Counseling Muslims: Handbook of mental health issues and interventions,
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The central role of Islam in the lives of Muslims living in Western countries necessitates culturally sensitive and religiously congruent methods of approaching psychological treatment with this large population. The unique cultural and religious nuances of offering mental health services to Western Muslims is discussed comprehensively in this book, intended as a handbook for all clinicians in contact with Muslims in clinical settings. This is a seminal work that emerges during our post-modern era of positive psychology, interest in multiculturalism and growing diversity in the Western world, rendering this book immensely useful and necessary for the treatment of Muslim patients. It is clear that the authors of this book have set out to emphasize the impact that Muslim cultural and religious beliefs can have on the expression of clinical disorders, while employing a strength-based approach of utilizing the inherent healing properties that exist within the Islamic tradition and Muslim cultures as part of the remedy. Addressing treatment of mental health from this perspective, not only entails cultural sensitivity and awareness, but knowledge of useful methodologies, techniques and modifications in approach that empowers the cultural and spiritual identity in treatment.

The book includes acknowledgements, brief biographies of the editors and chapter authors, foreword and preface followed by five sections, containing 18 chapters and an index. Sections build upon one another and are organized thematically, beginning with an introduction to the Islamic tradition and Muslims
to a discussion of relevant models and interventions, service settings, special populations and special issues. All chapters include case studies to illustrate the practical applications of discussed material. There are 23 contributors to the work and the editors Sameera Ahmed and Mona M. Amer are authors of four chapters. Sameera Ahmed is a clinical assistant professor of psychiatry at Wayne State University in Detroit, Michigan, and earned her doctorate from Fairleigh Dickinson University in New Jersey. She is a well-reputed author, serving as a fellow at the Institute for Social Policy and Understanding and the director of the Family and Youth Institute in Canton, Michigan. Mona M. Amer is an assistant professor of psychology at the American University in Cairo, Egypt, and earned her doctorate in clinical psychology at the University of Toledo, Ohio. She has numerous awards to her credit and acknowledgements for her work in developing cultural competence training curriculums for providers working with Muslims and Arabs.

The chapter authors include Frieda Aboul-Fotouh, Salma Elkadi Abugideiri, Sawssan R. Ahmed, Osman M. Ali, Lynne Ali-Northcott, Nadia Ansary, Manijeh Daneshpour, Sabnum Dharamsi, Cheryl El-Amin, Hamada Hamid, Amber Haque, Majeda Humeidan, Baland Jalal, Najeeb Kamil, Amal Killawi, Omar M. Mahmood, Saba Maroof, Abdullah Maynard, Sarah Mohiuddin, Aneesah Nadi, Farah T. Rahiem, Raja S. Aalloum and Aisha Utz. The contributors are among the leading experts in Islamic psychology and Muslims and mental health. The contributors represent a diversity of scholarship and the collaboration of all of these experts is a tremendous accomplishment in itself.

The first section, entitled “Muslim Beliefs within a Counseling Framework,” provides an introduction to Muslim culture, Islamic creed, and Muslim concepts of mental/spiritual health and Muslim patterns of coping and help-seeking behavior. This introductory section offers a good window into the mind, current demographics, behaviors and controversial issues that have typically been associated with Muslims such as terrorism and women’s rights. The first chapter in this section provides additional insight into the role of Islamic jurisprudence in mental health that is such a pertinent issue among Muslims. Contributions of Muslim thinkers on psychology are included and the second chapter picks up with this by drawing attention to the influence of common Muslim attributions for the causes of psychopathology on mental health and the utility of traditional Islamic treatment procedures. These treatment methods are offered as potential curative alternatives to Muslims who believe in the supernatural etiology of their disorder. A case illustrates the power of Islamic traditional healing as used by a collaborating spiritual leader from the community toward the alleviation of symptoms (p. 28). The third chapter expands traditional healing to a discussion more specifically focused on the useful function of traditional coping and types of help seeking by demonstrating three separate cases of Muslims suffering from different problems. These cases de-
scribe clients turning to their religion for answers that included supplication, going to the mosque, recitation of Qur’anic verses over an ailing person, and consultation of elders and religious clergy.

The second section, called “Models and Interventions,” provides a discussion of the clinical interview, assessment, evaluation of current theoretical orientations for application with Muslims, family systems theory in application to Muslims and a chapter offering an Islamic counseling model for treatment. The first two chapters in this section focus on cultural considerations in structuring the clinical interview to increase self-disclosure and accuracy in case conceptualization and diagnosis. Recommendations for assessing for commonly neglected elements such as religiosity, cultural identity, and acculturation are suggested. Additional issues of the non-representative norms of current tests and the cultural expressions of behavior that may mistakenly be attributed to psychopathology are reported. Useful knowledge about how Muslims perform on psychological tests is illustrated, offering a table of intellectual assessments for non-English speaking clients. Amer and Jalal in the next chapter offer an evaluative comparative discussion of the application of differing psychological orientations with Muslims. They state that Cognitive Behavioral Therapy may be the most compatible with Muslims as its directive stance is more congruent with Muslim norms and expectations of treatment, while they acknowledge some of its potential to over-pathologize. The authors deem psychodynamic approaches as least effective, while emotion-focused treatments within the humanistic tradition as very useful on account of its correspondence to Muslims comfort with emotional expression. The next chapter argues that family systems therapy and post-modern approaches are highly congruent with the collectivistic orientation of Muslim cultures and can be extremely useful in application. The chapter in the section called, “Islamic-based Interventions” offers a treatment framework that is drawn from the Sufi Islamic tradition while integrating elements of contemporary psychological methods. Islamic counseling is defined and discussed, advocating for an approach that is inherently Islamic in theory. The final chapter in this section offers advice for practitioners to employ a community-based model in reducing the stigma of mental health among Muslims.

The third section, “Service Settings”, is largely focused on the cultural considerations that are necessary to accommodate Muslims in inpatient psychiatric units, home-based social services and in university counseling settings. These include dietary regulations, social etiquettes, stigma, collectivistic norms, and coping. The fourth section moves on to address, “Special Populations”. All three chapters in this section have Sameera Ahmed as the primary author; she begins by unfolding the experience of conversion to the religion of Islam, with the accompanying unique set of conditions including familial conflict, pre-Islamic psychopathology and identity challenges that need to be
understood. Ahmed moves on to discuss Muslim cultural views, norms, and milestones that can make adolescence a particularly challenging time for Muslims in Western countries. These include inter-generational conflicts and identity issues. Finally, the experiences of refugees are explored in the final chapter, where sensitivity to inhibitions for self-disclosure and trauma are extensively.

The final section, “Special Issues”, includes highly stigmatized and challenging issues in the chapters on domestic violence, sexuality and sexual dysfunction, and substance abuse. In all three chapters, the emphasis on the stigmatizing qualities that Islamic prohibitions on pathological behaviors related to these topics are outlined. Suggestions for addressing such sensitive topics are included, from “remote-control therapy” (p. 346) in the form of online counseling and reading materials for sexual dysfunction, consultation of religious clergy to clarify faulty beliefs of domestic violence and the incorporation of Islamic practices for the treatment of substance abuse.

This book offers clinical insight that is comprehensive yet broad. Although it does not offer a prescriptive approach, it equips the practitioner with education, awareness, and useful tools for the treatment of Muslims. The diversity of the Muslim community is recognized while addressing common themes that cut across Muslim cultures. Suggestions are offered in a non-dogmatic manner, demonstrating its strength through the synthesis of an immense array of empirical literature into a practically applicable and highly relevant textbook. Though there is some redundancy of some of the topics, one can argue that repetition may have been intentionally employed as emphasis of some particular points. This work did not only offer a critique of current practice limitations, but offered comprehensive solutions to such problems. This book is provocative for researchers, as the brevity of topics within many of these chapters can be expanded into books and manuals. This book offers the consolidation of research within its covers and has been long overdue. It has successfully addressed a long misunderstood and limited research area by many authoritative experts.