case of American Muslims. *The Journal of Religion and Health*, 43, 45-58. doi:10.1023/B:JORH.0000009755.2525671
- Haque, A. (1997). International seminar on counseling and psychotherapy: An Islamic perspective. [Conference Report] *The American Journal of social sciences*, 15, 153-157. Retrieved from: http://i-epistemology.net/attachments/618_V15N1%20Spring%2098%20-%20Conf%20Report%20%20International%20Seminar%20on%20Counseling%20and%20Psychotherapy%20-%20An%20Islamic%20Perspective.pdf

- Haque, A. (1998). Psychology and religion: Their relationship and integration form an Islamic Perspective. [Review Essay]. *The American Journal of Islamic Social Sciences*, 15, 97-116. Retrieved from:
http://www.isam.org.tr/%5Cdocuments%5C_dosyalar%5C_pdfler%5Cyeni_gelen_dergiler_icindekiler%5CYGD22_Ltn.pdf
- Hodge, D. R. & Nadir, A. (2008). Moving toward culturally competent practice with Muslims: modifying cognitive therapy with Islamic tenets. *Social Work*, 53, 31-41.
doi: 10.1093/sw/53.1.31
- Husain, S. R. (1998). Religion and mental health from the Muslim perspective. In H. S. Koenig (Ed.) *Handbook of Religion and Mental Health* (pp. 279-290). San Diego, CA: Academic Press.
- Hussain, S. (2006). *Working with Muslims: Perspective and suggestions for counseling*. Retrieved from: <http://www.counselingourfitters.com/vistas/vistas06/vistas.06.22.pdf>
- Hussein, A. (2001). *The issues of religiosity in mental health: Are we forgetting the missing link?* Retrieved from http://cresentlife.com/articles/relgiosity_in_mental_health.htm
- INCA (2009). *Family in Islam: Basic principles* (detailed). Retrieved from:
<http://www.inca.org/family/index.php?option=com.cont&view=article&id=95&Itemid=2>
- Inayat, Q. (2001). The relationship between integrative and Islamic counseling. *Counseling Psychology Quarterly*, 14, 381-386. Doi: 10/1080/09515070110101478
- Jafari, M.F. (2004). Counseling values and objectives: A comparison of western and Islamic perspectives. *The Journal of Religion and Health*, 43(1), 45-58. doi:10.1023/B:JORH.0000009755.25256.71 (not using)
- Johansen, T.M. (2005). Applying individual psychology to work with clients of the Islamic faith.

- The Journal of Individual Psychology*, 61, 174-184.
- Johansen, T.M. (2010). *Religion and spirituality in psychotherapy: An individual psychology perspective*. New York, NY: Springer Publishing Company.
- Khalili, S., Murken, S., Reich, K.H., Shah, A.A., & Vahabzadeh, A. (2002). Religion and mental health in cultural perspective: Observations and reflections after the first international congress on religion and mental health, Tehran, 16-19 April 2001. *The International Journal for the Psychology of Religion*, 12, 217-237. Retrieved from: <http://www.psychology-of-religion.de/deutsch/murken/khalili-et-al2002.pdf>.
- Magid, I. (2007). *Islamic perspective of counseling*. Retrieved from: <http://www.isna.net/Islam/articles/Community/Islamic-Perspective-of-Counseling.aspx>.
- Manijeh, D. (1998). Muslim families and family therapy. *Journal of Marital and Family Therapy* 24, 355-365. doi:10.1111/j.1752-0606.1998.tb01090.x.
- Marks, L. (2004). Sacred practices in highly religious families: Christian, Jewish, Mormon and Muslim perspectives. *Family Process*, 43, 217-231. doi:10.1111/j.1545-5300.2004.04302007.x.
- Maynard, S. (2008). *Muslim Mental Health*. Stephen Maynard & Associates. Retrieved from <http://www.signposts.org.uk/Assets/downloads/bme/Muslim%20Mental%20Health%20-%20Stephen%20Maynard.pdf>
- Mujahid, A.M. (2010). *State of Muslim mental health*. Retrieved from: <http://www.soundvision.com/Info/life/StateOfMuslimMentalHealth.asp>.
- Ohm, R. (2003). The African American experience in the Islamic faith. *Public Health Nursing* 20, 478-486. DOI: 10.1046/j.1525-1446.2003.20608.x
- Othman, A., Iqbal, M.I., & Rahmat, H. (2001). *Islamic psychotherapy and counseling processes:*

- An alternative approach to the helping relationship*. Retrieved from:
<http://staff.iiu.edu.my/iznita/seminarkaunseling2.doc>
- Podikunju-Hussain, S. (2005). *Working with Muslims: Perspectives and suggestions for counseling*. (n.v), 103-106. Retrieved from:
<http://www.counseling.org/resources/library/vistas/vistas06/vistas06.22.pdf>
- Qadhi, Y. (2011). *The light of guidance: The fundamentals of faith 101 [Lecture Notes]*. Al Maghrib Institute, University of Minnesota, Minneapolis, MN.
- Rahman, M.T., Nazer, R., Brown, L., Shogar, I. & Bouzenita, A.I (2008). Therapeutic Interventions: an Islamic perspective. *Journal of the Islamic Medical Association*, 40, 60-68. Retrieved from: <http://jima.imana.org/article/view/4447/V40N2-68-76>
- Raiya, H.A., & Pargament, K.I. (2010). Religiously integrated psychotherapy with muslim clients: From research to practice. *Journal of Professional Psychology: Research and Practice*, 41, 181-188. doi: 0735-7028/a0017988.
- Seif, A. (2005, September). Counseling application in Muslim communication setting. Paper presented at the meeting of the National Seminar on Applied Psychology. International Islamic University Malaysia. Retrieved from
http://eprints.uum.edu.my/593/1/COUNSELING_-_APPLICATIONSIN_THE_MUSLIM_COMMUNITY_SETTING.pdf
- Siddiqui, M.H. (2003). *Spiritual health*. Retrieve from
http://www.islamonline.net/English/Ramadan/1424/10/Fountain_of_Fai...
- Siddiqui, S. (2010). *Marriage in Islam*. Retrieved from
<http://www.soundvision.com/info/marriage/inislam.asp>
- Springer, P.R., Abbott, D.A., & Reisbig, A. M. (July 6, 2008) [online].

Therapy with Muslim couples and families: Basic guidelines for effective practice.

The Family Journal: Counseling and Therapy for Couples and Families, 17(3), 229-235.

doi: 10.1177/1066480709337798.

Valiante, W.C. (2003). Family therapy and Muslim families: A solution focused approach

Retrieved from: <http://www.canadianislamiccongress.com/docs/family?printer=1.php>

Weatherhead, S. & Daiches, A. (2010), Muslim views on mental health and psychotherapy.

Psychology and Psychotherapy: Theory, Research, Practice, 83, 75–89.

doi: 10.1348/147608309X467807

Winerman, L. (2006, October). Reaching out to Muslim and Arab Americans.

Monitor on Psychology, 37(9), 54. Retrieved from:

<http://ps.psychiatryonline.org/cgi/reprint/56/2/202>

Wyche, K.F. (2004). African American Muslim women: An invisible group. *Sex roles*, 51,

319-328, DOI: 10.1023/B:SERS.0000046615.22900.b2

Retrieved from: <http://www.springerlink.com/content/hn272710pn174h33/fulltext.pdf>

Yarhouse, M.A. & VanOrman, B.T. (1999). When psychologist work with religious clients:

Applications of the general principles of ethical conduct. *Professional Psychology:*

Research and Practice, 30, 557-562. doi:0735-7028/99/\$3.00.