University of New Orleans

ScholarWorks@UNO

5-20-2011

Social Context and Muslim Women's Attitudes Towards Counseling

Mevlida Turkes-Habibovic
University of New Orleans

Follow this and additional works at: https://scholarworks.uno.edu/td

Social Context and Muslim Women's Attitudes Towards Counseling

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

Mevlida Turkes-Habibovic

B.S. University of Sarajevo, Faculty of Philosophy, 2001
M.S. Mississippi College, 2009

May, 2011

Dedication

I dedicate this dissertation to my wonderful family:

My husband for his continued support, patience, and understanding;

My father and mother for teaching me the importance of Islamic values, higher education, diligent work and dedication, encouragement, and continued support on my way towards reaching my goals and dreams;

My lovely children for their hugs and smiles that kept me motivated in times when stress was high and motivation low; you are my inspiration and my true blessings from Allah;

My sisters for their encouragement; and

The Muslim community for the support provided to me during difficult times in my life, especially in the past few months.

Acknowledgments

First of all, I praise Allah and I sincerely thank Him for His guidance and blessings. Without Allah's help and approval, I would not have reached this point in my life. He is the Most Merciful, the Protector, and the All-Forgiving. Without Iman, Ihsan, and Islam in my heart, my life would be meaningless. I know this life is short and the Hereafter is our final destination. I pray to Allah to live this life in a way so that He is pleased with me and my family. There is no god but Allah; and Muhammed (peace and blessings be upon him) is His messenger.

Secondly, I thank my family: my husband, my parents, my children, my sisters, and my sisters within the Muslim community for ongoing support, patience, encouragement, and understanding. I love you with all my heart and you are in my prayers. Jazakum'Allah khair.

I also thank my dissertation committee for their time, patience, and support. I am especially grateful for their willingness to work with me within a short time framework. I appreciate your willingness to be on my dissertation committee.

I express my gratitude to my chair and advisor, Dr. Watson, for the time he provided to me since I first enrolled in the UNO program. I consider myself blessed to have him as my advisor. Thank you for your patience and understanding. Your continuous support helped me to climb the ladder of success and achievement.

Additionally, I thank my methodologist, Dr. Bedford. I appreciate your time and support. Moreover, I appreciate your encouragement, feedback, and valuable insights. In spite of your demanding schedule, you found time to respond to my e-mails. I am truly grateful for that.

My special thanks go to Dr. Herlihy. Without her support, kindness, and caring spirit, I would not be writing these acknowledgments at this time. Your words of encouragement were my fuel on this brisk UNO journey. I hope to make a difference in a student's life just as you did

in mine. You make this world a better place to live in. Indeed, my words cannot describe my gratefulness. Your generous support was tremendously important to me and I sincerely thank you.

Also, I would like to thank the participants of this study. Without your help this research would not be possible. I believe you provided a significant contribution to the field. Jazakum'Allah khair.

Finally, I would like to thank to my friend, Rima, whom I consider as an answer to my prayers. You generously helped me with childcare while I was attending classes. You have a special place in my heart and my prayers. Jazakum'Allah khair.

Table of Contents

List of Tables

Abstract

Although there is a recognized need for counseling Muslims and underutilization of mental health services by this population is assumed, research regarding the attitudes of Muslims towards counseling is scarce. This qualitative study explored Muslim women's attitudes towards counseling and utilization of counseling services. The influence of religiosity and religious coping as well as the Muslim women's perception of the Imam-counselor liaison, and the influence of the liaison on counseling-seeking attitudes have been examined. Participants consisted of 10 purposefully selected Muslim women from each of five distinct socio-racial categories, including White, Black, Hispanic, Asian, and Arab. Data collection consisted of semi-structured interviews and the administration of a demographic questionnaire. Data analysis involved phenomenological exploration and hermeneutical interpretations of the participants' meaning. The findings indicated that attitudes towards counseling do not indicate actual use of the services. Rather, utilization of religious coping, availability of family and friend support, accessibility of Muslim counselors and counseling within the Muslim community, and the Imam-counselor liaison have a significant impact on counseling-seeking attitudes of the Muslim women. Additionally, the findings indicated variation of counseling utilization among socio-racial groups. All non-U.S.-born Arab, Asian, Hispanic, and Black participants reported no use of professional counseling, whereas U.S.-born White, Black, and Hispanic participants and one non-U.S.-born White participant reported utilization of the services. However, rather than linking ethnicity alone to use of counseling, other factors need to be considered as well. The Imam-counselor liaison seems to hold promise towards closing the gap in delivery and utilization of counseling services by Muslims. The findings generated a greater awareness of the

x

importance for the inclusion of religious beliefs and practices in therapeutic conversation with Muslim female clients. It is my hope that the findings will facilitate reflection on current counselor and counselor educator practices, and lead to changes that will enhance service provision to this population. In sum, it is hoped that the revealed pertinent areas will be considered within both the counseling room and the classroom.

Chapter 1

Introduction

Much of the recent literature regarding counseling Muslims in the United States relates to a need to provide therapeutic services to this population (Abu-Ras & Abu-Bader, 2008; Ahluwalia & Zaman, 2010; Begic & McDonald, 2006; Hamdan, 2007; Hassouneh & Kulwicki, 2007; Kiely-Froude & Abdul-Karim, 2009; Reitmanova & Gustafson, 2009; Rippy & Newman, 2008); implications for counseling (Abdullah, 2007; Abu Raiya & Pargament, 2010; Altares, 1996; Carter & Rashidi, 2004; Dwairy, 2006; Dwairy, 2009; Erickson & Al-Timimi, 2001; Kobeisy, 2006; Padela & Heisler, 2010; Podikunju-Hussain, 2006) and underutilization of counseling services by Muslims (Ahmed & Reedy, 2007; Al-Mateen & Afzal, 2004; Aloud & Rathur, 2009) residing in the United States. However, little has been written about the reasons for underutilization of counseling services by Muslims. Thus, little is known about help-seeking attitudes of Muslims in the United States. Khan (2006) found that a majority of the surveyed Muslims including Arab, South Asian, and African American Muslims reported positive attitudes towards counseling. Attitudes, gender, and age were significantly associated with help-seeking attitudes. All participants utilized prayer as a form of religious coping.

Aloud and Rathur (2009) indicated that cultural beliefs and perceived stigma about mental health, familiarity with available therapeutic services, and utilization of indigenous treatment methods were highly related to therapy-seeking attitudes among Arab Muslims living in a large Midwestern city.

Knowledge regarding help-seeking attitudes of Muslims is particularly significant for the approximately seven million Muslims living in the United States today. Their counseling needs are well documented in the literature due to their different backgrounds, specifically exposure to

trauma and discrimination. Despite ethnic and cultural diversity, Muslims share the same

religion, which unifies their experiences and worldview (Rippy & Newman, 2008). Although

there is a need for counseling and underutilization of such services by Muslims is assumed,

research regarding Muslims' attitudes toward counseling is scarce.

Although Muslims in the United States are a diverse group, the available research has

focused primarily on Arab and Asian Muslims. It is important to remember that, as the U.S.

Department of States/Bureau of International Information Programs (2009) aptly explained:

> Muslims in America cannot be defined by race or nationality…. Muslim American
>
> diversity may be greater still, encompassing origins in South Asia, the Middle East,
>
> Southeast Asia, Europe's Balkan region, and Africa, as well as a small but growing
>
> group of Hispanic Muslims. (p. 11)

Therefore, in this study I included diverse Muslim participants (i.e., two Black, two

White, two Hispanic, two Asian, and two Arab Muslim women). An exploration of attitudes

toward counseling services encompasses many influencing factors, such as different background

factors, religiosity and religious coping, including utilization of indigenous treatment methods;

and perceptions of counselors' liaisons with Imams. One of my goals was to compare help-

seeking attitudes across different subgroups within this population, taking into account the

influence of religiosity and religious coping, including the use of indigenous treatment methods

and perceptions of counselors' liaisons with Imams.

Purpose of the Study

Muslim women traditionally enjoy a caretaking role. In this regard, they are influential

decision-makers within a family and a Muslim community (Wang, 2006). Historically, Muslim

women have taken a consulting and advising role beyond family matters. The Prophet

Muhammed (peace and blessings be upon him) used to consult his wives for different reasons and crucial affairs (Sakr, 2000). For instance, when the Prophet (peace and blessings be upon him) received the first revelation from Allah, he sought consolation from his wife Khadija and asked for her opinion about the event (Haylamaz, 2007). Similarly, during the famous agreement of Hudaybiyah, the Prophet (peace and blessings be upon him) consulted his wife, Umm Salamah, who accompanied him on a trip to Makkah, and he acted upon her advice (Akhter, 1998). Muslims strive to follow the Prophet (peace and blessings be upon him) as God stated in the Qur'an, "Certainly you have in the Messenger of Allah an excellent exemplar for him who hopes in Allah and the latter day and remembers Allah much" (Qur'an 33: 21).

Muslim women are a source of guidance and consolation within their family and extended community. Although they are influential decision makers, often they are perceived as powerless in their roles. Muslim women living in the United States have prominent roles in making family and Muslim community decisions. They regularly visit a mosque and attend community events. Muslim women are significant contributors of Islamic private school education system. Their attitudes toward seeking counseling may affect the attitudes of significant others in their lives. Therefore, I explored women's attitudes towards counseling and examined the effects of religious beliefs, religious coping, and utilization of indigenous treatment methods on counseling-seeking attitudes. A primary goal was to understand the influence of religiosity and religious coping on counseling-seeking attitudes among Muslim women.

Amer and Hovey (2007) reported that religious coping positively affected mental health and family functioning among second-generation Arab Muslim immigrants. Ai, Peterson, and Huang (2003) reported positive affect of religious coping on mental health and family functioning among Muslim immigrants from Bosnia and Kosovo. Subsequently, several other

studies have supported similar findings (Abu Raiya, Pargament, Mahoney, & Stein, 2008; Abu Raiya, Pargament, & Mahoney, 2010; Aflakseir & Coleman, 2009; Ai, Peterson, & Huang, 2003; Ano & Vasconcelles, 2005; Khan & Watson, 2006).

Further, I explored Muslim women's perceptions of the counselor's liaison with the Imam. Similalry, I examined the influence of the liaison on counseling-seeking altitudes. An Imam provide a wide range of services to the community members, including counseling (Ali, Milstein, & Marzuk, 2005; Amer, Hovey, Fox, & Rezcallah, 2008; Savaya & Cohen, 2005). He is a trustworthy influential figure withih a Muslim community. Hence, it seems that Imam could act as gatekeeper for referring members of the community to counselors. Similarly, Abu Raiya and Pargament (2010) recommended that counselors refer clients with religious struggles to Imams. Exploration of this issue is important especially if the liaison would reduce underutilization of counseling services by the Muslim population. The findings of this study inform counselor educators, counselors, and counselors-in-training about the value of such liaisons.

Conceptual Framework

An adapted version of Aloud's Help-Seeking Pathways of Arab Muslims (HSPAM) Model (Aloud & Rathur, 2009) - renamed the Religious Attitudes and Help-Seeking Modalities among Muslims (RAHMA-M) Model - is presented as a conceptual framework to enhance understanding of Muslims' attitudes towards seeking counseling services. Aloud's HSPAM Model explains factors that affect attitudes of Arab Muslims towards seeking mental health services. The model includes Arab Muslims' cultural and traditional beliefs as influencing variables, but the influence of religiosity and religious coping is not specifically incorporated into the model. I believe that religiosity and religious coping are significant explanatory factors

4

of counseling-seeking attitudes among diverse Muslim populations. Although the model could be useful for explaining health-seeking attitudes among Arab Muslims, an adaptation is needed for understanding of counseling-seeking attitudes among diverse Muslim population in the United States.

The RAHMA-M Model posits that religiosity and religious coping have a significant influence on Muslims' attitudes towards seeking counseling services. Religious resources are Muslim's first resort in time of distress. One of the pillars of Islamic belief (i.e., Iman) is acceptance of Allah's decree, which further influences Muslim's perception and coping with different events and situations. For Muslims, maintaining patience, especially in time of distress and expecting relief is very important aspect of Islamic belief. Islam guides every aspect of Muslim's life including coping with distress. Therefore, counseling seeking attitudes seem to be significantly shaped by religion and religious coping.

An exploration of Muslims' attitudes towards seeking counseling, in addition to to religiosity and religious coping including utilization of indigenous treatment methods, encompasses supplementary factors such as perception of Imams-counselor liaison, availability of counseling services within Muslim community, and significantly less different background (i.e., demographic) factors since Islam unifies Muslims.

Hence, as a conceptual framework for this study, the RAHMA-M Model was used to identify the effects of religiosity and religious coping on help-seeking attitudes of Muslim women living in the United States. The adaptation of Aloud's HSPAM Model was needed to better guide this investigation among a diverse Muslim population.

Aloud's HSPAM Model (Aloud & Rathur, 2009) identifies three stages in help-seeking attitudes among Arab Muslims. In the first stage, cultural and traditional beliefs, knowledge of

mental health problems, and Arab health style are identified as factors germane to problem recognition, which leads to the second stage – help-seeking decisions. Perceived societal stigma, negative attitudes toward the therapist, and family as well as community are identified as predictors of the decision to seek help. Use of informal resources, awareness of formal services, and acculturation level and status are identified as determinants of stage three – service selection. Demographic factors are equally influential in all three stages, whereas institutional and economic factors, in addition to demographic factors, determine service selection. The model does not explore fully how religiosity and religious coping influence help-seeking attitudes. This is potentially problematic in studies with Muslims because failure to consider such relationships may oversimplify the role of religiosity and religious coping in utilization of counseling services.

Although the Aloud HSPAM Model includes consideration of cultural and traditional beliefs, including religious values, limited attention was given to religiosity and religious coping independently from cultural tradition. Cultural and traditional beliefs, as described by Aloud, may not adequately capture the breadth of religiosity relevant to counseling-seeking attitudes. Religiosity and religious coping may be more influential than any other factors on help-seeking attitudes among Muslims.

The articulation of religiosity and religious coping expands Aloud's model by providing greater depth to help-seeking attitudes among Muslims. This component is congruent with Religious Coping Theory (Pargament, 1997), which posits that religion by itself is the ultimate purpose. Muslims find purpose and meaning of life within Islam as Allah said, "And I have not created jinn and mankind except to worship Me" (Qur'an 51:59). According to Pargament, people behave in accordance with their religious beliefs and utilize religious coping to maintain

6

their values. Based on his theory, attitudes are fluid and change as the perception of the level of religious values change. Similarly, Iman (i.e., belief) is fluid and oscillate through lifetime.

Thus, Religious Coping Theory (Pargament, 1997) is a sound conceptual framework for the RAHMA-M Model, which identifies religiosity and religious coping as significant determinants of utilization of counseling services among Muslims. The RAHMA-M Model posits that health-seeking attitudes and utilization of counseling services among Muslims are determined in conjunction with religiosity and religious coping. Supplementing factors include a support system, mental health perceptions shaped by religious belief (e.g., Qada' and Qadar belief), perception of the problem (i.e., perceived locus of control), familiarity with counseling services and their availability, availability of counseling services within the Muslim community, and, to a lesser extent or not at all, demographic factors, such as education, age, and financial stability. Further research is needed to explore how these factors are interrelated. I investigated how religiosity and religious coping interrelate with the other factors. Thus, this study was aimed at exploring how religious beliefs and practices of Muslim women influence their counseling- seeking attitudes. Therefore, to better guide this exploration, the adapted RAHMA-M Model was an appropriate guide for this study.

Overview of Methodology

I utilized interpretative phenomenological analysis (IPA) (Smith, 2004), a commonly used qualitative approach in the health and mental health fields. Qualitative approach was a good fit for this study because qualitative methods are suitable for exploration of ambiguous and unexplored areas (Creswell, 2007).

IPA is an exploratory and dual approach; it is both descriptive and interpretative (Biggerstaff & Thompson, 2008; Creswell, 2007; Larkin, Watts, & Clifton, 2006; Smith, 2004;

Smith, Flower, & Larkin, 2009). I was concerned with participants' perceptions of the phenomenon under investigation as well as making proper interpretations of their perceptions. Smith (2004) has described IPA as idiographic, inductive, and interrogative. Thus, with IPA I explored unique participants' meanings. IPA data collection techniques are flexible and allowed information to freely emerge. Also, data were analyzed in depth, especially with the interrogative capacity, which significantly contribute to the existing research.

IPA was an appropriate methodological approach for this study due to its specific characteristics which allowed in-depth analysis of participants' attitudes and meaning-making toward seeking counseling services. I analyzed and interpreted the "insider perspective" and the final outcome was "a renewed insight into the 'phenomenon at hand' - informed by the participants' own relatedness to, and engagement with, that phenomenon" (Larkin, Watts, & Clifton, 2006, p. 117).

IPA is characterized by a small number of purposefully selected participants. All participants in this study were recruited from the greater New Orleans area by personal contact (i.e., via eligible acquaintances who was interested to participate in the study). Participants included 10 Muslim women between 26 and 49 years of age, U.S. and non-U.S. born, coverted to Islam and Muslim-born, and who speak English: two participants were White, two were Black, two were Hispanic, two were Asian, and two were Arab Muslim women.

Data were generated through one individual, face-to-face, semi-structured interview and use of a demographic questionnaire. The interview lasted approximately 1 to 1½ hours. The interview was designed to explore the women's attitudes towards counseling and how their religious beliefs and religious coping interrelate with counseling-seeking attitudes. The interview protocols were used as a flexible guide to balance this exploration by ". . . allowing the

interviewee the space to redefine the topic under investigation and thus to generate novel insights for the researcher" (Willig, 2001, p. 22). Each interview was recorded with the participant's permission. Second, follow-up interviews were scheduled for the purpose of verification of preliminary findings. All participants verified the findings.

Written informed consent was obtained from each participant. At the beginning of the interview, informed consent was summarized verbally to each participant to ensure that she understood what her involvement would entail. Also, participants were asked to complete the demographic questionnaire. After the conclusion of the interview, participants were able to provide feedback to the interviewer and share their reflections.

The self-developed demographic questionnaire included items pertaining to the participants' age; ethnicity; length of residency in the United States; legal status (U.S. citizen/permanent resident/visa holder); marital status; number of children; number of people residing in their household, including extended family members if applicable; level of education; occupation; mosque attendance; level of practicing religion; the wearing of Islamic attire/hijab; sect affiliation; socioeconomic status (poor, middle class, wealthy); and whether participants were immigrants, second-generation, or converts to Islam.

Research Question and Sub-questions

The primary research question was:

- What are the attitudes towards counseling of Muslim women residing in the United States?

Sub-questions were:

- What is the influence of religiosity and religious coping on counseling seeking attitudes among Muslim women?

9

- What are Muslim women's perceptions regarding Imam-counselor liaisons and what, if any, is the influence of this perception on counseling- seeking attitudes?

The interview questions were:

- Tell me about a time in the past when you had to deal with a difficult situation in your life and the strategies you used to cope with the situation.

- How, if at all, has religion helped you in times of stress or difficulty?

- What kind of support system do you have in your life and how, if at all, does this support help you in times of stress or difficulty?

- What is your perception of and experience with counseling?

- What is your perception of the Imam-counselor liaison and would such a liaison influence your decision to seek counseling?

- Would you consider seeking counseling for yourself or family members? If so, when?

- What is your perception of mental health/mental illness?

- What is your perception and experience with indigenous treatment methods?

Significance of the Study

Although there is an abundance of literature regarding counseling Muslims, specifically Arab Muslims living in the United States, research related to Muslims, particularly non-Arab Muslims' attitudes towards seeking counseling services is scarce. Exploration of their attitudes associated with the utilization of religious coping and perception of the Imam-counselor liaison helped identification of facilitators and barriers to service utilization as well as consideration of innovative strategies to reduce underutilization of services.

Information about the attitudes of Muslim women regarding seeking counseling services can be used to help close the gap in delivery of counseling services, enhance knowledge and skills of counselors and counselor educators about this population, increase access to counseling services, and eventually, reduce underutilization of counseling.

The findings could generate counselor acknowledgment of the importance of religious beliefs and practices and their inclusion in therapeutic conversation, as well as recognition of the importance of liaisons with religious community leaders. It is hoped that the study will have implications for counselors who may utilize the findings in their work with this population and that counselor educators will use the findings to prepare counselors-in-training to adequately address and meet the needs of Muslim clients.

Definitions of Terms

Hadith(s): Prophet Muhammed's (peace and blessings be upon him) statement(s) narrated with sound chains of narrators such as Sahih Bukhari and Sahih Muslim.

Help-Seeking Pathways of Arab Muslims (HSPAM) Model: A model that aims to "identify the role of Arab and Islamic cultures (including beliefs, values, and norms) on the Arab Muslim tendency toward the seeking and using of mental health and psychological services" (Aloud & Rathur, 2009, pp. 86-87).

Imam: Religious leader in a Muslim community who performs daily prayers at the mosque/masjid in addition to other duties as assigned by the Muslim community.

Imam-Counselor Liaison: Partnership between a counselor and an Imam that emphasizes the Imam's role in referring Muslims to counseling services and the counselor's role in referring clients with religious struggles to the Imam, and to traditional pious healers when applicable.

Indigenous Treatment Methods: Traditional methods (ruqyah) for dealing with issues of psychological distress, especially when perceived to be caused by supernatural factors: (jinn/spirit possession, sihr/magic, and the evil eye) and behavioral issues usually utilized by traditional (pious) healers.

Interpretative Phenomenological Analysis (IPA): A descriptive and interpretative qualitative methodology characterized by idiographic, inductive, and interrogative aspects. The participant's personal world is explored, data collection techniques are flexible and allow information to freely emerge, and data are in depth analyzed and interpreted, especially with the interrogative capacity, which can significantly contribute to the existing research (Smith, 2004).

Islamic Attire/Hijab: Women's clothing covering everything except face, hands, and feet, with specific head covering with a scarf/hijab.

Islamic Sects: Divisions of Muslims due to their religious differences and disagreements (e.g., Sunni, Shia, Sufi).

Muslims in America: Any converts or born-Muslims, male or female, encompassing origins from any country in the world, including the United States.

Qur'an: Holy book of Islam.

Religiosity: Individual's belief about personal piety and adherence to religious/Islamic guidelines and teaching.

Religious Attitudes and Help-Seeking Modalities Among Muslims (RAHMA-M) Model: An adaptation of the HSPAM Model (Aloud & Rathur, 2009), renamed the RAHMA-M Model, which assumes that health-seeking attitudes and utilization of counseling services among Muslims are determined by their religiosity and religious coping. Supplementing factors include support system, Imam-counselor liaison, mental health perception, perception of the

problem (i.e., perceived locus of control), perceived need, familiarity with counseling services and their availability, availability and promotion of counseling services within the Muslim community, and, to a lesser extent, demographic factors such as education, age, and financial stability.

Religious Coping: Utilization of religion (e.g., daily prayers, dua's-supplications, recitation of the Qur'an, reading of the hadiths, utilization of hope, patience, and other resources encouraged by religious teaching) and relevant Muslim community support (mosque attendance, including different events in addition to daily prayer and community gatherings).

Religious Coping Theory: A theory that postulates utilization of religion and religious resources in the time of distress (Pargament, 1997).

Ruqyah: Indigenous treatment method that involves religious prayers, which are recitations from the Qur'an and the Sunnah.

Social-Muslim Community Support: "Information from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligations from parents, a spouse, . . . other relatives, friends, social and community contacts such as [mosques, Islamic gatherings/halaqas]" (Taylor, 2003, p. 235).

Sunnah: Prophet Muhammed's (peace and blessings be upon him) teachings and lifestyle.

Chapter 2

Literature Review

Overview

In this chapter, the relevant literature in regard to Muslims'attitudes towards seeking

counseling services is reviewed. First, the influence of Islam in the everyday life of Muslims and

the status and role of Muslim women are discussed. Second, Muslims' perceptions of mental

health issues, religious coping, utilization of indigenous treatment methods, the Imam's role in

the Muslim community, and the Imam-counselor liaison are explored. Third, relevant research

studies of Muslims' attitudes toward therapeutic services and mental health needs of Muslims in

the United States are examined. Fourth, the theoretical framework of this study, including the

RAHMA-M Model and Religious Coping Theory (Pargament, 1997), is presented. Finally,

limitations of previous research and the significance of the proposed study are discussed.

Islam and Muslims in the United States

Muslims in the United States are a diverse population that "... cannot be defined by race

or nationality.… Muslim American diversity may be greater still, encompassing origins in South

Asia, the Middle East, Southeast Asia, Europe's Balkan region, and Africa, as well as a small but

growing group of Hispanic Muslims" (U.S. Department of States/Bureau of International

Information Programs, 2009, p. 11). They can be grouped as immigrants, second- generation

immigrants, and non-immigrants, as well as converts and born Muslims. A common

misconception is that all Arabs in the United States are Muslims (Erickson & Al-Timimi, 2001;

Ali, Liu, & Humedian, 2004); actually, the majority of Arabs in the USA are Christians (Amer &

Hovey, 2007; Lee, Blando, Mizelle, Orozco, 2007). Also, a common misconception is that all

African American Muslims are followers of the Nation of Islam, a movement grounded in the

philosophy of "afrocentricity" (Lumumba, 2003, p. 216). Although there are variations in religious practices and beliefs, large number of African American Muslims adhere to the original teaching of the Qur'an and the Sunnah (Hodge, 2005; Lumumba, 2003; Ohm, 2003). Gullup's (2009) survey showed that African American Muslims are the largest subgroup of Muslims; ". . . approximately 43 percent of the total Muslim population in the United States" (Kobeisy, 2004, p. 86). Additionally, there is an increasing number of Hispanic Muslims, particularly women who convert to Islam (Nielsen, 2006).

Although Muslims in the United States are the most diverse religious group in regard to race and ethnicity (Gallup, 2009), Islam represent a unifying factor of their experience and worldview (Rippy & Newman, 2008). However, since culture can influence religious practices including religious coping (Pargament, 1997) it is important not to confuse Islam with ethnicity or cultural background of Muslims. Islamic teaching is not only considered as religious guidance but actually as a complete way of life since Islam permeates in every pore of a Muslim's life. Gallup's (2009) survey indicated that for the majority of the Muslims (80%) in the United States, religion is an important aspect of their daily life. The survey showed differences among several religious groups in regard to importance of religion on a daily basis and indicated Muslims on a second place after Mormons (85%); Protestants were on third place (76%); Catholics on fourth (68%); and Jews on fifth (39%).

The Qur'an, a holy book in Islam, addresses different important issues in the daily life of a Muslim, such as food guidance, relational, behavioral, and legal issues, education, charity, and ethics, because "This is the Book about which there is no doubt, a guidance for those conscious of Allah" (Qur'an 2:2). Similarly, Allah said, "We have revealed the Book to you explaining clearly everything, and a guidance and mercy and good news for those who submit" (Qur'an

16:89). Additionally, Allah said, "This day I have perfected your religion for you and completed My favor upon you, and have chosen for you Islam as your religion" (Qur'an 5:3).

Although it is important not to confuse Islam with ethnicity or culture, it is also important to acknowledge the influence of cultural traditions on religious practices, such as slight differences in performing daily prayers, celebration of Islamic holidays, attire, and relational aspects. Similarly, Muslims' affiliation with different sects (e.g., Sunni, Shia, Sufi), causes differences in religious practices. Although monotheistic belief is a unifying factor for all Muslims and Allah has ordered all Muslims to "Adhere to the rope of Allah and be not divided" (Qur'an 2:103), differences exist that accentuate the fact that religion and culture are not synonymous. Islamic scholars have agreed that the rope of Allah refers to the Qur'an and the Sunnah (Zarabozo, 2000). The majority of Muslims worldwide, including those in the United States, are Sunni Muslims (Hodge, 2005).

Despite the denominational differences and various ethnic and cultural backgrounds, religiosity, or perception of personal religiosity, is an important aspect in everyday Muslim's life. For instance, European Muslims may exhibit a different lifestyle compared to Arab or Asian Muslims. However, the individuals from all groups who adhere to true Islamic teachings and practices may exhibit little or no variations in their lifestyles. Hence, knowledge of Islam, in addition to cultural and ethnic background, is an important aspect that counselors need to consider when working with this population.

Specific examples from the Qur'an and the Sunnah that influence everyday Muslim life are presented here since existing literature discusses general Islamic teaching and values (e.g., Abdullah, 2007; Ali, Liu, & Humedian, 2004; Altares, 1996; Carter & Rashidi, 2004; Dwairy, 2006; Hodge, 2005; Kobeisy, 2006; Podikunju-Hussain, 2006; Rassool, 2000). I believe that

specific examples are relevant for understanding how Muslims conduct their lives and how religious belief influences their perceptions, attitudes, decisions, and behavior. My goal was to emphasize the substantial role of Islam in Muslim life, rather than for the reader to understand Islam as a religion, because utilization of Islamic teaching, values and perspectives in counseling is a promising way of meeting Muslims' needs within counseling sessions (Ali, Liu, & Humedian, 2004; Ali, Mahmood, Moel, Hudson, & Leathers, 2008; Dwairy, 2006; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Haque, 2004; Hodge, 2005; Hodge & Nadir, 2008; Inayat, 2001; Jackson & Nassar-McMillan, 2006; Khaja & Fredrick, 2008; Kobeisy, 2006; Mehraby, 2002; Mehraby, 2003; Rassool, 2000; Toorawa, 2002).

According to Hill and Pargament (2003), religion is a motivating factor which has an important role in an individual's well-being. For the majority of the Muslims in the United States, religion has significant influence in their daily lives (Gallup, 2009). Dwairy (2006) explained that counselors should:

> Avoid any confrontation with Islam and try to help their clients find new answers and ways to change within Islamic teachings. Fortunately, as a result of the long history of Islamic debate, one can find within this heritage many Qur'an verses, Hadith directives, and proverbs that can be employed to facilitate therapeutic change. (p. 19)

Fundamental tenets of Islam, known as the Five Pillars of Islam, include: belief in one God (i.e., Allah) and Muhammed (peace and blessings be upon him) as His last messenger; performance of five daily prayers; yearly almsgiving to the poor (zakat); fasting during the month of Ramadan; and performance of Hajj (performance of religious rituals in Makkah and Madina at certain times of the year) at least once in a lifetime.

Similarly, six fundamental tenets of Islamic belief, known as the Six Pillars of Iman (Faith) include: faith in Allah as the one and only God, the Creator of mankind and only one worthy of lordship and worship, with acknowledgment that nothing is like Him, and accepting Him as He described himself with His attributes and names; faith in angels; faith in prophets and messengers, faith in holy books revealed to Muhammed (peace and blessings be upon him) and other messengers (Isa-Jesus, Musa-Moses, Dawud-David, Ibraheem-Abraham); faith in the Day of Judgment; and faith in divine preordainment (Al-Qada' wal-Qadar).

These fundamental tenets of Islam and Islamic belief have substantial influence on Muslims' lifestyles and behaviors, including their perceptions of mental health/illness and help-seeking attitudes. The Five Pillars of Islam influence Muslims' behavior and actions, whereas the Six Pillars of Iman influence their attitudes, perceptions, and lifestyle in general. For instance, performance of five daily prayers navigates each Muslim's daily schedule, which continually brings each back to remembrance of Allah. Also, fasting during Ramadan coordinates Muslims' schedules for the entire month with a special emphasis on self-purification and self-improvement. Similarly, faith in angels affects perceptions of some events because angels are considered to be human helpers in addition to other roles assigned to them by Allah. Belief in predetermined God's will (Al-Qada' wal-Qadar) affects how Muslims interpret positive and negative events in their lives without dwelling on them. This belief assures a tranquil heart and peace of mind in times of both contentment and distress due to patience and acceptance of Allah's will (Yasin, 2003) as the prophet Muhammed (peace and blessings be upon him) explained in the following two hadiths:

> Strange are the ways of a believer for there is good in every affair of his and this is not
> the case with anyone else except in the case of a believer for if he has an occasion to feel

delight, he thanks God, thus there is a good for him in it, and if he gets into trouble and shows resignation and endures it patiently, there is a good for him in it. (Sahih Muslim 42:7138)

A strong believer is better and is more lovable to Allah than a weak believer, and there is good in everyone, but cherish that which gives you benefit in the Hereafter and seek help from Allah and do not lose heart, and if anything in the form of trouble comes to you, don't say: If I had not done that, it would not have happened so and so, but say: Allah did that what He had ordained to do and your if opens the gate for the Satan. (Sahih Muslim 33:6441)

Muslims do not lose their hope in time of distress; they know that they will be under different trials because Allah said, "And surely We shall try you with something of fear and hunger, and loss of wealth and lives and crops; but give glad tidings to the steadfast" (Qur'an 2:155) and, because relief comes after distress "Verily, with every difficulty there is relief" (Qur'an 94:6). Their focus is on the future, being mindful of the Prophet's (peace and blessings be upon him) statement:

Whoever has the hereafter as his main concern, Allah will fill his heart with a feeling of richness and independence; he will be focused and feel content, and this world will come to him in spite of it. Whoever has this world as his main concern, Allah will cause him to feel constant fear of poverty; he will be distracted and unfocused, and he will have nothing of this world except what was already predestined for him. (Ibn Majah, Saheeh-Ul-Jaami: 6386)

Therefore, Muslims generally adopt a self-inhibiting and self-restrictive approach in daily matters with a focus on their purpose in this life as explained by Allah, "And I did not create the jinn and mankind except to worship Me" (Qur'an 51:56).

Further, Muslims consider the Qur'an to be an explanatory source and guide for behavior, self-understanding, and self-reflection. Different Qur'anic verses discuss positive and negative aspects of soul, id, ego, and super-ego, if psychoanalytic terminology is used. Khalid (2006) identifies the lower self as id based on the following verse "And I free not myself from the blame. Verily, the human self is inclined to evil, except when my Lord bestows His Mercy upon whom He wills. Verily, my Lord is Forgiving, Most Merciful" (Qur'an 12:53). Further, Khalid identifies the peaceful self as ego, which the Qur'an (89:27) describes as the righteous and reassured soul; whereas supreme self is identified as super-ego, which the Qur'an (75:2) describes as self-reproaching.

The balance of the three different aspects of the soul, known among Muslims as a personal Jihad (struggle within self), is critical in the life of Muslims. Personal Jihad, a term often misinterpreted in the literature (Harold, 2004), can be a source of distress and if not addressed adequately can have destructive effects on a Muslim's well-being. It is important that counselors are mindful of this matter and appropriately address it with their Muslim clients, when applicable. Also, counselor's liaison with Imam, discussed later in the chapter, can be used as a valuable resource. As has been demonstrated in the examples above, the fundamental sources of Islam (Qur'an and Sunnah) are additional valuable resource when working with this population.

According to Ali, Mahmood, Moel, Hudson, and Leathers (2008), religion is an important and influential factor in the lives of Muslim women and therefore it is "important for

clinicians (especially those espousing a feminist philosophy) to consider religion as a potential source of empowerment and to discuss with clients ways in which they gain strength from their religious belief" (p.46).

Status and Role of Muslim Women

Muslim societies are collectivistic in nature. Muslims are family-oriented and Muslim community-oriented (Ali, Liu, & Humedian, 2004; Dwairy, 2006; Erickson & Al-Timimi, 2001; Hodge, 2005; Lee, Blando, Mizelle, & Orozco, 2007). Very often, the extended family is located outside the United States which increases reliance on a local Muslim community. Trust among Muslims is an important aspect of their interconnectedness. Family in Islam has significant importance because Allah said:

> And those who break the covenant of Allah, after its ratification, and sever that which
> Allah has commanded to be joined [i.e., they sever the bond of kinship and are not good
> to their relatives] and work mischief in the land, on them is the curse, and for them is the
> unhappy home. (Qur'an 13:25)

Different types of family relationships, such as parental and spousal, are emphasized throughout the Qur'an. For instance, Allah has commanded kind treatments toward parents:

> And We have enjoined upon man, to his parents, good treatment. His mother carried him
> with hardship and gave birth to him with hardship, and his gestation and weaning period
> is thirty months. He grows until, when he reaches maturity and reaches the age of forty
> years, he says: My Lord, enable me to be grateful for Your favor which You have
> bestowed upon me and upon my parents and to work righteousness of which You will
> approve and make righteous for me my offspring. Indeed, I have repented to You, and
> indeed, I am of the Muslims. (Qur'an 46:15)

21

Prophet Muhammed (peace and blessings be upon him) ordered Muslims to maintain good relations with their relatives (Sahih Bukhari 73:10), saying that, "The person who severs the bond of kinship will not enter Paradise" (Sahih Bukhari 73:13) and, "Whoever is pleased that he be granted more wealth and that his lease of life be prolonged, then he should keep good relations with his Kith and kin" (Sahih Bukhari 73:14).

A mother's status is especially emphasized in Islam. Prophet (peace and blessings be upon him) sated that "Allah has forbidden you to be undutiful to your mothers" (Sahih Bukhari 73:6). Similarly, mother's status is emphasized in the following hadith:

> A man came to Allah's Apostle and said, 'O Allah's Apostle! Who is more entitled to be treated with the best companionship by me?' The Prophet said, 'Your mother.' The man said, 'Who is next?' The Prophet said, 'Your mother.' The man further said, 'Who is next?' The Prophet said, 'Your mother.' The man asked for the fourth time, 'Who is next?' The Prophet said, 'Your father.' (Sahih Bukhari 73:2)

Additionally, in another narration, the Prophet said three times, "Shall I not inform you of the biggest of the great sins? We said, "Yes, O Allah's Apostle". He said, "To join partners in worship with Allah and to be undutiful to one's parents" (Sahih Bukhari 73:7).

The spousal relationship described throughout the Qur'an emphasizes the importance of mutual kindness and respect among spouses. For instance, Allah said, "And of His signs is that He created for you spouses from yourselves mates that you may find tranquility in them; and He placed between you affection and mercy. Indeed in that are signs for a people who give thought" (Qur'an 30:21) and, "They are clothing for you and you are clothing for them" (Qur'an 2:187); as well as, "Live with them [your wives] on a footing of kindness and equity. If you dislike them it may be that you dislike something in which Allah has placed a great deal of good" (Qur'an

22

4:19). Also, Prophet Muhammed (peace and blessings be upon him) said, "A believing man should not hate a believing woman; if he dislikes one of her characteristics, he will be pleased with another" (Sahih Muslim 8: 3469).

Although a husband is the head of the household, a wife has substantial influence over family decisions (Erickson & Al-Timimi, 2001). An old saying, often cited among Muslims with diverse backgrounds, states that, "The man is the head, but the woman is the neck, and she can turn the head any way she wants." Hence, although the Muslim man's role is to act as a provider and a protector of the family, Muslim women have different but equally important roles and influence within the family and the Muslim community (Ali, Mahmood, Moel, Hudson, & Leathers, 2008; Ohm, 2003; Wang, 2006). Gallup's (2009) survey showed that Muslim women attend masjid frequently and they are involved in community matters as equally as men. According to the survey results, Muslim women are second largest highly educated religious group after Jewish women in the United States.

Wang (2006) indicated that Muslim women feel empowered by religion and that they successfully balance housewife and community roles with a strong sense of sisterhood and community cooperation. Similarly, Ali, Mahmood, Moel, Hudson, and Leathers (2008) reported that Muslim women feel empowered by religion and that Islam has a substantially positive influence on their lifestyle and decision-making processes.

Historically, Muslim women have taken a consulting and advising role beyond family matters. Prophet Muhammed's (peace and blessings be upon him) used to consult his wives for different reasons and crucial affairs (Sakr, 2000). For instance, when the Prophet (peace and blessings be upon him) received the first revelation from Allah, he sought consolation from his wife Khadija and requested her opinion about the event (Haylamaz, 2007). Similarly, during the

23

famous agreement of Hudaybiyah, the Prophet (peace and blessings be upon him) consulted his wife, Umm Salamah, who accompanied him on a trip to Makkah, and he acted upon her advice (Akhter, 1998).

Also, the role of his wife Aisha in different areas, including religion and politics, is well-known (Dwairy, 2006). Muslims strive to follow the Prophet (peace and blessings be upon him) because he is "an exalted and most sublime standard of character" (Qur'an 68:4), and the Qur'an (33: 21) described him as the best example to follow. His wife Aisha described him as "walking Qur'an" emphasizing his noble character that was accepted and appreciated by people before and after the revelation.

Although Islam gives women high status and rights, in different Muslim countries all over the world, Muslim women cannot fully enjoy their rights because Islamic teaching and cultural andethnic values are not clearly differentiated. Also, custom-driven legislation is often portrayed as Islamic law (Ali, Liu, & Humedian, 2004; Krivenko, 2009). However, even though culture may suppress the Islam-given rights to Muslim women, Muslim women feel empowered by Islam (Ali, Mahmood, Moel, Hudson, & Leathers, 2008; Wang, 2006).

Therefore, it is important for counselors "to better understand the ways in which women do feel empowered by Islam and use this knowledge to assist in empowerment of their female Muslim clients" (Ali, Mahmood, Moel, Hudson, & Leathers, 2008, p.46). Dwairy (2006) aptly stated, "The prophet Mohammad, Islamic historical figures, and Islamic teachings are very much alive in the minds and hearts of many Muslims today and affect their daily behavior" (p. 16). Also, Hodge and Nadir (2008) explained, "Because the therapeutic strategy reflects principles drawn from the Qur'an and the traditions of the Prophet Muhammed (peace and blessings be upon him), family members may be more inclined to support and encourage implementation of

the intervention" (p. 36). Thus, counselors should consider inclusion of Islamic belief in therapeutic conversations when working with Muslim clients.

Muslim women are a source of guidance and consolation, and are influential decision makers although they are often seen as powerless in their roles. Muslim women living in the United States have prominent roles in making family decisions on a daily basis and in extraordinary situations. Their attitudes toward seeking counseling may affect the attitudes of significant others in their lives. Abu-Baker (2003) noted that Muslim Arab women seek more therapeutic services than Muslim Arab men. Therefore, I explored the women's attitudes toward counseling and examined the effect of religious belief on coping strategies, including utilization of indigenous treatment methods and the effects of religious coping and perception of Imam-counselor on counseling-seeking attitudes.

Perceptions of Mental Health Issues

Muslims' perceptions of mental health and behavioral issues are religiously (i.e., religious reference to mental illness) as well as culturally (i.e., stigma and shame) based (Abu Raiya & Pargament, 2010; Khaja & Frederick, 2008). The Arabic term for an insane person, "majnoon," indicates that mental illness can be caused by supernatural forces (Abdullah, 2007; Ashy, 1999; Erickson & Al-Timimi, 2001; Haque, 2004; Hodge, 2005; Kobeisy, 2004; Philips, 1997; Youssef & Deane, 2006) and could be perceived as an expression of weak faith (Abdullah, 2007; Ashy, 1999; Inayat, 2001; Hodge, 2005; Hodge & Nadir, 2008; Kobeisy, 2006; Rassool, 2000). More precisely, mental illness is seen as product of jinn's (spirit) possession, sihr (magic), evil eye, religious struggle, and a product of biological causes (Ashy, 1999; MacPhee, 2003; Philips, 1997; Youssef & Deane, 2006).

For Muslims, the Qur'an and the Sunnah are sources of knowledge, guidance, and the foundation for their worldview. The fundamental tenets of Islam have substantial influence on Muslims' beliefs, lifestyle, and behavior, including perceptions of mental health issues and help-seeking attitudes. Belief in the unseen world (i.e., angels, spirits-jinns, satan-shaytan, and existence of the soul) is critical to a personal belief system and denying the existence of this world invalidates personal Islamic belief. One of the Six Pillars of Iman is actual belief in angels. Also, the Qur'an and Sunnah describe the reality of the unseen world in different instances emphasizing the roles and relations of angels, jinns, and shaytans to mankind. The 72nd chapter in the Qur'an, named Al-Jinn, is specifically devoted to the jinn's description. Jinns are described as believers and non-believers with the ability to see humans and interact with them. Jinns have the ability to possess people and cause them severe harm, which Western clinicians might label with a DSM-IV diagnosis, such as schizophrenia, convulsive disorders, and sexual dysfunction (Ashy 1999; Phillips 1997). Allah forbade jinns to take possession of humans; their purpose is the same as that of humans, as both are created to worship Allah (Qur'an 51:56).

Also, satan (i.e., shaytan) has effects on Muslims' well-being through the act of whispering (i.e., waswasah) as described in the Qur'an (7:200). Shaytan is an open enemy for Muslims (Qur'an 2:168). Muslims believe that shaytan's main purpose is to mislead the people by installing fear (Qur'an 2:268), false promises (Qur'an 4:120), and beautification of unaccepted behavior (Qur'an 16:63). Allah said, "Shaytan commands you only what is evil and sinful, and that you should say against Allah what you know not" (Qur'an 2:169).

According to the Islamic teaching, both jinns and shaytans can assume different physical forms. Therefore, it is important to take into consideration the religious and cultural perspectives of clients when diagnosing using the DSM-IV (APA, 2000). Dwairy (2006) explained how

26

clinicians can misdiagnose Muslim clients due to unfamiliarity with whispering of the shaytan (waswasah) and recommended making a referral to an Imam or traditional pious healer when applicable.

Muslims believe that mental health and behavioral issues can be caused by magic/sihr and the evil eye. Philips defined magic (i.e., sihr) as "the seeming control of natural forces or events by ritual invocation of supernatural beings" (p. 98); whereas the evil eye is a "type of glance capable of causing harm to those upon whom it befalls" (p. 108). It should be noted that causes of spirit possession are distinguished from causes of magic because in the first case, human involvement is not present, whereas in second case, human involvement is the cause of illness (i.e., magician's rituals). Also, it should be noted that Islam strictly prohibits the practice of sihr (Philips, 1997; Philips, 2000). Jinn possession and magic, in addition to the evil eye, may take a variety of different forms and produce different symptoms. For instance, Philips (1997) explained that possession may affect only certain parts of the body (e.g., resulting in disembodied voices or some forms of sexual dysfunction) or the whole body can be affected (e.g., resulting in convulsive disorders). The following hadith describes how the prophet Muhammed (peace and blessings be upon him) was affected by sihr:

> A man called Labid bin al-A'sam from the tribe of Bani Zaraiq worked magic on Allah's Apostle till Allah's Apostle started imagining that he had done a thing that he had not really done. One day or one night he was with us, he invoked Allah and invoked for a long period, and then said, 'O Aisha! Do you know that Allah has instructed me concerning the matter I have asked him about? Two men came to me and one of them sat near my head and the other near my feet. One of them said to his companion, 'What is the disease of this man?' The other replied, 'He is under the effect of magic.' The first

one asked, 'Who has worked the magic on him?' The other replied, 'Labid bin Al-A'sam.' The first one asked, 'What material did he use?' The other replied, 'A comb and the hairs stuck to it and the skin of pollen of a male date palm.' The first one asked, 'Where is that?' The other replied, 'That is in the well of Dharwan.' So Allah's Apostle along with some of his companions went there and came back saying, 'O 'Aisha, the color of its water is like the infusion of Henna leaves. The tops of the date-palm trees near it are like the heads of the devils.' I asked, 'O Allah's Apostle? Why did you not show it to the people?' He said, 'Since Allah cured me, I disliked letting evil spread among the people.' Then he ordered that the well be filled up with earth. (Sahih Bukhari 71:658)

When mental illness is believed to be caused by any of the above mentioned factors, except for biological causes, Muslims usually seek help from the traditional pious healers who use indigenous treatment methods, such as ruqyah. Muslims strongly believe that when these methods are used appropriately, treatment effectiveness is ensured. Pious healers treat only those individuals who display symptoms that indicate jinn possession or sihr whereas others are referred to different health professionals, usually medical doctors. Hence, seeking help from traditional healers when the origin of the illness is other than biological is common among Muslims all over the world.

Somatization as an expression of everyday stress is common among Muslims; psychosocial issues are expressed in somatic terms such as heart disease, fatigue, and chest pain. This is due to cultural factors, specifically stigma and shame (Dwairy, 2006; Goldstein-Ferber & Granot, 2006; Kirmayer, 1984; Kobeisy, 2004; Yunesia, Aslani, Vash, & Yazdi, 2008). Stigma and shame associated with mental health and behavioral issues, as well as unfamiliarity with

counseling services, influence Muslims to prefer to seek help from medical doctors rather than mental health professionals (Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Kobeisy, 2004; Najeh, 2004; Nassar-McMillan & Hakim-Larson, 2003). In the case of relationship problems, help is usually sought from family members, an older man or woman, or an Imam (Khan, 2006; Khan & Watson, 2006; Nassar-McMillan & Hakim-Larson, 2003).

Due to Muslims' perceptions of mental health and behavioral issues, counselor liaison with religious leaders is recommended by many experts (e.g., Abdullah, 2007; Abu Raiya & Pargament, 2010; Dwairy, 2006; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Hodge, 2005; Hodge & Nadir, 2008; Jackson & Nassar-McMillan, 2006; Khan, 2006; Kobeisy, 2004; Kobeisy, 2006; Lee, Blando, Mizelle, & Orozco, 2007; Nassar-McMillan & Hakim-Larson, 2003; Pargament, 1997; Podikunju‑Hussain, 2006; Schnall, 2006;Youssef & Deane, 2006).

Religious Coping

Literature regarding religious coping among Muslims is not abundant. Relevant review indicate that utilization of religious coping among Muslims is important aspect of their lives. Khan and Watson (2006) found that religious coping among 129 psychology students at University of Karachi in Pakistan was associated with increased religious motivation and interest. Religious coping involved performance of voluntary prayers, making pledges to do good deeds if the issue is resolved, asking pious people to make supplication for them, Qur'anic recitation, religious gathering, and giving charity (i.e., giving sadaqa).

Amer, Hovey, Fox, and Rezcallah (2008), investigating religious coping among Arabs (Muslim and Christian), found that Arab Muslims in the United States utilized more religious coping - which included seeking help from Imams, attending religious classes and lectures,

looking for significant other within a Muslim community, using religious stories, giving charity, attending gatherings at the mosque, sharing religious belief with others, Qur'anic recitations, supplications, prayers, making up for the mistakes, and relying on Allah's trust in resolving the issue.

In a study involving 459 Muslims in Toledo, Ohio (44 African Americans, 240 Arabs, 119 South Asians, and 56 others, primarily identified as Turkish and European Americans), Khan (2006) found that Muslims use prayer, Qur'anic recitation, talking with an Imam, older persons, family, and friends to cope with distress.

Bhui, King, Dein, and O'Connor (2008) investigated the use of religious coping among several religious groups including Christians, Muslims, Sikhs, Hindus, Buddhists, and Rastafarians and found that Muslims and Black Caribbean Christians most frequently utilized religious coping. Muslims in their study, mainly Bangladeshi and Pakistani, differed in religious coping in regard that Bangladeshi Muslims were more prone to acceptance of Allah's predetermined will. The authors emphasized a value of religious coping within therapy stating that "Psychotherapy and mental health practitioners may find that supporting their coping strategies may improve resilience and promote recovery, especially if conventional psychiatric interventions are unattractive or culturally unacceptable" (p. 149).

Religious coping among Muslims consists of remembrance to Allah through increased glorification-dhikr (i.e., remembrance) of Allah; utilization of supplications (du'as), voluntary prayers, Qur'anic recitations in Arabic and translations, becoming familiar with the hadiths and the Prophet's life, increasing Islamic knowledge, and seeking support from family, Imams, and the community, including attendance to religious and community gatherings. The foundation of coping is patience and acceptance of Allah's will, which is consistent with the sixth Pillar of

Iman (Faith) – belief in predetermined destiny. As Allah said, "O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient" (Qur'an 2:153). Additionally, Allah stated:

> And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits, but give good tidings to the patient, Who, when disaster strikes them, say, "Indeed we belong to Allah , and indeed to Him we will return". Those are the ones upon whom are blessings from their Lord and mercy. And it is those who are the rightly guided. (Qur'an 2:155-157)

Muslims believe that remembrance of Allah has healing and therapeutic effects since "Verily in remembrance of Allah, do hearts find peace and rest" (Qur'an 13:28). Allah is the Healer because "Allah heals the hearts of a believing people" (Qur'an, 9:14). Muslims put their trust in Allah since "Allah is Sufficient for us, and He is the Best Disposer of affairs" (Qur'an 3:173).

When making important decisions, Muslims perform a special prayer, known as Salatul-Istikhara and make du'a to Allah to guide them and help them in the decision making process, which occurs through dreams and related feelings after waking up as the Prophet (peace and blessings be upon him) recommended (Sahih Bukhari 21:263 & 93:487).

It is characteristic of Muslims to consult Qur'an, Sunnah, and each other because Allah said, "O you who believe! Obey Allah and obey the Messenger and those in authority from among you; then if you quarrel about anything, refer it to Allah and the Messenger, if you believe in Allah and the last day; this is better and very good in the end" (Qur'an 4:59). "And those who have responded to their Lord and established prayer and whose affair is determined by

consultation among themselves, and from what We have provided them, they spend" (Qur'an 42:38).

Religious coping has deep roots within Qur'anic and Prophet Muhammed's (peace and blessings be upon him) teaching. The Prophet (peace and blessings be upon him) said, "There is no disease that Allah has created, except that He also has created its treatment" (Sahih Bukhari 71:582). "Take refuge with Allah from the difficulties of severe calamities, from having an evil end and a bad fate and from the malicious joy of your enemies" (Sahih Bukhari 77:613).

As stated earlier, shaytan's purpose is to misguide people by offering them advice through whispering. However, Muslims know that "and in no way does Satan promise them anything except delusion. Surely as for My servants, you Satan have no authority over them; and your Lord is sufficient as a Protector" (Qur'an 17:64). Muslims adhere to Allah's instruction in dealing with Shaytan's whispering as explained in the Qur'an, "And if an evil whisper from Satan tries to turn you away from doing good then seek refuge in Allah. Verily, He is the All-Hearer, the All-Knower" (Qur'an 41:36). The Prophet (peace and blessings be upon him) explained, "Allah has accepted my invocation to forgive what whispers in the hearts of my followers, unless they put it to action or utter it" (Sahih Bukhari 46:705).

Muslims are instructed to recite the last three chapters in the Qur'an before sleeping as described in the following hadith:

> Whenever Allah's Apostle went to bed, he used to recite Surat-al-iskhlas, Surat-al-Falaq, and Surat-an-Nas and then blow on his palms and pass them over his face and those parts of his body that his hands could reach. And when he fell ill, he used to order me to do like that for him. (Sahih Bukhari 71:644)

Moreover, the Prophet (peace and blessings be upon him) instructed Muslims to recite the last two verses from the second chapter (i.e., Al-Baqara) (Sahih Bukhari 61:530) and to recite one portion of the second chapter known as Ayatul Al-Kursi in the morning, evening, and before bedtime (Sahih Bukhari 61:530). Also, making dua'a and dhikr on a regular basis is recommended, as the Prophet (peace and blessings be upon him) explained, for instance, that saying "La ilaha illal-lah wahdahu la sharika lahu, lahu-l-mulk wa lahu-l-hamd wa huwa 'ala kulli shai'in qadir," 100 times will shield a person from shaytan on that day until night (Sahih Bukhari 75:412).

Based on the examples given above, the importance of religious coping is evident, not only in times of distress but also as a preventive measure in a Muslim's life.

Listening to the melodic sound of the Qur'an in the Arabic language is considered to be a relaxation technique that can profoundly affect the heart (MacPhee 2003; Mehraby, 2002; Nelson, 2001; Yucel, 2007) as is confirmed by Allah (Qur'an 13:28) and the Prophet (peace and blessings be upon him) who said, "Tranquility descended because of the recitation of the Qur'an" (Sahih Bukhari 61:531). MacPhee asserted that "by evoking an emotional response, particularly one involving sensation in and around the heart, Qur'anic verse (in prayer or professional recitation) creates a phenomenological map for spiritual thought and practice" (p. 70).

Although research on the effects of the Qur'an on the human heart and body is scarce, some researchers have investigated this topic. For instance, Yucel (2007) conducted a quantitative study at Brigham and Women's Hospital (Boston, MA) with 60 Muslim inpatients and found positive effects of Islamic prayer (supplication-du'a, glorification of Allah-dhikr, and Qur'anic recitation) on the participants' well-being, including that prayer significantly modified blood pressure, respiratory rate, and body temperature, provided comfort and hope, and reduced

stress and depression. Recommendations to incorporate Islam within therapy and discussion of

the client's utilization of religious resources are common in the literature (Abdullah 2007;

Ahmed & Reedy, 2007; Abu Raiya & Pargament, 2010; Abu Raiya, Pargament, Mahoney,

Trevino, 2008; Haque, 2004; Kobeisy, 2006; Pargament, 1997).

It is important to emphasize that Muslims utilize religious coping as a preventive

measure, in times of everyday stress, and when they experience fear, anxiety, sorrow or loss.

When distress is perceived to be caused by jinn possession, Muslims usually seek help from

qualified traditional pious healers, which often can involve traveling to the country of origin

(Abdullah, 2007; Philips, 1997).

Indigenous Treatment Methods

When the causes of mental health and behavioral issues are perceived to be due to jinn's

possession, sihr, or evil eye, Muslims tend to utilize indigenous treatment methods such as

ruqyah (religious recitations based on the Qur'an and the Sunnah) or by seeking help from

qualified pious healers (Abdullah, 2007; Ameen, 2005; Philips, 1997; Toorawa, 2002). Muslims

strongly believe that when these methods are used appropriately, treatment effectiveness is

ensured. Jinn's possession, sihr, and evil eye may take different forms and produce different

symptoms. For instance, as Philips (1997) explained, possession can affect only certain parts of

the body (e.g., resulting in disembodied voices or some forms of sexual dysfunction), or the

whole body (e.g., resulting in convulsive disorders). Pious healers treat only those people who

display symptoms related to possession, magic, or evil eye whereas those who do not have these

symptoms are referred to different health professionals, usually medical doctors. Hence, after

initial assessment, a referral to a health professional is made if a supernatural cause is not

determined (Ameen, 2005; Philips, 1997).

In a previous section, I explained that the Prophet (peace and blessings be upon him) was under the influence of sihr and ruqyah was used as a treatment. Toorawa (2002) and Philips (2000) indicated that the last two chapters in the Qur'an are revealed to counteract the effect of sihr on the Prophet (peace and blessings be upon him). The Prophet (peace and blessings be upon him) said, "The effect of an evil eye is a fact" (Sahih Bukhari 71:636), and he ordered ruqyah to be performed if the cause of an evil eye is assumed (Sahih Bukhari 71:634). On one occasion, the Prophet saw a girl whose face had a black spot and said, "She is under the effect of an evil eye; so treat her with a Ruqyah" (Sahih Bukhari 71:635).

Jinn's possession is an established fact in the Qur'an and the Sunnah and for Muslims it is a reality from which they choose preventive measures and treatment when needed. Qualified pious healers may use different, Islamically approved techniques (Abdullah, 2007, Ameen, 2005; Philips 1997). A complete discussion of indigenous treatment methodology in Islam is beyond the scope of this paper; interested readers are referred to Philips (1997 & 2000) and Ameen (2005).

According to Islamic teaching, indigenous treatment methods are categorized as permissible and prohibited techniques (Ameen, 2005; Philips, 1997; Philips, 2000). Thus, it is very important that the traditional healer is pious and adheres to the guidelines from the Qur'an and the Sunnah. Therapists should be willing to consult with an Imam who can ensure that an appropriate traditional healing method is provided when applicable. Therefore, for counselors, familiarity with perceptions of mental health issues and the availability of indigenous treatment methods are important in working with Muslim populations. The counselor's liaison with an Imam is especially important because an Imam can determine whether inclusion of indigenous

methods is needed and can assist in referring to a qualified pious healer (Abdullah, 2007; Khaja & Fredrick, 2008).

The Imam's Role in the Muslim Community

The Imam's role in the Muslim community encompasses a counseling role in addition to other roles (Ali, Milstein, & Marzuk, 2005; Amer, Hovey, Fox, & Rezcallah, 2008; Khan, 2006; Savaya & Cohen, 2005).

Ali, Milstein, and Marzuk (2005) found that community members sought counseling from Imams for religious guidance, relationship and marital concerns, parenting issues, death and dying, financial or employment difficulties, doubts or weakness in faith, depression or sadness, fear of being discriminated against, having been discriminated against, physical or medical symptoms, anxiety or nervousness, sexual concerns, odd thoughts or actions, alcohol and drug issues, and suicidal thoughts (listed in order of frequency). The authors recommended a therapist's liaison with an Imam as a way of encouraging use of therapeutic services and a way to support Imams in this area of their work.

Amer, Hovey, Fox, and Rezcallah (2008) investigated religious coping among Arabs (Muslim and Christian) and found that the highest measure of religious coping among Arab Muslims in the United States included seeking help from Imams.

In a study involving 459 Muslims in Toledo, Ohio (44 African Americans, 240 Arabs, 119 South Asians, and 56 others, primarily identified as Turkish and European Americans), Khan (2006) found that 37.2% of the participants reported that they always or sometimes sought counseling from an Imam; 40.9% of Arabs, 50.0% of African Americans, and 20.2% of South Asians utilized counseling with an Imam whereas for Others, results were not reported.

Hence, one of the Imam's roles in the community is a counseling role. Also, Imams can be very important in reducing underutilization of counseling services among the Muslim population. Imam can be an important factor in increasing trustworthiness of counseling services among Muslims. According to Pargament (1997), community members seek help from religious leaders rather than any other health professionals. Not only is the role of the Imam in the Muslim community important for fostering counseling services for Muslims, but also an understanding of the Imam-counselor liaison is needed. Therefore, I examined perceptions of Muslim women regarding the liaison.

The Imam-Counselor Liaison

An overview of the recent literature shows that a counselor's liaison with an Imam is an important consideration when working with Muslim clientele and ensuring that their needs are met. If counselors consult with Imams, their work with diverse Muslim clientele will be enriched with firsthand knowledge regarding religious practices and customs of particular Muslim clients. A religious leader's guidance is crucial in determining whether a client's behavior is within religious norms (Schnall, 2006) and in determining whether a client can be helped by traditional pious healers (Philips, 1997). Emphasizing the need to close the gap between mental health disciplines and religion, Pargament (1997) wrote:

> Members of the two communities have had little actual contact with one another, and are often poorly informed about the resources the other has to offer. These interactions that have taken place have typically been one-sided. A subset of clergy has been quite receptive to the theories and methods of psychotherapy, integrating this body of knowledge into pastoral counseling. A subset of clergy has also been willing to refer cases for counseling to mental health professionals. Although mental health

37

professionals have been happy to accept these referrals and to provide educational

programs to congregations, they have not drawn on the resources and wisdom of religious

communities to enhance their own work and professional development in return. (p. 401)

Thus, collaboration between counselors and religious leaders is needed not only to meet client

needs but also for professional growth and development as Pargament (1997) described:

Helpers from every discipline have their limitations. The failure to take these limitations

and needs for renewal seriously has exacted a tool in burnout and frustration among

helpers in religious and mental health communities. . . . Resource collaboration offers a

partial remedy, an opportunity for helpers to replenish themselves and grow personally as

well as professionally. By working together, we bridge two worlds that have been

isolated for too long, opening each up to new resources and possibilities. Through this

process, we may discover that we are better able to help others and ourselves in the

search for significance. (p. 404)

Hodge (2005) stated that "A local Imam may be able to help workers sort through their

intuitive hunches, identify unhealthy relating, and provide material from the shari'a to support

workers' interventions" (p. 169). Hakim-Larson, Kamoo, Nassar-McMillan, and Porcerelli

(2007) explained that consultation with an Imam could be helpful and that "Clinicians can begin

by asking for help and consulting others in the community while gathering relevant information.

Trust will need to be built gradually in the relationship as the mental health needs of the client

and family are assessed" (p. 312). Kobeisy (2004) indicated that "Muslim leaders can help by

citing several Islamic religious textual statements that encourage seeking benefits and treatments

as long as they are not in direct conflict with Islamic principles" (p. 88).

Abu Raiya and Pargament (2010) suggested that counselors refer Muslim clients with religious struggles to an Imam. Abdullah (2007) and Dwairy (2006) recommended that counselors refer Muslim clients whose cause of distress can be due to supernatural causes to an Imam or traditional pious healer.

In summary, counselor liaison with Imam is encouraged and recommended (Abdullah, 2007; Abu Raiya & Pargament, 2010; Dwairy, 2006; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Hodge, 2005; Hodge & Nadir, 2008; Jackson & Nassar-McMillan, 2006; Khaja & Frederick, 2008; Khan, 2006; Kobeisy, 2004; Kobeisy 2006; Lee, Blando, Mizelle, & Orozco, 2007; Nassar-McMillan & Hakim-Larson, 2003; Podikunju-Hussain, 2006; Youssef & Deane, 2006).

Muslims' Attitudes Toward Therapeutic Services–Relevant Research Studies

Familiarity with help-seeking attitudes of Muslims is significant for the approximately seven million Muslims living in the United States. There is a need for counseling and underutilization of counseling services is assumed, however there is dearth of research regarding Muslims' help-seeking attitudes toward counseling.

Khan (2006) has reported positive attitudes of Arab, South Asian, African American, and other (primarily Turkish and European American) Muslims towards counseling. Gender and age were significantly associated with help-seeking attitudes. However, gender and education were not reported as being statistically significant in utilization of counseling, whereas need, attitudes, and age were significant. Muslims who were age 45 and older were more likely to have positive attitudes towards utilization of counseling services. Also, Muslim females were more likely to have positive attitudes towards counseling and to express more need for counseling than Muslim

males. The highest need for counseling and utilization of counseling services was reported by African Americans, followed by Arabs, then Others, and lastly, by South Asian Muslims.

Aloud and Rathur (2009) investigated attitudes towards mental health services among Arab Muslims in the United States. They found that the best predictors of Arab Muslims' attitudes toward therapeutic services are cultural beliefs about mental health and related perceived stigma, familiarity with available services, and utilization of indigenous treatment methods.

According to Bhui, King, Dein, & O'Connor (2008), who investigated religious coping with mental distress among several religious groups (Christians, Muslims, Sikhs, Hindus, Buddhists, and Rastafarians), Muslims preferred to utilize religious coping rather than seeking professional help or social support. The authors explained that:

> These findings are concordant with our study in which Islam had a more all encompassing influence in people's lives than among the other religious beliefs. This may reflect the position of Muslim people in our study, that their faith was a total philosophy of life that determined everything they do.… These findings are consistent with studies showing that Islam does not separate secular and religious, religion and politics, "The Muslim's life is lived with a vivid sense of the presence of God, and the inescapable working of the divine destiny." …The performance of religious tasks is perceived to overcome these human weaknesses and hence to improve mental health. (p. 149)

Mahmood (2009) examined help-seeking attitudes among 13 South Asian American Muslim women utilizing qualitative methodology and reported positive mental health help-seeking attitudes toward culturally sensitive therapists.

Eugene and Amany (1996) surveyed 121 Muslims (Indo-Pakistani, Arab, other, and unknown) in the Washington, D.C. and Chicago areas. They reported that 52.9% of participants would prefer a Muslim counselor, whereas 43.8% of participants stated that they would see a Muslim or non-Muslim counselor if needed. Additionally, 56.2% of all the participants emphasized how important it was for them that a non-Muslim counselor be familiar with Islamic teaching and values. Rippy and Newman (2006) reported that, "A tendency toward wariness and mistrust resulting from exposure to discrimination may also result in Muslim men avoiding mental health treatment from non-Muslim clinicians or negatively impacting the therapeutic alliance for those who do seek help" (p.15).

Kobeisy (2004) suggested that influencing factors on Muslims' counseling-seeking attitudes are related to a perception of counseling as a threat to one's own autonomy, authority, or status-the perception that seeking counseling is a breach in family unity due to lack of family, friends, or supportive relatives, and lack of knowledge and awareness of the existence, procedures, and expected outcome of counseling.

According to En-Nabut (2007), the perception of four out of six Arab Muslim women toward seeking counseling services changed over the course of a study. All of them came to believe in the effectiveness of counseling after the study was completed, with two participants seeking referrals to counseling.

Kobeisy (2004) explained that Muslims' unfamiliarity with counseling influences their negative attitudes toward seeking counseling services; he explained that "clients' previous experiences with therapy are, therefore, very important in determining their future attitudes toward it" (p. 76) and that "counseling can be considered only as last resort for help.

Furthermore, many Muslims worry about the way they are viewed by the rest of their communities, in which seeking counseling or treatment is equated with insanity" (p. 78).

Khan (2006) explained the importance of understanding Muslims' counseling-seeking attitudes including utilization of other resources in time of distress:

Muslim Americans would likely favor and utilize mainstream counseling therapies tailored to address their specific needs in ways that make them comfortable. . . . Specifically, knowing that Muslim Americans, a growing minority, may seek support from sources that differ from those of the general public, may necessitate the allocation of resource for the addition of a culturally specific component to the standard training curricula received by mental health providers working in state and local agencies. (p.40)

Therefore, my hope was to develop a deeper understanding of Muslim women's attitudes toward seeking counseling services, which may facilitate reflection on current counselor and counselor education practices, leading to changes that will enhance service provision to this population. Finally, my hope is that revealed pertinent areas will be considered when providing counseling services to this population.

Mental Health Needs of Muslims in the United States

Much of what has been written recently regarding counseling Muslims in the United States relates to the need to provide counseling services to this population (Abu-Ras & Abu-Bader, 2008; Ahluwalia & Zaman, 2010; Begic & McDonald, 2006; Hamdan, 2007; Hassouneh & Kulwicki, 2007; Kiely-Froude & Abdul-Karim, 2009; Reitmanova & Gustafson, 2009; Rippy & Newman, 2008); implications for counseling (Abdullah, 2007; Abu Raiya & Pargament, 2010; Altares, 1996; Carter & Rashidi, 2004; Dwairy, 2006; Dwairy, 2009; Kobeisy, 2004; Kobeisy, 2006; Padela & Heisler, 2010; Podikunju-Hussain, 2006; Weine, Muzurovic, Kulauzovic, Besic,

Lezic, Mujagic, Muzurovic, Spahovic, Feetham, Ware, Knafl, & Pavkovic, 2004; Weine,

Kulauzovic, Klebic, Besic, Mujagic,Muzurovic, Spahovic, Sclove, Pavkovic, Feetham, &

Rolland, 2008) and underutilization of counseling services by Muslims (Ahmed & Reedy, 2007;

Al-Mateen & Afzal, 2004; Aloud & Rathur, 2009; Khan, 2006).

 Understanding the help-seeking attitudes of Muslims is particularly significant for the

approximately seven million Muslims living in the United States, whose counseling needs are

well documented in the literature due to their diverse background; specifically, exposure to

trauma and discrimination (Ahmed & Reddy, 2007; Ai, Tice, Huang, & Ishisaka, 2005; Erickson

& Al-Timimi, 2001; Haque, 2004; Khan, 2006). However, Islam unifies Muslim's experiences

and worldview in spite of ethnic and cultural diversity (Rippy & Newman, 2008). Ahmed and

Reddy (2007) stated that ". . . many American Muslims experience increased feeling of anxiety,

fear, and rejection" (p. 208). Gallup's (2009) survey including several religious groups in the

United States indicated that although majority of surveyed Muslims reported good physical

health, they reported stress (42%), worry (39%), anger (21%), and sadness (20%) in their lives

more than any other religious group. Similarly, Rippy and Newman (2008) indicated presence of

posttraumatic stress disorder (PTSD) among American Muslims.

 Rippy and Newman (2006) examined the effects of perceived religious discrimination on

mental health among Arabs, South Asians, African Americans, and Caucasian Americans

Muslims and reported correlation between perceived discrimination and paranoia were

significantly. The authors emphasized the importance of avoiding over-pathologizing Muslim

men, stating that "Clinicians should be aware of the role that perceived discrimination might play

in a client's presenting symptoms. Muslim clients' perceptions of discrimination should be

assessed and clinicians should be attentive for signs of social withdrawal, suspicion, or hyper

vigilance especially among males" (p. 16). Continuous stress in Muslims' lives in the United States negatively affects their mental health (Haque, 2004).

Ahmed and Reddy (2007) recommended to counselors that they "… adopt a culturally responsive assessment approach" (p. 212), emphasizing the importance of religious assessment. Further, the authors recommended inclusion of religious and cultural practices within therapy, emphasizing the importance of religious coping. Haque (2004) aptly stated that:

> The professionals need to understand the culture, customs, and religious beliefs of Muslims in order to serve them on an equal footing with other Americans. This could be achieved by providing cultural sensitivity training to professionals in areas including the religious faith of Muslims, their sociopolitical contexts and an awareness of the cultural differences among the Muslim people. A major problem that currently exists is the lack of research on Muslims in general and their mental health in particular, without which it is difficult to devise sound treatment plans. This issue becomes more complicated when mental health is studied in relation to religion…. More importantly, there is a need to develop a comprehensive and conceptual understanding of the Islamic perspective on mental health that can guide the professionals to appropriate treatment methods. A combination of useful modern approaches and religious treatments could go a long way to helping Muslim clients. Analysis of the interplay between religion and indigenous culture on the one hand and American lifestyle on the other hand is a serious area of research. (pp. 57-58)

Therefore, the purpose of this study was to explore attitudes towards counseling and utilization of counseling services among Muslim women living in the United States. The influence of religiosity and religious coping on counseling-seeking attitudes and perceptions of

the Imam-counselor liaison was examined as well. The theoretical framework was grounded in adaptation of Aloud's help-seeking pathways of Arab Muslims (HSPAM) Model (Aloud & Rathur, 2009), renamed the Religious Attitudes and Help-Seeking Modalities among Muslims (RAHMA-M) Model, and utilization of Religious Coping Theory (Pargament, 1997), which is presented in the following section.

The RAHMA-M Model

An adapted version of Aloud's Help-Seeking Pathways of Arab Muslims (HSPAM) Model (Aloud & Rathur, 2009), renamed the Religious Attitudes and Help-Seeking Modalities among Muslims (RAHMA-M) Model, was conceptual framework for this study. Aloud's HSPAM Model explains factors that affect attitudes of Arab Muslims towards seeking mental health services. This model includes Arab Muslims' cultural and traditional beliefs as influencing variables, but the influence of religiosity and religious coping are not specifically incorporated into the model. I believe that religiosity and religious coping are a significant explanatory factor of counseling-seeking attitudes among diverse Muslim populations. Although the model could be significant in explaining health-seeking attitudes among Arab Muslims, an adaptation is needed for non-Arab Muslims.

The RAHMA-M Model posits that religiosity and religious coping have a significant influence on Muslims' attitudes towards seeking counseling services. The acronym RAHMA-M actually implies that religious coping is Allah's mercy given to Muslims; it is inexpensive and accessible treatment. Utilization of religion are Muslim's first resort in time of distress. One of the pillars of belief (i.e., Iman) is acceptance of Allah's decree, which further influences Muslim's perception and coping with different events and situations. For Muslims, maintaining patience, especially in time of distress while expecting relief is very important aspect of Islamic

belief. Allah said, "Give glad tidings to those who are patient. Who when afflicted with calamity say, 'Truly, to Allah we belong and to Him we shall return'. They are those on whom are the blessings from their Lord and mercy. And it is they who are the guided ones" (Qur'an 2:155-157) and "Verily, with hardship there is relief" (Qur'an 94:6). Islam guides every aspect of Muslim's life including coping with affliction and calamity. Muslims are instructed "to seek help in patience and prayer" (Qur'an 2:45). Islam emphasized endurance through different crisis with the main focus on internal peace and stamina. Pain and difficult situations are viewed as opportunities of Allah's clemency of some sins as the Prophet (peace and blessings be upon him) explained (Bukhari 70:545). Therefore, Muslim's counseling seeking attitudes are significantly shaped by religion and religious coping.

An exploration of Muslims' attitudes towards seeking counseling, in addition to religiosity and religious coping including utilization of indigenous treatment methods, encompasses supplementary factors such as perception of Imams-counselor liaison, availability of counseling services within Muslim community, and significantly less different background (i.e., demographic) factors since Islam unifies Muslims.

Hence, to better guide this exploration regarding the attitudes and the utilization of mental health services among a diverse Muslim population, the adapted RAHMA-M Model was an appropriate guide for this study. The RAHMA-M Model was used in identifying the effects of religiosity and religious coping on help-seeking attitudes among Muslims living in the United States.

The HSPAM Model (Aloud & Rathur, 2009) identifies three stages in help-seeking attitudes among Arab Muslims. In the first stage, cultural and traditional beliefs, knowledge of mental health problems, and Arab health style are identified as factors germane to problem

46

recognition, which leads to the second stage - help-seeking decisions. Perceived societal stigma, negative attitudes towards the therapist, and the family as well as community are identified as relevant factors to help seeking attitudes. Use of informal resources, awareness of available services, and acculturation are relevant to stage three - service selection. Demographic factors are significant in all three stages, whereas institutional and economic factors determine service selection. The model does not explore fully how religiosity and religious coping determine help seeking attitudes. This is potentially problematic in studies with Muslims, because the role of religiosity and religious coping in relation to utilization of counseling services seems to be oversimplified. Although Aloud's model encompasses cultural and traditional beliefs that may include religious values, limited attention has focused on religiosity and religious coping independently from the cultural tradition. Cultural and traditional beliefs, as described by Aloud, may not adequately capture the breadth of religiosity relevant to counseling-seeking attitudes. Religiosity and religious coping seem to be more influential than any other factor on Muslims' counseling-seeking attitudes.

The RAHMA-M Model posits that religiosity and religious coping significantly influence counseling-seeking attitudes and utilization of counseling services. Supplementing factors include a support system, perception of mental health shaped by religious belief, including Qada' and Qadar belief, perception of the problem (i.e., perceived locus of control), familiarity with counseling services and their availability, availability of counseling services within the Muslim community, and, to a lesser extent or not at all, demographic factors, such as education, age, and financial stability.

The RAHMA-M Model is grounded in Religious Coping Theory (Pargament, 1997). The articulation of religiosity and religious coping in the RAHMA-M Model expands Aloud's model by providing greater depth in understanding counseling-seeking attitudes among Muslims.

Religious Coping Theory

Although a wide gap exists between mental health disciplines and religion, Kennet I. Pargament, a prominent researcher in the field, has contributed to closing the gap by offering a theory that can evaluate religious belief and practices in therapy. Pargament (1997) defined religion as a "search for significance in ways related to the sacred" (p. 32). People live their lives according to their perceptions of purpose and meaning of life.

The Religious Coping Theory (Pargament, 1997) posits that religion by itself is the ultimate purpose, which is consistent with Islamic teaching for the purpose of life as Allah said, "And I have not created jinn and mankind except to worship Me" (Qur'an 51:59). Pargament believes that people act in accordance with their religious beliefs and utilize religious coping to preserve their values. According to Pargament, religious coping, defined as a "search for significance in times of stress" (p. 90), determines how people react in times of distress. He divided religious coping into two categories: positive religious coping, which brings closeness to God and to other people; and negative religious coping, which is seen as a religious struggle to preserve the purpose and significance of life.

Numerous studies have shown that positive religious coping positively affects mental health and overall individual well-being (Abu Raiya, Pargament, Mahoney, & Stein, 2008; Ai, Peterson, and Huang, 2003; Amer & Hovey, 2007; Ano & Vasconcelles, 2005; Smith, Pargament, Brant, & Oliver, 2000; Tarakeshwar & Pargament, 2001; White, 2009). Other studies have shown that negative religious coping negatively affects mental health and overall

individual well-being (McConnell, Pargament, Ellison, & Flannelly, 2006; Sherman, Simonton, Latif, Spohn, & Tricot, 2005).

Abu Raiya, Pargament, Mahoney, and Stein (2008) reported positive influence of religious coping on the well-being of Muslims, emphasizing "the need for greater attention to the Islamic religion when dealing with Muslim populations. Failure to do so could lead to an incomplete and perhaps distorted picture of the lives of Muslims" (p. 312).

Similarly, Amer and Hovey (2007) reported that religious coping positively affects well-being of second-generation Arab Muslims immigrants in the United States. Further, Ai, Peterson, and Huang (2003) reported positive affects of religious coping on mental health and family functioning among Muslim immigrants from Bosnia and Kosovo. Also, results of several other studies have supported this notion (Abu Raiya, Pargament, Mahoney, & Stein, 2008; Abu Raiya, Pargament, & Mahoney, 2010; Aflakseir & Coleman, 2009; Ai, Peterson, & Huang, 2003; Ano & Vasconcelles, 2005; Khan & Watson, 2006). Pargament (1997) stated that "Much of religion's power lies in its ability to appraise negative events from a different vantage point. Crisis becomes an opportunity for closeness with God…. Suffering and failure become a chance to redress one's sins and achieve redemption" (pp. 172-173). Additionally, the Prophet Muhammed (peace and blessings be upon him) said, "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that" (Sahih Bukhari 70:545).

According to Pargament's (1997) Religious Coping Theory, attitudes are fluid and change as the perception of the level of religious values changes. Similarly, Iman (i.e., belief) is fluid and oscillate through lifetime. Religion, readily available and accessible is used as life guidance and resource in times of distress. Although culture can influence religious practices

including religious coping, it is important not to confuse Islam with ethnicity or with the cultural background of Muslims.

Religious Coping Theory (Pargament, 1997) supports examination of religious beliefs and practices within a particular context in which religion is seen as the ultimate goal, motivation, and tool. Thus, the theory is easily applicable to mental health and behavioral issues and incorporation of religious resources within therapeutic interventions (Abu Raiya, Pargament, Mahoney, & Trevino, 2008; Pargament, 1997). The theory can provide expanded understanding of Muslims' attitudes toward seeking counseling services; focus is on personal, situational, and contextual analyses as well as coping methods (Pargament, 1997). Therefore, in accordance to the theory, to understand help-seeking attitudes among Muslims, attention needs to be focused on religious belief and practices by particular groups of people in particular situations within a particular environment.

Pargament's Religious Coping Theory is applicable to different religions including Islam (Abu Raiya & Pargament, 2010). The theory can add to our understanding of the Muslim's attitudes toward counseling and utilization of services and can be useful as a conceptual framework for this study to evaluate the effect of religious belief and practices on counseling.

Religious Coping Theory provides a sound conceptual frame of the RAHMA-M Model, which identifies religiosity and religious coping as significant determinants of utilization of counseling services among Muslims. This model posits that counseling-seeking attitudes and utilization of counseling services among Muslims are determined primarily through religiosity and religious coping. My hope was to investigate how religiosity and religious coping interrelate with other factors. Thus, this study was aimed at exploring how religious belief and practices of Muslim women living in the United States influence their counseling-seeking attitudes.

Limitations of Previous Research

The research reviewed in this chapter has contributed significantly to our understanding of Islam and its importance and influence in the Muslim's everyday life, especially on the well-being of Muslims. Also, the research addresses common misconceptions and stereotypes about Islam. However, these studies do not add to our understanding of attitudes toward seeking counseling services among the diverse Muslim population living in the United States. Most studies have focused on Arab Muslims in the United States or Muslims living outside of the United States. Some studies focused on a specific area of investigation (such as religious coping), rather than on exploration of help-seeking attitudes among the diverse U.S. Muslim population in connection to religious belief, practices, and cooperation of mental health professionals with Muslim religious leaders.

Also, many existing studies have been exploratory in nature, providing a foundation for future research. Therefore, the findings need to be carefully considered and interpreted within the limitations of each study. Additional research is needed to clarify Muslims' perceptions regarding counseling and utilization of services.

Conclusion

This study included several components to overcome some of the limitations of previous research and to add to the emerging research that examines Muslims' help-seeking attitudes and utilization of counseling services. The study explicated the way in which Muslim women perceive counseling through the use of qualitative methodology; precisely, interpretative phenomenological analysis (IPA) which focuses on exploration, understanding, and interpretation of participants' inner worlds. The following chapter discusses the methodology of this study.

Chapter 3

Methodology

Introduction

In this chapter I described the process of conducting the study and the process of explicating the qualitative data. Also, I provided an outline of qualitative methods with a specific focus on the interpretative phenomenological analysis (IPA).

Qualitative Methods

Qualitative methods have been in use for a long time, especially in health research and social sciences. Qualitative research provides insight into participant's experience and meaning about the phenomenon under investigation. Therefore, qualitative methods are focused on exploration of phenomenon rather than testing of hypotheses. Qualitative methods are especially useful in unexplored and complex areas (Creswell, 2007; Patton, 2002; Smith, 2004; Smith, Flower, & Larkin, 2009; Smith & Osborn, 2008).

The focus of this study was multifaceted and relatively unexplored. Muslim women's attitudes towards counseling are influenced by different social factors in which religion and religious coping appear to have a prominent role. Therefore, for this exploration I chose qualitative methodology, which provided me with advantage of flexible data collection. One of the most common qualitative methods for data collection is the in-depth interview. Because questions are open and exploratory, participants in this current study were able to respond freely and elaborately and I was able to explore their responses further immediately. In quantitative data collection, there is a greater possibility for participants to modify their responses in a socially desirable manner, whereas with in-depth interviews, the researcher negotiate socially desirable response.

Qualitative methods include a range of approaches such as phenomenology, narrative approach, case study, grounded theory, ethnography, and interpretative phenomenological analysis. Although commonalities among these approaches exist, including natural setting, multiple sources of data, emergent design, participants' meanings and experiences, inductive data analysis, interpretative inquiry, holistic account, and researcher as key instrument (Creswell, 2007), each approach has its own focus, emphasis, and framework. Choosing a proper qualitative approach is very important. Each approach has foundational questions that need to be considered before selection. For instance, according to Patton (2002), an important question for phenomenology is "What is the meaning, structure and essence of the lived experiences of this phenomenon for this person or group of people?" (p. 104) or, for the narrative approach, "What does this narrative or story reveal about the person and world from which it came? How can this narrative be interpreted so that it provides an understanding of and illuminates the life and culture that created it?" (p. 115).

The researcher needs to determine what qualitative approach best answers the research questions and what data collection is required. In addition, it is important to consider what approach is possible given the available resources.

Phenomenology as a Qualitative Research Method

Phenomenology is a qualitative research method constructed in the philosophical understanding of an individual's experience; it is a research method and a branch of philosophy. The goal of phenomenology is to describe the individual's essence of the experience of the phenomenon under investigation (Creswell, 2007; Moustakas, 1994). Van Manen (1990) highlighted the ultimate goal of phenomenological research as "the fulfillment of our human

nature: to become more fully who we are" (p. 12). Therefore, the researcher explores the phenomenon as described by participants.

Ontology, a theory of existence and nature characterized by multiple realities, is the philosophical assumption of the phenomenological approach (Creswell, 2007). Moreover, phenomenology is grounded in the constructivist worldview which can be combined with an advocacy and participatory aspect in order to change the lives of participants.

Although phenomenology can be traced to Kant (1724-1804), Husserl (1859-1938) is considered to be the founder of phenomenology as a philosophical movement (Cox, 2006). Husserl's approach is embedded in subjective openness. For Husserl, as Moustakas (1994) stated, "knowledge based on intuition and essence precedes empirical knowledge" (p. 26).

Husserl developed a descriptive (transcendental) phenomenological approach to research whereas Heidegger (1889-1976) developed an interpretive (hermeneutical) phenomenological approach to research (Flood, 2010). Both of the approaches tend to understand the essence of the individual's experience. The focus is on describing experience as is lived by participant (Finley, 2009). In hermeneutical phenomenology, interpretation as an evolving process is fundamental in understanding the phenomenon under investigation (Annells, 1996).

The researcher tries to understand the phenomenon by describing participants' meaning and experiences and presenting their different perspectives. In order to reduce bias, the researcher puts aside (brackets) her previous knowledge, beliefs, and values about the topic. However, according to Heidegger (as explained in Laverty, 2003) bracketing is not completely possible "as one cannot stand outside the pre-understandings and historicality of one's experience" (p. 14). I acknowledged the importance of not imposing a priori knowledge on the data collection. I reflected on my own experiences in order to separate them from the

participants' experiences and to obtain new meanings as presented by the participants throughout the interpretative process.

For the purpose of understanding participants' experiences, researcher's interpretation is important while "trying to make sense of the participants trying to make sense of what is happening to them" (Smith, Flower, & Larkin, 2009, p. 3). Focus is on the participants' meaning and interpretation as a way to understand participants' meaning and experience. In order to understand Muslim women's attitudes towards counseling, I decided to utilize qualitative methodology, precisely the interpretative phenomenological approach (IPA).

Interpretative Phenomenological Analysis (IPA)

IPA, a qualitative approach developed by Smith (2004) and widely used in the health and mental health fields, is an examination of individual's meaning making experiences (Smith, Flower, & Larkin, 2009). IPA is an exploratory and dual approach; it is both descriptive and interpretative (Biggerstaff & Thompson, 2008; Larkin, Watts, & Clifton, 2006; Smith, 2004; Smith, Flower, & Larkin, 2009). Rich description of the participants' experiences in IPA is congruent with Husserl's phenomenological ideology whereas the interpretative process is congruent with Heidegger's hermeneutical ideology, previously discussed. Therefore, IPA is a combination of both phenomenology and hermeneutics. As Smith, Flower, and Larkin (2009) stated, "Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen" (p. 37).

I was concerned with participants' perceptions and experiences as well as making proper interpretations of their meaning. Access to the participant's world is ensured with interpretative process (Annells, 1996). The interpretative process occurs on two levels (Smith & Osborn, 2008). On the first level, participants ascribe meaning to their experiences. On the second level,

the researcher incorporates participants' meaning making process by interpreting and analyzing data. Thus, interpretative process is influenced by both the participants and their ability to verbalize their thoughts, as well as by the researcher and her ability to interpret and analyze the data and utilize reflexivity. Smith, Flower, and Larkin (2009) describe a successful interpretation as "one which is principally based on a reading from *within* the terms of the text which the participant has produced" (p. 37).

Smith (2004) has described IPA as idiographic, inductive and interrogative. IPA is idiographic with its focus on the particular rather than the general analysis of each case. One case is explored before the researcher moves to the next case, until all cases in the study are explored. Then, cross-analysis can be made in order to consider core characteristics of the phenomenon under investigation. "In a good IPA study, it should be possible to parse the account both for shared themes, and for the distinctive voices and variations on those themes" (Smith, Flower, & Larkin, 2009, p. 38). Therefore, a small sample size is strongly recommended in IPA. IPA is inductive due to flexible and emergent data collection and analysis. It starts with broad research questions, as the goal is exploration rather than confirmation of specific hypotheses. IPA is interrogative in its ability to contribute to and challenge existing research. Although IPA involves in-depth data analysis of a small number of participants, it can clarify and interrogate previous research because the findings are discussed in relation to the existing literature (Smith, 2004).

Thus, the participant's personal world is explored, data collection techniques are flexible, information can freely emerge, and data are in-depth analyzed, especially with the interrogative capacity. I analyzed what participants said in the particular paragraph but also in the context of what is said in the entire interview as recommended by Smith, Flower, and Larkin (2009). I

focused on describing the participants' experiences and interpreting how they make sense out of that experience. The interpretative process allowed me to move from a simple description of the participant's experience towards a content-specific understanding of the phenomenon, inclusive of both the participants and my perceptions.

Although IPA can use different approaches for data collection, the most commonly used method is the semi-structured interview, which was my choice for data collection in addition to administration of a self-developed demographic questionnaire. Semi-structured interviews facilitated successful data collection because they were organized but flexible. Additionally, semi-structured interviews are sensitive in obtaining rich accounts from participants. Building rapport was crucial and I embraced an active listening role, remembering that participants are the experts on the topic. I used probes, especially with less verbal participants, and I avoided disclosure and interpretations during the interview as suggested by Smith, Flower, and Larkin (2009).

Rationale for the Use of IPA

I consider IPA to be the most appropriate qualitative methodological approach for this study due to its specific characteristics described above, which allowed for an in-depth analysis of the participants' attitudes and meaning making toward seeking counseling services. I explored, analyzed, and interpreted the participants' personal world. The final outcome, as described by Larkin, Watts, and Clifton (2006), was "… renewed insight into the 'phenomenon at hand' - informed by the participant's own relatedness to, and engagement with, that phenomenon" (p. 117).

IPA revealed the individual accounts as well as those shared across the sample. Hence, IPA pulled out individual subjective accounts in addition to those that are shared within the

particular culture of each sub-sample (White, Black, Asian, Arab, and Hispanic Muslim women) and the sample as a whole (Muslim women).

My hope is that the findings will facilitate reflection on current counselor-education practices and lead to changes that enhance service provision to this population. Therapists can use the findings to enhance interventions and services that directly meet the needs of U.S. Muslims, and can encourage their utilization. Also, I hope that the pertinent areas revealed by the findings will be considered when providing counseling services to this population as well as when educating counselors-in-training about this population.

Research Question and Sub-questions

The primary research question was:

- What are the attitudes towards counseling of Muslim women residing in the United States?

Sub-questions were:

- What is the influence of religiosity and religious coping on counseling seeking attitudes among Muslim women?

- What are Muslim women's perceptions regarding Imam-counselor liaison and what, if any, is the influence of this perception on counseling- seeking attitudes?

The interview questions were:

- Tell me about a time in the past when you had to deal with a difficult situation in your life and the strategies you used to cope with the situation.

- How, if at all, has religion helped you in times of stress or difficulty?

- What kind of support system do you have in your life and how, if at all, does this support help you in times of stress or difficulty?

- What is your perception of and experience with counseling?

- What is your perception of the Imam-counselor liaison and would such liaison influence your decision to seek counseling?

- Would you consider seeking counseling for yourself or family members? If so, when?

- What is your perception of mental health/mental illness?

- What is your perception and experience with indigenous treatment methods?

Sampling

Small, purposive sample size in IPA is strongly recommended due to its idiographic emphasis (Smith, 2004). The goal is not to generate a large amount of information but rather to gather in-depth and rich information that will allow a deeper understanding of the participants' inner world. Also, the purpose of qualitative research is to provide rich descriptions of the phenomenon under investigation via a small number of participants. IPA allows individual accounts to emerge as well as accounts shared across the sample of the participants so that emergent themes across the cases and specific details in individual cases can be seen. Therefore, the sample size in this study was small and included 10 participants purposefully selected to provide relevant information on the topic presented.

In addition to including a small number of participants another important aspect to consider when using the IPA is a homogenous sample so that the phenomenon under investigation is common to all participants. The sample in this study included Muslim women living in the United States and their religion represents the common and crucial commonality.

Participants

The participants consisted of 10 Muslim women living in the United States. The inclusion criteria were: a Muslim woman, between 23 and 60 years old, who has lived in the United States for one year or more and who speaks English. Participants included two White, two Black, two Hispanic, two Asian, and two Arab Muslim women.

All participants were recruited from the greater area of a southern city by personal contacts (i.e., via eligible acquaintances who might be interested in participating in the study) according to preselected criteria relevant to the research questions. The Muslim community mainly includes Muslims from Middle East, Africa, Asia, and Europe, as well as converts. A profile of each participant compiled through information obtained by the demographic questionnaire is summarized in Tables 1 and 2.

Table 1

Participants' Demographics—Personal Characteristics

Name	Age	Ethnicity	Country of birth	Length of residency	Marital status	Number of children	Residing with extended family Members	Education level	Spoken languages	SES
Emina	39	Hispanic /Latina	USA	39	Married	2	Yes-2	Master's Degree	English Spanish	Upper Middle
Selma	26	Hispanic /Latina	Belize	15	Married	2	Yes-1	High school diploma	English Spanish	Middle
Samira	49	Asian	Bangladesh	29	Married	2	No	Bachelor's degree	English Bangla	Wealthy
Amra	31	Arab	Jordan	9	Married	3	No	Bachelor's degree	English Arabic	Middle
Hava	35	Asian	Malaysia	7	Married	3	Yes-1	Bachelor's degree	English Malaysian	Middle
Amira	40	White	Turkey	24	Married	1	No	Bachelor's degree	English Turkish	Middle
Ismeta	44	Arab	Sudan	23	Married	4	Yes-1	Bachelor's degree	English Arabic	Middle
Mejra	45	White/ Native American	USA	45	Married	8	No	3 years of college	English Some Arabic & Japanese	Middle
Ulfeta	46	Black/ African American	USA	46	Married	2	Yes-1	Bachelor's degree	English	Middle
Naza	37	Black	Niger	8	Married	2	No	Bachelor's degree	English French Hausa German	Poor

Note. SES – Socio-Economic Status.

Table 2

Participants' Demographics—Characteristics Pertinent to Religion

Name	Age	Ethnicity	Country of birth	Length of residency	Mosque attendance (excluding Ramadan)	Practicing muslimah /hijab wearing	Conversion to Islam (if yes, how long)	Islamic sect
Emina	39	Hispanic/ Latina	USA	39	3x per week	Yes/yes	Yes- 17 years	Sunni
Selma	26	Hispanic/ Latina	Belize	15	Several times per week	Yes/yes	Yes- 4 years	Sunni
Samira	49	Asian	Bangladesh	29	Once a week	Yes/yes	No	Sunni
Amra	31	Arab	Jordan	9	Once a week	Yes/yes	No	Sunni
Hava	35	Asian	Malaysia	7	At least 3x a month	Yes/yes	No	Sunni
Amira	40	White	Turkey	24		Yes/yes	No	Sunni
Ismeta	44	Arab	Sudan	23	10x per month	Yes/yes	No	Sunni
Mejra	45	White/ Native American	USA	45	Not often	Yes/yes	Yes- 18 years	Sunni
Ulfeta	46	Black/ African American	USA	46	Occasionally	Yes/yes	Yes- 3 years	Shia
Naza	37	Black	Niger	8	Once a week	Yes/yes	No	Follows Qur'an & Sunnah

Data Collection Methods

Data collection commenced in January 2011 and continued to March 2011. In December 2010, I obtained the UNO IRB approval to conduct this research study. The study was funded by the UNO Dissertation Improvement Grant (DIG).

The recruitment of participants was accomplished through direct contact with each participant. An introductory letter to the study (see Appendix A) was provided to each recruited participant. Location and time for the interview were scheduled at each participant's convenience.

Each participant was individually interviewed, face-to-face, using a semi-structured interview lasting approximately 1 to 1½ hours. A follow-up interview, lasting approximately 30 minutes, was scheduled in order to check preliminary findings with participants. The initial and follow-up interviews were recorded with the participants' permission. For the purpose of maintaining confidentiality, each participant was assigned a pseudonym. A transcriptionist was

hired to transcribe the interviews. A transcriptionist signed a confidentiality agreement pertinent to data collection in this study (see Appendix D). Follow- up interviews were not transcribed. All recordings were kept in a secure place and destroyed after they were transcribed and analyzed.

Written informed consent was obtained from each participant (see Appendix B). At the beginning of the initial interview, the informed consent was summarized verbally for each participant to ensure that she understood what her involvement would entail. I answered participants' questions and concerns. Then, participants completed the demographic questionnaire. After the conclusion of the initial interview, participants had an opportunity to provide feedback.

Also, participants completed the demographic questionnaire at the beginning of the initial interview. A demographic questionnaire was administered to gather specific demographic information about the sample. The demographic questionnaire consisted of items pertaining to participants' age, ethnicity, length of residency in the United States, legal status (U.S. citizen/permanent resident/visa holder), marital status, number of children, number of people residing in their household (including extended family members if applicable), level of education, occupation, mosque attendance, level of practicing religion, the wearing of Islamic clothing/hijab, sect affiliation, financial status (poor, middle class, wealthy), and whether participants were immigrants, second-generation, or converts to Islam (see Appendix C).

Semi-structured interviews ensured successful data collection as the format was organized yet flexible and sensitive, which ensured obtaining rich accounts from the participants. I gave special attention to rapport building, using probes when needed and avoiding disclosure and interpretations. Similarly, I embraced an active listening role, honoring the participants as

the expert of the topic. Thus, the interview was led by the participant but structured by me, as Smith and Osborn suggested (2008).

The initial interviews were used to explicate the attitudes of Muslim women toward seeking counseling services and how their religious beliefs and religious coping interrelate with this process. A follow- up interviews were scheduled to check preliminary findings with participants. The interview protocols were used as a flexible guide to balance the exploration (see Appendix E) as the qualitative research has emergent design and "… the initial plan for research cannot be tightly prescribed" (Creswell, 2007, p. 39).

Data Analysis

IPA employs in-depth data analysis. Due to its idiographic nature, IPA focuses on exploring one case before moving to another case, until all cases in the study are explored. Then, cross-analysis can be completed in order to consider core characteristics of the phenomenon under investigation. This method of analysis makes it possible to highlight shared themes as well as individual themes and variation between them (Smith, Flower, & Larkin, 2009). I completed analysis of each single transcript, one at a time, until all the interview transcripts were analyzed. Then I moved to analysis across the cases.

The interrogative capacity of IPA allowed me to analyze what the participant said in the particular response and also in the context of the entire interview. The purpose was verification within the participant's description (Smith, 2004). The focus was on describing participants' experiences and interpreting how they make sense out of those experiences. Further, I was able not only to describe the individual's experience but moreover to understand the phenomenon within a specific context, inclusive of both the participant and myself. Data analysis involved a hermeneutical circle of understanding, a framework and source of information where

63

interpretations of meaning evolved. Thus, understanding of the meaning was based on a careful reading, reflective writing, and interpretations.

IPA data analysis involved several steps. Since I hired a transcriptionist the first step was actually to proofread and confirm the accuracy of each transcript. Then, I continued to carefully read and re-read each transcript while listening to the recording. Flood (2010) aptly describes this stage as "naive reading" where "researchers are 'open' so the text can talk to them (naive understanding)" (p.12). I focused on each participant's meanings and evolving interpretation while trying to understand their inner world. I gave attention to the whole transcript with no special attention to the specific passages because the transcript as a whole is considered to be the source of valuable data, as Smith and Osborn (2008) explained. During this stage, I made notes on preliminary ideas (i.e., themes) in the margin of the transcript, pointing out my observations, reflections, questions, emotions while putting aside my own assumptions and knowledge about the topic. The aim was to avoid imposing knowledge, beliefs, and values so that the participant's meaning was distinguishable from my understanding of the meaning - and to obtain new meanings as presented by the participant through the interpretative process.

Thus, in addition to re-reading the transcript, an important task in the first step was to keep a reflexive journal as a way to utilize the process of bracketing to the fullest extent possible. Also, a reflexive journal of evolving interpretations was a very important way of engaging in a hermeneutical circle in which understanding occurs through interpretation (Annells, 1996).

The second step involved themes identification and a search for possible connections among themes after I understood the transcript as a whole. I divided emergent themes into meaning units, which represented different participants' meaning of the phenomenon in the form of significant statements appropriately marked on the transcript.

The third step involved grouping emergent themes into major categories that describe the essence of each meaning unit. The themes were reinforced by the participant's statements. In this interpretative process, I was making sense out of the participant's meaning by assigning the meaning to the participant's significant statements.

The final step involved presenting a main list of themes that represented the essence of the participant's meaning about the phenomenon under investigation. These themes were verified by each participant during the follow-up interview. The themes were reflected in relation to the research questions (I did not use a computer software program, although it could be used for this purpose.)

After I completed the analysis of each single transcript and verified the findings with each participant, I moved to cross-analysis in order to underline themes shared among participants as a whole group and to identify individual themes among the five distinctive ethnics groups, as well as variations among them. The major themes pertinent to all cases were condensed into the master list of main themes applicable to all cases. Finally, I explicated master's themes in relation to the research questions. The master list of themes served as a guideline for reporting the findings where I clearly distinguished my interpretations and the participants' statements. More about the researcher's role in qualitative research is discussed in the following section.

Role of the Researcher in Qualitative Research

One of the main characteristics of qualitative research is the researcher's substantial role; she is considered a key instrument through which data are collected and analyzed (Creswell, 2007). The researcher's skills and characteristics are crucial as she is engaged in every aspect of the research process, from the initial research design to collecting, transcribing, analyzing,

verifying data, and moving towards reporting the findings. According to Lincoln and Guba (1985), the researcher must incorporate the naturalist paradigm, develop appropriate interviewing and analyzing skills, and develop the research design in accordance to naturalistic research. The process of reflexivity, described by Nightingale and Cromby (1999), as an awareness of the researcher's involvement within research and acknowledgment of her influence on the research, is an integral part of IPA. Hence, I employed reflexivity from the very beginning, starting by acknowledging the origin of my assumptions and their influence on study design and formulation of the research and interview questions.

When using IPA, the researcher embraces an active role as an interviewer with a focus on the insider perspective of the participants' inner world. Also, the researcher embraces an active role as an analyzer with the focus on the interpretative, outsider perspective of the participants' meaning making sense. I was concerned with the participants' perceptions and experiences as well as making proper interpretations of their perceptions because access to the participant's inner world cannot be gained without use of interpretative process.

Participants' meanings were obtained through the interpretative process since I was, as Smith, Flower, and Larkin (2009) aptly stated, "… trying to make sense of the participants trying to make sense of what is happening to them" (p. 3). Smith et al., described the sense making process as the researcher's dual role. The researcher uses the same abilities as the participants, yet the researcher is more mindful, self-conscious, and systematic in what she is doing. Therefore, the researcher's ability to utilize reflexivity is an integral part of IPA. The purpose of the researcher's self-reflection is not only to set aside personal values and beliefs but also to embed them in the interpretative process with clear differentiation and awareness of how personal beliefs and assumptions relate to investigative findings, rather than imposing them on

the phenomenon under investigation. I engaged in reflective journaling, which is critical in the reflexivity process to avoid imposing predetermined knowledge and values while obtaining new meanings from participants. It is important that the researcher avoid imposing prior knowledge on the data collection and analysis, and that she reflects on her own experiences in order to distinguish them from the participants' experiences.

I found inspiration for the study research design in my own life while dealing with difficult situation that began about a month prior to the inception of the research design and continued through the data collection and analysis stages. It is still ongoing process. During the data collection, I believe I was able to suspend my assumptions, knowledge, and experience in order to be open and see the phenomenon through the eyes of the participants' experiences. I gave special attention to maintaining openness during the interviewing process, the data analysis, and when reporting the findings, respectively.

During the 14th week of my third pregnancyI found out that my unborn child was facing life-threatening conditions that could terminate the pregnancy and cause her severe postnatal health problems if she were to survive. Although this information was devastating, my first reaction was acceptance of Allah's predetermined will by saying Qur'anic verse in surah Al-Baqara, "Inna lillahi wa inna ilayhi rajeoon" which means, "Verily we belong to God and to God we return" (Qur'an 2:156). I am a practicing Muslim and accepting Allah's will and being patient are important parts of my belief.

The following few weeks were extremely difficult as the situation became more complicated. I sustained my well-being through utilization of religious coping, along with strong family and community support. On one occasion, a friend who had heard the news called me and suggested counseling. My immediate response was "no" and as soon as I uttered my answer,

67

I started to think about the benefits of counseling, as a counselor. Then, I reflected on my situation and used resources. I realized that I would not consider seeking personal counseling in this situation. I utilized religious coping and enjoyed the benefits of family and community support. I reexamined my attitudes toward counseling - not as a counselor but as a prospective client - and wondered how other Muslim women perceived counseling and for what reasons they would consider seeking counseling services.

Also, I reexamined counseling, focusing on my understanding of the Muslim population as a counselor trained in the United States. Educational knowledge about this population was limited and mainly concerned counseling Arab Muslims. Although I was often mistaken as an Arab due to my Islamic attire, my cultural background as an European Muslim woman differs from the background of an Arab woman. However, I acknowledged similarities due to our religious aspects. Literature regarding counseling the diverse Muslim population in the United States is limited and I conducted this study with the hope that counselor educators and practicing counselors would acknowledge diversity among Muslims and improve service provision to this population.

My personal experiences influenced construction of the research questions and the design of the study yet I maintained continuous self-awareness during the research and data analysis for the purpose of eliminating my bias and understanding the participants' experiences and attitudes. I acknowledge that my difficult situation is still ongoing process. I found relief in my religion throughout the utilization of religious coping and support from my family, friends, and the Muslim community. Although I did not consider counseling for this situation I acknowledge that there are some other life situations that may entail counseling for me, such as situations where I may exert more personal control over the development of events.

Further, I acknowledge the role of my subjectivity during the research process, which is important for trustworthiness in an IPA study. As Giorgi (2002) stated:

> Within phenomenology, the goal is not to try to eliminate subjectivity, but rather to try to clarify the role of subjectivity when correct knowledge is attained. Based upon everyday experience, it is granted that both valid knowledge and errors exist. The point is to try to understand the conditions under which valid or correct knowledge can be obtained. It is a simplistic theory of knowledge that would try to claim that error only happens when subjectivity is present since correct knowledge also takes place with the presence of subjectivity. Knowledge, as a phenomenon in the world, is strictly correlated with subjectivity. Perhaps there are things or events "in-themselves," but there is no "knowledge-in-itself." (pp. 8-9)

Validity and Trustworthiness

Validity and trustworthiness in qualitative research have been emphasized to ensure "scientific rigor" characterized by objectivity and measurement ascribed to quantitative research. On this basis, qualitative research is often criticized. However, it must be noted that qualitative research, by its nature, differs from quantitative research and therefore quantitative evaluative standards should not be employed to evaluate qualitative research. For instance, according to Yardley (2000), reliability is an inappropriate criterion for evaluation of qualitative research since qualitative research provides one of the many possible realities and interpretations. Yardley emphasizes that the criterion for good research varies across different methodologies even within qualitative research. Similarly, as Creswell (2007) stated, "qualitative inquiry represents a legitimate mode of social and human science exploration, without apology or comparisons to quantitative research" (p. 11).

Brocki and Wearden (2006), in their review of 52 articles employing IPA, summarized several techniques used by researchers to ensure validity, such as having different independent coders; achieving consensus among researchers; checking preliminary findings with participants; and combining the collected data by different means, such as using a combination of focus group and individual interview data. During the follow-up interviews, participants in this current study verified preliminary findings, which enhanced trustworthiness of the findings. Additionally, bracketing and reflexivity are fundamental aspects for establishing trustworthiness in an IPA study.

By emphasizing the active role of the researcher, IPA is focused on assurance of trustworthiness of identified themes (Brocki & Wearden, 2006). I acknowledged the significance of my role as a researcher in this study and I gave special attention to bracketing and reflexivity from the beginning.

According to Lincoln and Guba (1985) trustworthiness and validity are demonstrated in assurance that participants' descriptions are accurately presented and embedded in the findings. The interpretative process and discussion of how those interpretations evolved from the data are critical as well. Additionally, a process of validation can occur within data analysis when the researcher notices dissonance among themes and verifies them by returning to the rich descriptions for the final validation. Similarly, checking preliminary findings with participants is an essential way of enhancing trustworthiness. In this study, the participant verified preliminary findings.

IPA, due to its idiographic capacity, explores case by case, until all cases in the study are explored; then cross-analysis can take a place. According to Smith, Flower, and Larkin (2009), "In a good IPA study, it should be possible to parse the account both for shared themes, and for

the distinctive voices and variations on those themes" (p. 38). Although IPA involves in-depth data analysis of a small number of participants, it can clarify and expand previous research since the findings are discussed in relation to the existing literature (Smith, 2004). Hence, IPA has the ability to contribute to and challenge existing research, although generalizability may not be possible.

Summary

The goal of this study was to explore attitudes of Muslim women residing in the United States toward seeking counseling services. The influence of religiosity and religious coping on counseling-seeking attitudes, along with perceptions of the Imam-counselor liaison were examined. IPA was an appropriate methodology for this study due to its specific characteristics that allowed in-depth analysis of participants' attitudes and meaning- making toward seeking counseling services. My aim was to develop a deeper understanding of Muslim women's attitudes toward seeking counseling services, taking into consideration the context in which they are located and incorporating it within the current practices, which, in turn, may facilitate reflection on current counselor education practices and lead to changes that enhance service provision to this population. Similarly, therapists could use prospective findings to enhance applicable interventions and services that could maximize potential for utilization of the services by this population. Finally, my hope is that the pertinent areas revealed by the findings will be considered when providing counseling services to this population and educating counselors-in-training about counseling Muslims.

Chapter 4

Findings

Introduction

This study explored the attitudes towards counseling of Muslim women residing in the United States. Additionally, the influence of religiosity and religious coping on counseling-seeking attitudes among Muslim women and Muslim women's perception regarding the Imam-counselor liaison, as well as the influence of the liaison on counseling-seeking attitudes were examined.

Findings revealed individual accounts in addition to those which are shared within the particular culture of each distinctive ethnics group (White, Black, Arab, Asian, and Hispanic Muslim women), and a sample as a whole (Muslim women).

Therefore, this chapter is divided into four sections. In first section, I presented findings of all 10 individual cases. In the second section, I presented the themes of the five distinct ethnic groups as well as the variations among them. In the third section, I presented themes shared among the participants as a whole group. Finally, in the fourth section I explicated the themes shared across the sample in relation to the research questions.

Individual Themes of Each Case Study

In this section, I presented findings of all 10 case studies, case by case. The first step in IPA data analysis involved identification of emergent themes. A list of emergent themes in each case appears in the Appendices. Then, I grouped emergent themes into major categories and reinforced them by the participant's statements. The quotes were taken directly from the transcripts. In some cases, a few quotes were added from the follow-up interview, as indicated for the applicable case in the paragraph before the main list of themes.

Selection of significant statements was a comprehensive process. Although some statements are lengthy, I selected more than one statement for each category to describe the essence of participant's meaning and provide a foundation for my interpretations. This is important because without description, interpretation would not be possible, as explained by Smith, Flower, & Larkin (2009). My focus was on interpretation of the participant's meaning. Therefore, the statements reflect the participant's intent of the content. The statements reflect each participant's meaning of the content in relation to the major themes. A list of major themes supported by the participant's transcribed statements for each case appears in the Appendices.

Finally, in accordance to the final step in IPA individual analysis, I developed a list of main themes for each participant. Each main theme provided insight into the participant's perception and experience with the phenomenon under investigation.

Case study of Emina

Emina is a 39-year-old Hispanic woman, born in the United States. She is a descendant of immigrant parents. She has two children and lives with her husband and two extended family members. Emina converted to Islam 17 years ago. Initial analysis of the transcript revealed 50 emergent themes illustrated in Appendix G. I grouped these themes into 13 major categories. Connections among emergent themes were evident. Each category represented a major theme that I interpreted from the verbatim interview in Emina's case. A title, assigned to each major theme, depicts the essence of the theme's meaning and connections. Table 3 lists the major themes supported by emergent themes.

Table 3

Grouping Emergent Themes into Major Themes in the Case Study of Emina

Major theme #1 – **Coping strategies**	• Seeking help from a Muslim psychiatrist
• Seeking medical help	• Taking medication as needed

(Table 3, continued)

- Keeping focus on others rather than herself
- External locus of attention is helpful in time of distress

Major theme #2 – **Religious struggle**

- Taking medication perceived as lack of trust in God
- Feeling religiously weak for not being able to successfully cope with disclosed issue
- Making faith stronger is first step towards coping with distress

Major theme #3 – **Perception of counseling**

- Selective utilization of counseling services
- Decision to not seeking counseling services based on acceptance of God's will for particular issue
- Decision to not seeking counseling services because she has to pray more and be more introspective
- For some issues, seek help from the Muslim counselor only, while for others, wouldn't seek counseling at all
- Counselor must understand Islamic values
- Going to non-Muslim counselor for some issues may not be helpful

Major theme #4 – **Being helpful to others is a way to help yourself**

- Holistic approach to counseling, including religion and environment
- Universality, especially within religious struggle, is an important aspect in coping
- Helping others is actually helping self

Major theme #5 – **Trust in God**

- Trust in God is very important
- There is no hope without God

Major theme #6 – **Support system**

- Being involved in the Muslim community and spending time with friends reduces distress
- Isolation from friends and the Muslim community increases distress/symptoms
- Support from her mom
- Spousal consolation and consultation is important
- Community support is present in general
- Disclosure of personal matters with (community) sisters limited
- Getting together with (community) sisters is helpful but challenging due to lifestyle

Major theme #7 – **Reflection on Muslim community**

- Trust is important for seeking counseling – for some issues, trusts Muslims only
- Shame for disclosing personal problems to other Muslims exist among Muslims
- Keeping private matters private is important for Muslims
- Educate Muslims about the benefits of counseling
- Need for marital counseling within Muslim community exists
- Imam's counseling is often only resource Muslims use

Major theme #8 – **Islam is a way of life**

- Islam is a way of life
- God's presence in every aspect of life

(Table 3, continued)

- Pleasing to God
- Relationship to God is important

Major theme #9 – **Dhikr/remembrance of Allah**

- Doing dhikr in times of distress

Major theme #10 – **Utilization of religion in times of distress**

- Doing dhikr in times of distress
- Importance of understanding the content of the Qur'an rather than recitation only
- Importance of logically understanding recited prayers in order to be helpful
- Religion provided partial comfort in times of distress
- In addition to prayer, seek other way to cope with distress
- Continuing education about Islam and encountered issue is important

Major theme #11 – **Imam-counselor liaison**

- Imam-counselor liaison important

- Imam's limited counseling helping skills
- Counselor's limited multicultural competence

Major theme #12 – **Perception of mental illness/distress**

- Looking in the environment for the causes of distress and illness
- Cultural perception of illness – accepting personal responsibility rather than seeking excuse in mental illness, including possession by jinns or sihr
- Important that indigenous methods are evidence supported
- Avoiding isolation is an important aspect of mental health
- Psychoeducational aspect of counseling helpful for families, especially when mental illness is present

Major theme #13 – **Qada' and Qadar (accepting Allah's predetermined will)**

- Accepting Allah's will and responsibility for personal behavior

Major themes were supported by Emina's statements from the interview transcription. I included several relevant statements not only to support the interpreted themes but also to better convey the essence of Emina's meaning. The significant statements are listed in Appendix H. The emergent themes are overlapping and could appropriately fit into more than one major category, as it can be seen from the statements. For instance, Emina talked about coping strategies that include seeking help from medical doctors. She described her struggle in relation to taking medication or seeking help from a mental health professional as lack of belief/Iman

since she was not able to perceive the situation as God's predetermined will and find inner strength in that belief and patience. Emina said, "So, for many years, I just accepted that. But, for some reason, I feel like I would, you know, maybe I'm being weak by not accepting this is, you know you have to be able to say and your hands, your life is in God's hands anyway. So I'm kind of caught between that feeling; and so you know I feel maybe I'm weak, you know. If I was stronger, I wouldn't feel this way." The emergent themes from this and related statements can fit under the *Coping strategies* and *Religious struggle* major themes. At the end of the interview, Emina emphasized the importance of belief in divine predetermination in her life which resulted in a 13th major theme *Qada' and Qadar (accepting Allah's predetermined will).*

Similarly, a statement under the major theme *IslamiIs a way of life* depicts Emina's perception of Islam and at the same time, her perception of the counseling process. Therefore, the statement could fit under the *Perception of counseling* major theme as well. For example, Emina stated, "But Islam is more than just the worship aspects or the spiritual aspects. It kind of dictates everything in your life, the way you plan your daily – what you eat or, you know, what you eat, how you dress, the parameters of some of the things that are allowed and not allowed. And so you really guide your life. It's like a guide for your life and it's based on what you think is more pleasing to God. At least you try to meet those standards. So, whatever you're doing, you can't take a technique and then you can't take, you know, God out of it. You just can't. It has to – everything is inclusive of your consciousness of being that's responsible to God and that you want to be pleasing to Him."

In the last step of data analysis in the case study of Emina, I presented a main list of themes that represents the essence of Emina's meaning about the phenomenon under investigation. During the follow-up interview, Emina verified all themes. No changes were

needed except in the case of spousal consolation, where Emina added term consultation in order to better reflect her spousal relationship and signify husband's support. Table 4 illustrates the main themes from Emina's case.

Table 4

Main List of Themes from Case Study of Emina

Coping strategies

- Coping strategies other than religious coping utilized and important

- Religious coping important but limited

Islam is a way of life

- Islam is a way of life

- God's presence in every aspect of life

- Relationship to God is important

- Religious struggle

Reflection on Muslim community

- Trust is important for seeking counseling – for some issues trusts Muslims only

- Shame for disclosing personal problems to other Muslims exist among Muslims

- Keeping private matters private is important for Muslims

- Educate Muslims about the benefits of counseling

- Need for marital counseling within Muslim community exists

- Imam's counseling is often only resources Muslims use

Perception of counseling

- Selective utilization of counseling services

- Decision to not seek counseling services based on acceptance of God's will for particular issue

- Decision to not seek counseling services because she has to pray more and be more introspective

- For some issues, seek help from a Muslim counselor only; for others, wouldn't seek counseling at all

- Counselor must understand Islamic values

- Going to non-Muslim counselor for some issues may not be helpful

- Imam-counselor liaison important due to counselor and Imam's limited skills

(Table 4, continued)

Support system

- Being helpful to others is a way to help yourself

- Being involved in the Muslim community and spending time with friends reduces distress

- Isolation from friends and the Muslim community increases distress/symptoms

- Support from her mom

- Spousal consolation and consultation important

- Community support present in general

- Disclosure of personal matters with (community) sisters limited

- Getting together with (community) sisters is challenging due to lifestyle but helpful

Perception of mental illness/distress

- Looking in the environment for the causes of distress and illness

- Cultural perception of illness – accepting personal responsibility rather than seeking excuse in mental illness, including possession by jinns or sihr

- Importance that indigenous methods are evidence supported

- Avoiding isolation is an important aspect of mental health

- Psychoeducational aspect of counseling helpful for families, especially when mental illness is present

The six main themes gave insight into Emina's perception and experience of the phenomenon under investigation. For Emina, Islam is a way of life. She used religious coping but also acknowledged its limitations. As Emina said, "Like Islam is not just this magical thing that, you know, like they recite Qur'an to you and it's like magic and it cures everything. You have to understand what it says, accept its meaning and want to include that as part of your life, to change you from inside and out for it to work … And, if you're not logically making these conclusions or these connections, it may not help you."

Thus, Emina emphasized the importance of understanding Qur'anic statements rather than merly reciting Qur'an. She used different religious coping methods, such as dhikr/remembrance of Allah, prayers, and putting trust in Allah. Additionally, Emina utilized

other coping strategies, such as seeking medical help and if, needed help, from a mental health professional. She had a positive experience and a positive perception towards counseling yet she was selective towards service providers. Depending on a situation, Emina would choose counselors with different backgrounds. As Emina stated, "So the counselor, you know, not only needs to understand that but needs to understand what characters are in line with Islamic values and, you know. And many of them are and some of them aren't." Inclusion of religion within therapeutic conversations is a theme Emina emphasized as important. Also, the Imam-counselor liaison was important and Emina emphasized a mutual partnership that would complement each other – the Imam's lack of helping skills and the counselor's lack of knowledge about Islam, Islamic values, and teachings. Emina also reflected on the Muslim community and emphasized the importance of educational programs regarding counseling and the need for marital counseling within the community. Another major theme that emerged was the perception of mental health. Emina acknowledged the importance of accepting responsibility for one's own behavior rather than justifying it by mental illness, including possession by jinns, shaytan, sihr, the or evil eye. Having a support system was important for overall well-being as was educating a significant others when a person was mentally ill.

Case study of Selma

Selma is a 26-year-old Hispanic women, born in Belize. She came to the United States when she was 11 years old. She has two children and lives with her husband and one extended family member. Selma converted to Islam four years ago. Initial analysis of her interview transcript revealed 50 emergent themes illustrated in Appendix I. I grouped these themes into 12 major categories based on evident connections among them. Each category represented a major theme that I interpreted from the interview verbatim in Selma's case. Additionally, each major

theme had a title depicting the essence of the meaning. Table 5 lists the major themes supported by emergent themes.

Table 5

Grouping Emergent Themes into Major Themes in the Case Study of Selma

---

Major theme #1 – **Religion is important aspect of life**

- Turning to God in times of distress
- Life is influenced by religion
- Closeness to God is important

Major theme #2 – **Continuing learning about Islam**

- Attending Imam's lectures
- Attending women's teaching group (Halaqa)
- Attending Isha' and Juma' prayers at the mosque /masjid
- Visiting masjid and praying are important to keep belief/Iman strong

Major theme #3 – **Support system**

- Support from the Muslim community
- Support from Muslim sisters
- Masjid is a supportive place
- Meeting older wise women at the mosque/masjid

Major theme #4 – **Prayer as a coping strategy**

- Praying was comforting and calming
- Praying in a slow manner
- Finding peace in hearing God's word
- Prayer is a way of relaxation

Major theme #5 – **Putting trust in God**

- Putting trust in God ensures healing and provides peace to heart and mind

Major theme #6 – **Qada' and Qadar (accepting God's predetermined will)**

- Accepting God's will
- Being patient

Major theme #7 - **Reflecting on Hispanic background**

- Reflecting on dealing with distress before conversion to Islam
- Reflecting on perception of counseling within growing environment (Hispanic community)
- Perception of mental illness shaped by Hispanic culture and growing environment
- Reflecting on Hispanic culture and religion
- Challenges of conversion while learning Islamic rules and regulations

Major theme #8 – **Perception of counseling**

- Perception of counseling influenced by Hispanic culture
- Perceived stigma to seek counseling within Hispanic community
- Islam changed perception of counseling
- Perception of counseling from Islamic perspective
- Inclusion of religion within counseling process

Major theme #9 – **Characteristics of a counselor**

-

- Desired characteristics of the counselor: religious Muslim female; same cultural background desirable yet not required

- More similarities between the counselor and the client brings better relationship and trust

Major theme #10 – **Imam-counselor liaison**

- Modern situations are better fit for counselor rather than Imam, who may lack counseling skills

- Religious guidance is better fit for Imam

- Asking Imam for advice

- Lack of Imam's response

- Imam-counselor liaison preferred

Major theme #11 – **Marital counseling**

- Marital counseling from Islamic perspective, especially for a newlywed desirable

- Marital and parenting issues

Major theme #12 – **Perception of mental illness/distress**

- Mental illness including Islamic explanation of some distress (possession by jinns, sihr, the evil eye) viewed within environmental factors – an excuse for not accepting responsibility for personal behavior

- Accepting responsibility for own behavior rather than seeking excuses in illness

- Perception of mental illness shaped by Hispanic culture and growing environment

- Remain composed and mentally strong enough to resist Shaytan's influence

In adherence to IPA data analysis, I supported major themes with the participant's significant statements from the transcribed interviews. These statements had a dual role—they complemented the interpreted themes but also better conveyed the essence of Selma's meaning. The significant statements are listed in Appendix J. The emergent themes overlapped and fit more than one major category. Also, the significant statements could be placed in more than one category. For instance, Selma stated that, "Going to the halaqa just made me strong enough to deal with it in the situation, and then actually get through it. So the prayers and the teachings is what I would use to strengthen me in those difficult times, to guide me as well." This statement reflected community support (i.e., attending halaqa and meeting other women in the community) and at the same time indicated Selma's need to expand her knowledge about Islam since halaqa is actually a place where women learn about Islam interactively.

As it can be seen, the themes in Selma's case reflected her new life as a Muslim woman where her Hispanic heritage was also noticeable, especially in her perceptions of mental illness and the utilization of counseling services. Selma explained, "Basically I was raised to think of it, that things are the way you want it to be. If you can't control it, okay, then something's wrong with you. That's just how I was raised. We did have some difficulties in our environment when we were growing up and how we were told to deal with it was, "Just get over it and make it better. You're the one who can control it. You can make it better. Things are only as bad as you make it. Things can get better if you change your mentality. So I was always told to basically make my mind stronger in order to be stronger, and there was no room for emotional weakness, you have to be strong." Therefore, Selma added that seeking counseling in the Hispanic culture would indicate a really weak person or a person who wanted to justify their actions with illness.

The last step of data analysis in Selma's case study involved creating a list of main themes that represented the essence of Selma's meaning about the investigated topic. During the follow-up interview, Selma verified the themes. No changes were needed. Table 6 lists the main themes from Selma's case.

Table 6

Main List of Themes from Case Study of Selma

Religion is important aspect of life

- Turning to God in time of distress

- Life is influenced by religion

- Closeness to God is important

- Learning about Islam is ongoing process

Reflecting on Hispanic background

- Reflecting on dealing with distress before conversion to Islam

(Table 6, continued)

- Reflecting on perception of counseling within growing environment (Hispanic community)

- Perception of mental illness shaped by Hispanic culture and growing environment

- Reflecting on Hispanic culture and religion

- Challenges of conversion while learning Islamic rules and regulations

Support system in time of distress

- Support from the Muslim community

- Support from Muslim sisters

- Masjid is a supportive place

- Meeting older wise women at the mosque/masjid

Religious coping strategies

- Prayer as a coping strategy

- Putting trust in God

- Qada' and Qadar (accepting God's predetermined will)

Perception of counseling

- Perception of counseling influenced by Hispanic culture

- Perceived stigma to seek counseling within Hispanic community

- Islam changed perception of counseling

- Positive perception of counseling from Islamic perspective but inclusion of religion within counseling process is important

- Desired characteristics of the counselor: religious Muslim female; same cultural background desirable yet not required

- More similarities between the counselor and the client brings better relationship and trust

- Imam-counselor liaison preferred

- Perception of Imam's and counselor's roles

- Marital counseling from Islamic perspective, especially for a newlywed desirable

Perception of mental illness/distress

- Accepting responsibility for own behavior rather than seeking excuses in illness

- Perception of mental illness shaped by Hispanic culture and growing environment

- Remaining composed and mentally strong enough to resist Shaytan's influence

Six main themes represent the essence of Selma's meaning. These themes provided insight into Selma's perceptions and experience with the phenomenon under investigation. Selma fully embraced her new life, emphasizing the importance of Islam on a daily basis while at the same time acknowledging the strong influence of her Hispanic heritage on some aspects, including perception of mental illness, acceptance of personal responsibility, and counseling-seeking attitudes. However, Selma stated that Islam changed her perception towards seeking counseling. Additionally, Selma reported religiosity and gender (i.e., female) as preferred characteristics of a counselor. Also, she reported a positive perception of the Imam-counselor liaison and a need for marital counseling within the Muslim community. Another main theme that evolved from the interview was religious coping, which is significant in Selma's life, in addition to Muslim community support. Selma reported frequent visitation to a local masjid including Friday Jum'a prayer, women's halaqa, Isha' prayer, Imam's lectures, etc., where she received both knowledge and support.

Case study of Samira

Samira is a 49-year-old Asian woman, born in Bangladesh. She arrived in the United States 29 years ago. She has two children and lives with her husband. Initial analysis of her transcript revealed 39 emergent themes illustrated in Appendix K. I grouped the emergent themes into 11 categories based on obvious connections among themes. Each category represented major themes that I interpreted from the interview verbatim. Additionally, each major theme had a title depicting the essence of the meaning. Table 7 lists the major themes supported by emergent themes.

Table 7

Grouping Emergent Themes into Major Themes in the Case Study of Samira

Major theme #1 – **Religion as an important aspect of life**

- Belief in Allah is crucial

- Practicing religion important for her and her family members

- Consulting Allah important

- God is source of peace and comfort

- Time of distress brings closeness to God

- Expanding knowledge about the particular issue from the Islamic perspective

Major theme #2 – **Dhikr (glorifying God)**

- Tasbih/Dhikr/glorifying Allah

- Thanking Allah

- Voluntary prayer/salah and du'a

- Calling Allah's names

Major theme #3 – **Qada' and Qadar (acceptance of God's predetermined will)**

- Accepting Allah's will

- Everything is in Allah's hands

Major theme #4 – **Trust in Allah**

- Asking God for help

- Expecting help from God

- Allah gives happiness

- Relying on God

Major theme #5 – **Coping strategies in times of distress**

- Qur'an is the first resource in time of distress

- Spousal consolation

- Reaching out to family members

- Reaching out to friends

- Reaching out to elder, wise woman in the Muslim community

- Family can ask for Imam's help on behalf of the person

- Avoiding loneliness and isolation in time of distress

Major theme #6 – **Support system in times of distress**

- Family is supportive

- Husband is supportive

- Friends are supportive

- Muslim community is supportive

Major theme #7 – **Perception of mental illness/health and distress**

- Mental illness related to lack of optimism and prevalence of negativism in life and not being satisfied with life

- Mental illness is also lack of religion/faith and meaning of existence

- Mental illness due to neurological causes

- Mental illness displayed through abnormal behavior

- Distress due to isolation and loneliness

Major theme #8 – **Indigenous treatment methods**

- Indirect experience with indigenous treatment methods

(Table 7, continued)

- Careful consideration of indigenous treatment providers

Major theme #9 – **Perception of counseling**

- Counseling is personal sharing and beneficial/advice seeking

- Counseling not with professional counselors only but with family, friends, and Imam

- Counseling begins in family first and afterward goes outside if needed

Major theme #10 – **Characteristics of a counselor**

- Counselor preference: female, Muslim, ideally same cultural background

Major theme #11 – **Imam-counselor liaison**

- Counselor's cooperation with Imam perceived as beneficial

Each major category was reinforced by Samira's significant statements extracted from the interview transcript. Relevant statements were included to better convey the essence of Samira's meaning and to support the interpreted themes. The significant statements are listed in Appendix L. Since statements and the emergent themes were interrelated, the emergent themes could justifiably fit into more than one major category. Thus, major themes were connected as well. For instance, Samira emphasized that Islam permeates every aspect of her life and therefore Islam was influential and reflected throughout Samira's statements. Talking about her support system, Samira said, "My first resource is the Qur'an, what our religion says; that was my first consolation. So, from there I started talking to friends, reading more and more, going online and everything and finding out." Further, explicating her perception about mental illness Samira indicated, "I'll say lack of your religious faith. I'll say that's the number one cause because if you know what religion is what life is about – about your creation; why you came to this Earth. I just feel that you can get out of that unhappiness and that mental sickness condition." Moreover, discussing her coping strategies, Samira explained, "If you are religious and you depend on everything that this is happening because of this, because this is the way Allah wanted it. So, if you have that, I think you can leave the worries behind and come out of

86

any kind of distress." Hence, Islam seemed to be embedded in Samira's thinking and behaving and therefore was emphasized as a separate major theme.

The final step of data analysis in Samira's case included compiling the main list of themes that represented the essence of Samira's meaning about the topic. During the follow-up interview, Samira verified the major and main themes. No corrections were needed but Samira emphasized that, "Professional counseling is considered only if all other resources fail." Also, talking about mental illness, especially if caused by possession by jinns or by sihr, Samira said "We need to accept responsibility for our behavior rather than seek an excuse in illness." Table 8 lists the main themes from Samira's case.

Table 8

Main List of Themes from Case Study of Samira

Religion as an important aspect of life

- Belief in Allah

- Practicing religion important for her and her family members

- Consulting Allah important

- God is source of peace and comfort

- Time of distress brings closeness to God

- Expanding knowledge about the particular issue from the Islamic perspective

Religious coping strategies

- Dhikr (glorifying God)

- Qada' and Qadar (acceptance of God's predetermined will)

- Trust in Allah

Utilized resources in times of distress

- Qur'an is the first resource in times of distress

- Spousal consolation

- Reaching out to family members

- Reaching out to friends

(Table 8, continued)

- Reaching out to elder, wise woman in the Muslim community

- Family can ask for Imam's help

- Avoiding loneliness and isolation in times of distress

Support system helpful in times of distress

- Spousal support

- Family support

- Support from friends

- Muslim community support

Perception of mental illness/health and distress

- Mental illness related to lack of optimism and prevalence of negativism in life and not being satisfied with life

- Mental illness is also lack of religion/faith and meaning of existence

- Mental illness due to neurological causes

- Mental illness displayed through abnormal behavior

- Distress due to isolation and loneliness

- Indigenous treatment methods carefully considered

Perception of counseling

- Counseling is personal sharing and beneficial/advice seeking

- Counseling not with professional counselors only but family, friends, and Imam

- Counseling begins in family first and afterward goes outside if needed

- Desired characteristics of a counselor: female, Muslim, ideally same cultural background

Imam-counselor liaison

- Counselor's cooperation with Imam perceived as beneficial

During the interview, Samira focused on the importance of being religious and adherence to Islamic teachings and values, especially in times of distress. The seven main themes revealed insight into Samira's perceptions and experience with the phenomenon under investigation. Religious coping is the first resources for Samira. Dhikr (glorification and remembrance of Allah), being patient and thankful to Allah, and finding explanation in the Qur'an and the

Sunnah about particular problems are some of the coping strategies that Samira utilized in difficult situations. She seemed to have a strong support system, including her husband, family, friends, and the Muslim community. Therefore, it was not surprising when Samira said, "Talking about the problem is very important. It is very important to 'let it out' … For any human dealing with any problem, I think it is impossible to be alone, without that because I needed to share with people." Moreover, Samira explained that loneliness and isolation can lead to distress and eventually to illness. Additionally, a lack of both belief and purpose in life is another cause of mental illness for Samira.

Although it was not professional counseling, Samira considered talking with friends as an informal counseling, which has been sufficient for her in time of distress. Thus, Samira reported no need for counseling. She would consider seeking counseling only if her support system fails. Important counselor's attributes, as Samira explained were, "… female, number one; and Muslim, of course, would be high on my priority list. And, of course, culture because then they can understand the real situation because cultures vary so much. So, if I can have the same cultural background as the counselor, they will understand so much better." Samira highly encouraged the Imam-counselor liaison, especially regarding marital counseling.

Moreover, Samira explained that loneliness and isolation can lead to distress and eventually to illness. Additionally, a lack of both belief and purpose in life were additional causes of mental illness for Samira.

Case study of Amra

Amra is a 31-year-old Arab woman, born in Jordan. She arrived in the United States nine years ago. he has three children and lives with her husband. Initial analysis of the transcript revealed 47 emerging themes illustrated in Appendix M. I grouped emergent themes into nine

major categories based on evidence connecting them. Each category represented major themes that I interpreted from the interview verbatim in this case. Additionally, each major theme had a title depicting the essence of the meaning. Table 9 lists the major themes supported by emergent themes.

Table 9

Grouping Emergent Themes into Major Themesin the Case Study of Amra

Major theme #1 – **Utilization of the Qur'an in times of distress**	• Accepting God's will
	• Trust in Allah
• Trying to calm down with Qur'an	*Major theme #4 –* **Other coping strategies**
• Reading Qur'an	• Using coping strategies learned from her mother observed while she was growing up
• Reciting Qur'an	
• Finding comfort and solution in Qur'an	• Teaching her daughter coping strategies that she herself utilized
• Recitation of Surah baqara on daily basis for protection from shaytan	
	• Taking time off to calm down
• Recitation of surah Falak, An-Nass, and Ayatul qursi for protection from shaytan	• Refraining from making decisions when emotions are elevated
• Recitation of Falak, Nas, Ikhlas, and Ayatul qursi before sleeping, especially for children	*Major theme #5 –* **Support system**
	• Support from her mom
• Recitation of special du'a that Prophet saw recited for his grandchildren	• Spousal consolation
	• Support from her sister
• Recitation of Qyatul qursi before departure from and arrival at the house	• Muslim community support very helpful
	• Muslim community can be counted as family
Major theme #2 – **Importance of religion/Islamic teaching in times of distress**	• Not disclosing the issue to others
	• Attending women's halaqa occasionally
• Taking Wudu'/ablution	• Women's halaqa supportive group
• Religion is very important	*Major theme #6 –* **Perception about counseling**
• Praying salatul istikhara for making decisions	• Had no experience with professional counseling
Major theme #3 – **Qada' and Qadar (acceptance of God's predetermined will)**	

90

(Table 9, continued)

- No need for counseling since has support from family and friends
- In times of distress, first refer to Qur'an and Sunnah, then family and friends, and then, if needed, would seek professional counseling
- Counselor's characteristics in order of importance: female, Muslim, and, if possible, Arab
- Islamic view of professional counseling
- Important that counseling is in accordance with Islam, not against Islamic teachings
- Counseling can be helpful and it is not against religion
- Imam is the best way to educate Muslim community about counseling
- Counseling can bring universality to Muslim-Arab women who tend to keep their problems to themselves
- Provided religious counseling to some people in the community

Major theme #7 – **Imam-counselor liaison**

- Imam-counselor liaison beneficial and helpful to Muslims

- Imam is person whom Muslims in the community trust

Major theme #8 – **Perception of mental illness/distress**

- Loneliness and isolation in time of distress makes things worse
- Loneliness and isolation can lead to mental illness
- Prevalence of pessimism can lead to mental illness
- Optimistic view is important in coping and maintaining mental health
- Indigenous treatments for distress caused by jinns, sihr, or the evil eye are helpful
- Importance of indigenous treatment being from the Qur'an and the Sunnah

Major theme #9 – **Reflection on Arab culture**

- Reflection on Arab Muslims
- To discuss personal matters with others would be a shame/saib among Arab Muslims
- Traditional way is to keep personal matters within yourself or family, or sometimes friends; depends on the issue
- Reflection on life after arriving in the U.S.

Adhering to IPA, I was able to discern major themes through Amra's significant statements from the interview transcript. These statements provided insight into Amra's inner world and provided understanding and support of interpretative process. The significant statements are listed in Appendix N. Evolving aspects of Amra's statements seemed to be the interrelatedness of religion, her support system, and distress, as well as her reflection on Arab

91

Muslims in the United States. Amra emphasized the importance of educational programs within the Muslim community with regard to counseling. Moreover, Amra indicated that the Imam's role and influence in this aspect are critical: "Maybe the Imam at the masjid should start thinking about that because it's not against of religion at all. If the people understand that it's something that's going to help you and it's not against our religion they will do it for sure. But yeah, I think they need to hear from like people whom they trust that it's something okay, nothing bad's going to happen and as long as it's not going affect the kids, the family, it's going to be helpful, not against them, so I think they will do it."

The final step of data analysis in the case study of Amra involved developing a main list of themes that represented the essence of Amra's meaning about the phenomenon under investigation. During the follow-up interview, Amra verified major and main findings. She explained the importance of believing in and accepting divine predetermined will, especially in times of distress. As Amra said, "Accept things as they are because Allah planned them for us. We believe it is better for us." Therefore, I expanded this elaboration into an additional major theme – Qada' and Qadar (accepting Allah's predetermined will) since it seemed an important aspect and coping strategy in Amra's life. No other changes were made. Table 10 main themes from Amra's case.

Table 10

Main List of Themes from Case Study of Amra

Religious coping strategies

- Utilization of the Qur'an in time of distress is first step

- Qada' and Qadar (accepting Allah's predetermined will)

- Importance of religious/Islamic teaching in times of distress

Coping strategies other than religious coping

- Using coping strategies learned from her mother observed while she was growing up

92

(Table 10, continued)

- Teaching her daughter coping strategies she herself utilized

- Taking time off to calm down

- Refraining from making decisions when emotions are elevated

- Reflection on Arab culture

- Keeping private matters private

- Selective disclosing with family, friends, and Muslim community

Support system

- Support from family, husband, and Muslim community

- Women's halaqa as a supportive group

Perception about counseling

- Had no experience with professional counseling

- No need for counseling since has support from family and friends

- In time of distress, first refer to Qur'an and Sunnah, then family and friends, and then, if needed, would seek
professional counseling

- Counselor's characteristics, in order of importance: female, Muslim, and, if possible, Arab

- Important that counseling is in accordance with Islam, not against Islamic teachings

- Counseling can be helpful and it is not against religion

- Imam is the best way to educate Muslim community about counseling

- Counseling can bring universality to Muslim-Arab women, who tend to keep their problems to themselves

Imam-counselor liaison

- Imam-counselor liaison beneficial and helpful to Muslims

- Imam is a person whom Muslims in the community trust and ask for help

Perception of mental illness/distress

- Loneliness and isolation can lead to mental illness

- Prevalence of pessimism can lead to mental illness

- Optimistic view is important in coping and maintaining mental health

- Indigenous treatments for the distress caused by jinns, sihr, or the evil eye are helpful

- Importance of adherence of indigenous treatments to the Qur'an and the Sunnah

The six main themes revealed insight into Amra's perceptions and experience with the phenomenon under investigation. One of the first resources in times of distress is religious coping. Amra turns to Qur'an for guidance and consolation while remaining patient and accepting events as Allah's will. Also, turning back to Sunnah and hadiths were very helpful to Amra. Universality, obtained through Qur'anic stories and hadith narrations, is an important aspect of coping. Amra's aim was to remain patient and she relied on her inner strength to achieve that as well as the Prophet's direction, such as taking wudu', sitting or laying down until calmed down. When the critical aspect of distress was overcome, Amra reached out to her family and friends yet remained cautions about disclosing details or the issue at all. Amra explained, "But I try my best not to talk to anybody in the beginning because like I feel if I tell about a problem it might go and I will forget about it after some time, but if – the reason I don't like to tell anybody is I will forget about it but if I look at the people after some time you would feel like they remind you of, 'Oh, few months ago, that something happened with her.'"

Similarly, Amra's support system included the Muslim community, which she considered as a family in the United States. People from the community were helpful and she could rely on their help in times of distress. Because of a strong support system, Amra reported no need for personal counseling but she talked about the need for availability of counseling in the community. She believed that the Imam-counselor liaison would increase use of counseling by Muslims. Reflecting on counselor characteristics, Amra said, "Maybe it is going to be easier if she's a female, number one, and it's going to be better if we shared the same religion and beliefs. So she would be – I don't have to explain everything that this is how we did it, this is how I believe, this is what I believe, this is such; it's going to be much easier for me and her, but most of the time religion is what matters."

94

Case Study of Hava

Hava is a 35-year-old Asian woman, born in Malaysia. She has three children and lives with her husband and one extended family member. Hava arrived in the United States seven years ago. Initial analysis of the transcript revealed 45 emerging themes presented in Appendix O. Then, I grouped the emergent themes into nine categories. Connection among the themes was evident and served as a foundation for placing each theme in a particular category. Each category represented major themes that I interpreted from the interview verbatim. Additionally, each major theme had a title that depicted the essence of the meaning. Table 11 lists the major themes supported by emergent themes.

Table 11

Grouping Emergent Themes into Major Themes in the Case Study of Hava

Major theme #1 – **Mother is a main support in times of distress**	• Small numbers of friends rather than more friends
• Make a phone call to her mom	• Muslim community connection but not close
• Support and consolation from her mom in times of distress	• Muslim community connection through the masjid
• Mother is main support	*Major theme #3* – **Islam is a way of life**
Major theme #2 – **Other support in times of distress**	• Islam is a way of life
• Spousal consolation	• Islam vs. cultural/tradition
• Talking with close friends but not disclosing private matters	• Religion tremendously helpful in times of distress
• Private matters discussed only within the family	• Attending Imam's lectures at the masjid with family
• Outsiders (i.e., friends) vs. insiders (i.e., mother) for disclosing personal information in times of distress	*Major theme #4* - **Religious resources in times of distress**
	• Praying in time of distress
• Family of origin is very close	• Prayer is soothing
	• Making du'as regularly
	• Praying istikhara prayer

(Table 11, continued)

- Praying Tahajjud/voluntary prayer in the last portion of the night
- Sadaqa (giving money and food to poor people)

Major theme #5 - **Putting trust in God**

- Being patient in times of distress
- Asking God for help
- Asking Allah for guidance
- God is helping
- Thanking Allah

Major theme #6 - **Recitation of Qur'an in times of distress**

- Recitation of the Qur'an
- Recitation of some specific surah, such as Yassin, Falaq, An-Nass, and Ayatul Qursi
- If time allows, recite whole juzz/chapter in the Qur'an
- Qur'an is a cure
- Recitation of Ayatul Shiffa and Yassin and blowing over clean water and then drinking it
- Qur'an – protection from jinns, shytan, and the evil eye

Major theme #7 - **Perception of counseling**

- Considered seeking counseling for disclosed issue but was not able to find a Muslim counselor

- If an issue cannot be resolved within a family first, then seek counseling
- Counselor's religious background very important
- Female Muslim counselor for individual counseling preferred
- Muslim counselor, regardless of gender, for family or marital counseling

Major theme #8 – **Imam-counselor liaison**

- Imam-counselor liaison very good idea
- Islamic perspective in counseling and Imam consultation is important
- Counseling center within a masjid
- Reflection on different including family values in American society and Islam
- Intercultural marriage

Major theme #9 – **Perception of mental illness**

- Daily stress leads to mental illness
- Inability to cope with pressure leads to mental illness
- Loneliness and isolation from people lead to mental illness
- Use Qur'an for protection from jinns, shaytan and the evil eye

All major categories were reinforced by Hava's significant statements extracted from the interview transcription. The statements were included to better convey the essence of Hava's meaning and to support the interpreted themes. The significant statements are listed in Appendix P. Hava mentioned different types of support in her life but her main support came from her

mother who did not live in the United States, yet was significantly helpful to Hava in times of distress. Hava stated, "She is my best friend and she is my counselor, and to me she is the best counselor ever. Even though she's far, but she's still my main support." Another important support in Hava's life were her husband and a few close friends. Although Hava was connected with the Muslim community and considered the community to be a "second family," she preferred a small circle of close friends due to her personality and the environment she was raised in, mainly influenced by her mother.

The final step of data analysis in Hava's case included development of a main list of themes that represented the essence of Hava's meaning about the topic. During the follow-up interview, Hava verified the themes. No changes were needed. Table 12 lists the main themes from Hava's case.

Table 12

Main List of Themes from Case Study of Hava

Support system in times of distress

- Mother is a main support in time of distress

- Spousal consolation

- Talking with close friends but not disclosing private matters

- Private matters discussed only within the family

- Outsiders (i.e., friends) vs. insiders (i.e., mother) for disclosing personal information in times of distress

- Family of origin is very close

- Small numbers of friends rather than more friends

- Muslim community connection but not close

- Muslim community connection through the masjid

Islam is a way of life

- Islam is a way of life

- Islam vs. cultural/tradition

(Table 12, continued)

- Religion tremendously helpful in times of distress

- Attending Imam's lectures at the masjid with family

Religious coping strategies

- Praying

- Du'as

- Istikhara prayer and tahajjud/voluntary prayer

- Sadaqa (giving money and food to poor people)

- Recitation of Qur'an

- Putting trust in God

- Being patient in times of distress

- Asking God for help

- Asking Allah for guidance

Perception of counseling

- Positive perception toward counseling

- If an issue cannot be resolved within a family first, then seek counseling

- Inability to find a Muslim counselor led to underutilization of services

- Counselor's religious background very important

- Female Muslim counselor for individual counseling preferred

- Muslim counselor, regardless of gender, for family or marital counseling

- Imam-counselor liaison very good idea

- Islamic perspective in counseling and Imam consultation is important

- Counseling center within a masjid

- Reflection on different family values in American society and Islamic society

Perception of mental illness

- Daily stress leads to mental illness

- Inability to cope with pressure leads to mental illness

- Loneliness and isolation from people lead to mental illness

- Use Qur'an for protection from jinns, shaytan, and the evil eye

The five main themes provided insight into Hava's inner world with regard to the topic under investigation. During the interview, Hava focused on the importance of religious coping in times of distress as complementary to a support system in which maternal support is signified. Another main theme focused on the importance of Islam and its influence on Hava's daily life. Hava stated, "Islam is basically, anything in your life is according to Islam. Islam is everything in your life. Within my family it's always that way." Additionally, inclusion of religious conversation in the therapeutic process was important to Hava. She pointed out that the essential factor for utilization of counseling services were the counselor's characteristics. Once she had decided to use counseling but her inability to find a Muslim counselor resulted in not using the services. Thus, Hava believed that the Imam-counselor liaison would be beneficial since accessibility to counselors would be ensured. Rather than looking on their own, people would ask the Imam for referral. Hava perceived an inability to effectively cope with daily stress, as well as loneliness and isolation as the leading causes of mental illness nowadays. Hava explained, "… when they have pressure too much if they have even a little bit some people to talk about then they can get relief, but somehow some people are quite lonely. So there's economic, basically pressure, somebody who cannot cope with the pressure they have, it can make them crazy."

Case study of Amira

Amira is a 40-year-old White woman, born in Turkey. She has one child and lives with her husband. Amira arrived in the United States 24 years ago. Initial analysis of the transcript revealed 48 emergent themes illustrated in Appendix Q. I grouped these themes into 12 major categories based on the evident connections among them. Each category represented major themes that I interpreted from the interview verbatim in this case. Additionally, each major

theme had a title that depicted the essence of the meaning. Table 13 lists the major themes

supported by emergent themes.

Table 13

Grouping Emergent Themes into Major Themes in the Case Study of Amira

---

Major theme #1 – **Religious resources in times of distress**

- Asking help from a female Islamic teacher (sheikh's wife)
- Meetings with sheikh's wife were helpful
- Asking help from a sheikh
- Sheikh's introspective approach in dealing with particular issue
- Asking sheikh for opinion regarding seeking counseling
- Obtaining sheikh's approval to seek counseling
- Obtaining religious perspective about the issue

Major theme #2 – **Other resources utilized in times of distress**

- Seeking help from medical doctor/family practitioner
- Practicing herbal medicine and natural remedies

Major theme #3 – **Experience with counseling**

- Positive experience with counseling with three different counselors at different stages in life
- Positive experience with counseling with respect to particular issue disclosed
- Negative experience with counseling at college
- Negative experience with counseling at college due to counselor's approach; "view[ed] religion as a nonsense"

- Life would be different if a counselor during college years met her needs regarding/religious struggle
- Counseling at college caused more problems
- Last counseling experience positive and beneficial
- Counseling helpful for relationship enrichment
- Marital, individual, and family counseling
- Asking sheikh for opinion regarding seeking counseling

Major theme #4 – **Counselor's characteristics**

- Careful selection of a counselor
- Counselor's multicultural and multi-religious competence crucial
- In last experience, counselor explored religious belief system with regard to the particular issue
- Importance of finding "right" counselor
- Muslim counselor preferred but not if living in the same (Muslim) community

Major theme #5 – **Imam-counselor liaison**

- Imam as leader of a mosque, a consultant for Fiqh-related issues vs. sheikh as more knowledgeable scholar, a spiritual leader for overcoming personal difficulties

- Imam-counselor liaison not important for seeking counseling
- Sheikh-counselor liaison is important
- Imam's and sheikh's reputations important
- Counseling center within Muslim community for teens and young adults desirable

Major theme #6 – **Qada' and Qadar (acceptance of God's predetermined will)**

- Accepting God's will was a turning point in dealing with distress

Major theme #7 – **Trust in God**

- Putting trust in God was a turning point in life
- Asking God for help
- Being patient

Major theme #8 – **Closeness to God in times of distress**

- Became closer to God in time of distress

Major theme #9 – **Religion is important in life**

- Religion is important aspect of life
- Religious struggle
- Different life situations are tests of faith
- Religion helpful for finding meaning and peace

Major theme #10 – **Dhikr/remembrance of Allah**

- Specific invocation such as Hizb al-Bahr
- Praying
- Making du'a/supplication

Major theme #11 – **Support system**

- Private matters keeps private
- Personal preference not disclosing some issues to friends or family members
- Limit of support from family, friends, and Muslim community in times of distress
- Keeping problems personal does not mean isolation from family, friends, or community

Major theme #12 – **Perception of mental illness**

- Biological, psychological, and spiritual perception of mental illness
- Medication for psychological and spiritual causes of distress not preferred
- Carefully select indigenous treatment providers
- Reputation of service providers, including counselors, doctors, indigenous treatment providers, and sheikhs important

Subsequently, major themes were supported by Amira's significant statements from the interview transcription. These statements served as a means of understating Amira's inner world and supported the interpreted themes. The significant statements are listed in Appendix R.

Finally, I presented a main list of themes that represented the essence of Amira's meaning about the phenomenon under investigation. During the follow-up interview, Amira verified the major themes and the main list of themes. No corrections were made except that

Amira clearly distinguished her perception of the Imam and the sheikh. She perceived the Imam as a leader of a mosque, a consultant for Fiqh-related issues, whereas a sheikh is a more knowledgeable scholar, a spiritual leader for overcoming personal difficulties. Amira said she would "Ask sheikh for advice in areas of Iman [belief] and Ihsan [to worship Allah as if you see Him], and Imam in areas of Fiqh [Islamic jurisprudence]."

The central focus of Amira's conversation was based on a belief in God and her relationship with Him. Amra explained, "It's all about your relationship with God and how you relate to God, sort of that expanse and helps you relate to the rest of the world, basically." After Amira put her trust in Allah and remained accepting of His will, she was able to find comfort and peace. Amira described her ability to put her trust in God as a "turning point in her life." She stated, "Once I was sort of able to give in, if you will, or be safe to sleep, completely relinquishing all kind of ideal power that you might have to God, things just completely just changed for me."

The final step of data analysis in the case study of Amira involved development of a main list of themes that represented the essence of Amira's meaning about the phenomenon under investigation. Table 14 lists the main themes from Amira's case.

Table 14

Main List of Themes from Case Study of Amira

Resources utilized in times of distress

- Religious resources in times of distress Important
- Other resources utilized in times of distress: herbal medicine and seeking help from a medical doctor

Religious coping strategies

- Specific invocation, such as Hizb al-Bahr
- Praying
- Making du'a/supplication

(Table 14, continued)

- Closeness to God in times of distress

- Trust in God

- Qada' and Qadar (acceptance of God's predetermined will)

Attitudes toward counseling

- Positive experience with counseling

- Negative experience with counseling

- Counseling helpful for relationship enrichment

- Marital and family counseling

- Important counselor characteristic – multicultural competence and "the right fit"

- Muslim counselor preferred but not if living in the same (Muslim) community

- Exploration of religious belief system within counseling important

Imam-counselor liaison

- Imam as leader of a mosque, a consultant for Fiqh-related issues vs. sheikh as more knowledgeable scholar, a spiritual leader for overcoming personal difficulties

- Imam-counselor liaison not important for seeking counseling

- Sheikh-counselor liaison is important

- Imam's and sheikh's reputations important

- Imam's and sheikh's religious perspectives important

- Counseling center within Muslim community for teens and young adults desirable

Religion is important in life

- Religion is an important aspect of life

- Religious struggle

- Different life situations are tests of faith

- Religion helpful for finding meaning and peace

Support system

- Keep private matters private

- Personal preference not to disclose some issues to friends or family members

- Limited of support from family, friends, and Muslim community in times of distress

- Keeping problems personal does not mean isolation from family, friends, or community

Perception of mental illness

- Biological, psychological, and spiritual perception of mental illness

- Medication for psychological and spiritual causes of distress not preferred

- Carefully select indigenous treatment providers

- Reputation of service providers, including counselors, doctors, indigenous treatment providers, and sheikhs, important

The seven main themes revealed insight into Amira's inner world with regard to the phenomenon under investigation. Religious coping is an important aspect of Amira's life, especially putting trust in God and accepting God's predetermined will, as well as seeking guidance from a sheikh. Additionally, Amira utilized other resources, such as counseling, herbal medicine, and seeking help from medical doctors. Amira reported both positive and negative experiences with counseling with regard to the counselor's skills. Describing positive experiences with a non-Muslim counselor, Amira stated, "She [counselor] fits perfectly because she used a methodology that was fitting to our religious process. She was very open about our religion. We explained quite a few things as to what we were interested. It was not a Muslim counselor. We went to her a number of sessions, quite a number of sessions." Counselor religion was not important as long as a counselor was culturally and religiously sensitive. A Muslim counselor would be desirable but not relevant for utilization of the services, nor was the Imam-counselor liaison required.

Another main theme that emerged was a limited support system in times of distress. Amira stated, "I'm not very good about reaching out to people. That's just my personal thing. Yeah, not even my family members. Not so much, no. I did not discuss these things with them, no. Somebody that's kind of not so close to me, yeah. That's just my personal preference." However, Amira acknowledged the importance of avoiding isolation in times of distress. She said, "Then there are things like you get depressed, and you get the blues, and you need more of

a community support or religious support that actually can just take out of those things or that give you a different perspective in life and support you, just girlfriends or a religious leader that you can go talk to." Amira divided mental illness into two types: those where medical help is needed and those for which indigent treatment methods need to be utilized. However, the reputation of a service provider was an aspect that must be considered when seeking help. As Amira stated, "I would go for people who are well known, trusted, because charlatans are everywhere. Again, that would be something that I would first check."

Case study of Ismeta

Ismeta is a 44-year-old Arab woman, from Sudan, who has been living in the United States for 23 years. She has four children and lives with her husband and one extended family member. Initial analysis of the transcript revealed 44 emergent themes illustrated in Appendix S. Adhering to IPA procedure, I grouped emergent themes into 13 major categories. Each category represented major themes that I interpreted from the interview transcript. Additionally, I assigned a title to each major theme that conveyed the essence of the emergent themes. Table 15 lists the major themes supported by emergent themes.

Table 15

Grouping Emergent Themes into Major Themes in the Case Study of Ismeta

---

Major theme #1 – **Reflection on life in the U.S. and country of origin**

- Adjusting to new life in the US
- Life in the country of origin
- Connectedness to the masjid
- Homesickness and isolation
- Reaching out to others rather than staying isolated is important

Major theme #2 – **Support system**

- Family support is important and helpful
- Muslim community support is important and helpful
- Keeping family matters private and within the family

Major theme #3 – **Available resources in times of distress**

- Family is a first resource in a time of distress

- Imam/sheikh is a second resource in a time of distress
- Qur'an and Sunnah are comforting resources in times of distress
- Consulting wise, older woman from the Muslim community in times of distress

Major theme #4 – **Qada' and Qadar (acceptance of God's predetermined will)**

- Accepting Allah's will
- Being patient and hoping for God's reward and a better outcome (Eptla)

Major theme #5 – **Trust in God**

- God is near and He knows everything
- God will give us the best always
- Hoping for God's help

Major theme #6 – **Returning to God in times of distress**

- Closeness to God through Salah/prayer, dua's/supplications, and sawm/fasting

Major theme #7 – **Using Qur'an and Sunnah in times of distress**

- Helping yourself through by recitation of specific surah for particular issue; follow Prophet's recommendations
- Recitation of Ayatul Qursi, Falak and Nass, and Fatiha for protection from the evil eye
- Qur'an is for protection, comfort, and guidance

Major theme #7 – **Importance of Islam in life**

- Religion is an important aspect of daily life and in times of distress

Major theme #8 – **The Role of the Imam**

- Imam/sheikh is supportive
- Seeking advice from Imam/sheikh in relation to marital and/or parental issues
- Imam/sheikh is the second resource after family in times of distress
- Different means of communication with Imam, not necessarily in person
- Trust in sheikh/Imam

Major theme #9 – **Perception of a counselor**

- Imam vs. counselor
- Counselor's religion, values, gender, and background important
- She would feel more comfortable with female counselor but male counselor would be considered but with different means of communication (e.g., phone or internet counseling)
- Need for Muslim counselors expressed
- Culturally competent counselors in schools are needed; inclusion of student's religion

Major theme #10 – **Perception of counseling**

- Reflection on counseling in the US and in the country of origin
- Due to current perception of counselors, seeking counseling in the US would not be considered unless other resources (family, Imam/ Muslim community) failed – unless recommended by Imam
- Seeking advice from Imam about counseling if needed

(Table 15, continued)

- Openness to new ideas, including counseling, if personal beliefs and values are not compromised

Major theme #11 – **Imam-counselor liaison**

- Counselor's cooperation with Imam would be beneficial
- Informing Muslim community about availability of counseling when recommended by Imam
- Counseling offered through the masjid

Major theme #12 – **Marital counseling**

- Benefits of marital counseling, especially with newlywed
- Muslim women not able to reach out for help

- Women need a secure place to seek help and support , especially when it comes to marital issues
- Divorce not preferred or desired

Major theme #13 – **Perception of mental illness/distress**

- Accumulation of daily stress is cause of mental illness
- Isolation can lead to distress/illness
- Predisposed traits for mental illness
- Pious healers carefully considered if needed since a lot of people do not practice in accordance with Islamic rules (Imam's recommendation is important)

Subsequently, as in accordance with IPA, I found each major category to be supported by Ismeta's significant statements as shown in Appendix T. These statements provided insight into Ismeta's inner world and were necessary for understanding the interpretative process that occurred at this point. Evolving themes of Amra's statements indicated the influence of Islam in daily life, including coping with stress, the family and Muslim community support system, the Imam's role, and the need for marital counseling within the Muslim community, especially for newlywed Muslims living in the United States. As Ismeta stated, "Some places, it's secure, definitely they will go, and I know a lot of women, maybe they don't feel it, but they are under pressure, you know, some kind of pressure, but they cannot go to anybody because they feel like, you know, nobody can understand it."

Ismeta maintained a positive attitude towards counseling but a reserved attitude towards counselors. She explained, "I feel it's [counseling] really helpful for the people, because a lot of

people sometimes they can go through difficult time by themselves, and, if they get help, they can get through it easily.… I don't think I'm gonna go to professional counselor because their values and, you know, everything is different, so I feel Imam is closer. But maybe, in my country, I will go to the counseling because they know the solution, and they know the values and the tradition and everything. Maybe I'll go to them first, but here, in this country, I feel the Imam closer to me than the counselor in this country." Ismeta emphasized that she would consider counseling if her resources failed but an Imam's recommendation would have a significant impact on counseling-seeking attitudes. Therefore, Ismeta encouraged a counselor's liaison with an Imam. She also believed that the availability of Muslim counselors would reduce underutilization of counseling services among Muslims since Islam is deeply embedded in Muslim life. Ismeta stated, "But the only thing is the background and the values, and the religion, and everything is involved, especially in counseling. If we have Muslim counselor ladies and men, you know, and I know now everybody trying to approach, you know, education and everything, and we could help Muslim people, because there is a lot of Muslim now in the United States, you know, all the Muslim people. And if they find this counselor or professional so they can reach them and they know Islam and they know everything, it will be helpful, very helpful for them. Because they need a lot of help with children, with marriage, with a lot of stress in this country, so we are here. I mean we're experiencing the same thing American experiences, and on top of that we are away from our countries and our families, you know? So, we need more people who understand us better, even in the school."

The final step of data analysis in the case of Ismeta involved the development of a main list of themes that represented the essence of Ismeta's meaning about the phenomenon under investigation. During the follow-up interview, Ismeta verified the major and main themes.

Minor changes were made, such as clarification of Eptla, which means being patient in times of difficulties while hoping that God will reward and give something better in return. Table 16 lists the main themes from Ismeta's case.

Table 16

Main List of Themes from Case Study of Ismeta

Reflection on Life in the U.S. and country of origin

- Adjusting to new life in the US

- Life in the country of origin

- Connectedness to the masjid

- Homesickness and isolation

- Reaching out to others rather than staying isolated is important

Religious coping strategies

- Qada' and Qadar' (acceptance of God's predetermined will)

- Trust in God

- Returning to God in times of distress

- Using Qur'an and Sunnah in times of distress

- Importance of Islam in life

Support system helpful in times of distress

- Family support

- Muslim community support

Imam-counselor liaison

- Cooperation with Imam would be beneficial

- Informing Muslim community about availability of counseling when recommended by Imam

- Counseling offered through the masjid

Perception of counseling

- Need for counseling Muslims acknowledged

- Counseling considered as a last resource and if a counselor is recommended by Imam

- Marital counseling important

(Table 16, continued)

- Safe place for Muslim woman to explore and enhance marital relationship

- Perception of a counselor is critical for counseling-seeking services

Perception of mental illness/distress

- Accumulation of daily stress and isolation is a cause for distress/illness

- Pious healers carefully considered if needed since a lot of people do not practice in accordance with Islamic rules

---

The main six themes centered around the influence of Islam, family and Muslim community support, and challenges of adjustment in the United States. The themes conveyed the meaning of Ismeta's perceptions and experience with the investigated topic. In regard to challenges, Ismeta discussed the need for counseling among Muslims and provided reasons for underutilization of counseling services. As Ismeta stated, "Because they [Muslims] need a lot of help with children, with marriage, with a lot of stress in this country, so we are here. I mean we're experiencing the same thing American experiences, and on top of that we are away from our countries and our families, you know? So, we need more people who understand us better, even in the school." A counselor who understands Islamic values and teachings is needed and the Imam-counselor liaison would be helpful in this regard. Ismeta explained, "And if they [Muslims] find this counselor or professional so they can reach them and they know Islam and they know everything, it will be helpful, very helpful for them."

Comparing lifestyles in the United States and in Sudan, Ismeta highlighted the role of the Muslim community as significantly helpful. Reaching out to other Muslim women seems to be an important aspect of adjustment and comforting in times of distress. Also, support from family, both in the United States and in Sudan, as well as support from the Imam were other important aspects of help-seeking attitudes. Utilization of religious assets, referring to Qur'an and Sunnah, have an important role in Ismeta's life. She emphasized the importance of patiently

110

coping with distress and hoping in God's help and award. Poor coping strategies and exposure to daily stress were perceived as leading causes of mental illness. Rather than seeking help from indigenous treatment providers, Ismeta preferred religious coping and personal usage of rukyah to deal with issues. Ismeta said, "But Qur'an is really good, and anybody can do it yourself. You can do it to yourself; you just have to learn which surah on which situation, so you don't need somebody to come and do it."

Case study of Mejra

Mejra is a 45-year-old White/Native American woman who converted to Islam 18 years ago. She was born in the United States. She has eight children and lives with her husband. Initial analysis of the transcript revealed 50 emergent themes presented in Appendix U. Additional analysis, in accordance with IPA, revealed 11 major categories based on evident connections among emergent themes. Each category represented major themes that I interpreted from the interview transcript. The title of each major theme depicted the essence of the connected themes. Table 17 lists the major themes supported by emergent themes.

Table 17

Grouping Emergent Themes into Major Themes in the Case Stady of Mejra

---

Major theme #1 – **Advantages of being a Muslim**

- Convenience and benefit of being a Muslim
- Feeling fortunate as a Muslim in times of distress
- Accessibility of religion in times of distress

Major theme #2 – **Dhikr/remembrance of God**

- Mentioning God's name, basic supplication and statements
- Praising God
- Having hope that God will help

- Voluntary prayer

Major theme #3 – **Qada' and Qadar (acceptance of God's predetermined will)**

- Acknowledging limited control and power in life while accepting personal responsibility
- Accepting God's will
- Fate is prescribed
- God is in control
- God has power

Major theme #4 – **Mindfulness of God**

- God's presence in daily life

- God knows best

- God knows, hears, and sees everything

- Qur'an – a source of knowledge, guidance, and counsel

Major theme #5 – **Putting trust in God**

- Depending on God's mercy

- Asking God for help and doing what a person can practically do to resolve the issue

- Expecting God's help

Major theme #6 – **Utilization of other resources in addition to religious coping**

- Using all practical means in times of distress

- Using natural remedies in times of distress

- Seeking medical/health advice

Major theme #7 – **Perception of counseling**

- Acknowledging importance of mental health profession

- Necessity of exploring with a counselor lack of support from loved ones due to conversion to Islam

- Necessity of exploring with a counselor social context of a Muslim woman

- Discussion of personal faith with counselor is important

- Importance of distinguishing culture from religion in counseling

- Inability to perform daily routines/individual

counseling, and marital counseling, as examples for seeking counseling service

Major theme #8 – **Characteristics of a counselor**

- Importance of cultural and educational background of mental health professionals and continuing education

- Importance of a mental health professional understanding a client's culture, religious/faith, daily practices, and background

- Importance of mental health professionals understanding factors that contribute to emotional and psychological development

- Importance of mental health professionals being open-minded and accepting; not necessarily sharing client's religion, culture, or being the same gender

- Perception of a counselor

- Counselor's empathetic understanding

- Counselor's care and compassion are important

- Limited help from health professionals

- Negative experience with counseling due to the counselor's inability to understand and help

Major theme #9 – **Imam-counselor liaison**

- Imam-counselor liaison beneficial but not important/influential for seeking counseling

- Seeking help from the Imam first and then from the counselor

- Perception of Imam

- Imam vs. sheikh

Major theme #10 – **Perception of mental illness/causes of distress**

- Loss of optimism and prevalence of negativism in life

- Rejection of diversity and personal differences

- Placing labels on odd personalities, although functioning within self and environment is not compromised

- Benefit of ruling out distress caused by the possession by jinns, sihr, or the evil eye but only God knows real cause of distress

- Seeking help from pious healer carefully considered

Major theme #11 – **Support system**

- Rejection from family and friends due to conversion to Islam in relation to wearing a scarf

- Lack of acceptance from family and friends due to conversion to Islam

- Misconception of Muslim women and limited opportunities due to Islamic attire

- Lack of external support system, including Muslim community

- Support system is internal – resilience

Further, all major categories were reinforced by Mejra's significant statements extracted from the interview transcription. The statements conveyed the essence of Mejra's meaning and provided support for the interpreted themes. The significant statements are listed in Appendix V. Since statements and the emergent themes were interrelated, Islam permeated each major theme, whether Mejra was discussing a support system in her life, religious coping, or attitudes towards counseling and the service providers. For instance, Mejra said, "Sometimes a support system is just my own toughness, not a lot of support from others. I've got God, and on myself, got to learn discipline."

Finally, I presented a main list of themes that represented the essence of Mejra's meaning about the investigated topic. During the follow-up interview, Mejra verified the themes. Mejra emphasized that caring and compassion are counselor attributes she values. Mejra discussed her negative experience with counseling, due to client abandonment and referral to another

professional, stating, "You give total trust to the counselor and you are emotionally naked – you feel exposed. The counselor may not be equipped to handle your case or may not be interested in your case so he refers you to someone else after months of exposing yourself, after months of shedding emotional layers and it feels like a total rejection, a new wound. If a counselor feels a need to refer the client to another professional, it is better if he do it in first session."

Additionally, she clarified her perception of an Imam and a sheikh, stating that a sheikh is a true scholar whereas an Imam is the leader of the Muslim community. Table 18 lists the main themes from Mejra's case. These themes represent the essence of Mejra's meaning about the topic.

Table 18

Main List oThemes from Case Study of Mejra

Being a Muslim woman

- Advantages of being a Muslim

- Misconception of Muslim women and limited opportunities due to Islamic attire

Coping strategies (religious coping and non-religious coping)

- Dhikr/remembrance of God

- Qada' and Qadar (acceptance of God's predetermined will)

- Mindfulness of God

- Putting trust in God

- Religion helpful in time of distress

- Utilization of other resources in addition to religious coping

Positive perception of counseling

- Acknowledging importance of mental health profession

- Necessity to explore with a counselor lack of support from loved ones due to conversion to Islam

- Inclusion of personal faith in counseling sessions with Muslims

- Importance of distinguishing culture from religion in counseling

Imam-counselor liaison

- Beneficial but not important/influential for seeking counseling

(Table 18, continued)

- Seeking help from the Imam first and then from the counselor (if still needed)

- Imam vs. sheikh (sheikh is a true scholar while Imam is the leader of the Muslim community)

Characteristics of the counselor

- Culturally competent counselor required; continuing multicultural education needed

- Negative experience with counseling due to the counselor's inability to understand and help

Support system

- Lack of support from family, friends, and community

- Resilience considered a support

- Resilience helpful in times of distress rather than external support

Perception of mental illness/causes of distress

- Lack of optimism and prevalence of negativism in life

- Labeling odd personalities, although interpersonal and intrapersonal functioning is not compromised

- Acknowledging distress caused by jinns, shaytan, sihr, and the evil eye, although only God knows real cause of distress

Seven main themes evolved from the case study of Mejra. Mejra shared her experience of being a Muslim woman, emphasizing societal attitudes toward Islamic attire. As Mejra stated, "Because of religion. Just because of my religion I have been stopped and prevented from reaching my peak and goals and severely discriminated against, not only from the people nearby me, even like my father, who doesn't accept conversion. It is not what is on your head but what is in your head… And all because of a little hat. Like my daughter says, 'All because of a little hat they don't like'. They don't like the hat. If it wasn't the hat you'd have your beliefs, they say keep 'em inside yourself, just don't show us the hat." Additionally, Mejra discussed lack of support from family due to conversion to Islam. In this regard, Mejra emphasized the importance of discussing this aspect in therapeutic conversations. Utilization of different coping strategies, including religious coping and counseling, was evident in Mejra's life. Although the Imam-counselor liaison was not directly related to Mejra's counseling-seeking attitudes, she

stated, "I would listen to his [Imam's] advice. And if it didn't work I would leave it and try on my own personal and I would do that before I would go to a mental health professional." Mejra maintains a positive attitude towards counseling explaining that, "Of course that is a very, very necessary and important field of practice, because emotion is one aspect, right? One aspect of our daily lives. It's how we wake up, how we sleep, what's our mood, attitude, feeling; just like the maintenance of every other part of us. We go to a general doctor for maintenance of our physical health and every six months dental care, we go for maintenance. I think we also need mental maintenance as well. Most people say there's a stigma, but there shouldn't be; this is modern day, we all need some boost, assistance, or help. That's very important."

Case study of Ulfeta

Ulfeta is a 46-year-old African-American woman, who converted to Islam three years ago. She was born in the United States. She has two children and lives with her husband and one extended family member. Initial analysis of the transcript revealed 30 emergent themes presented in Appendix W. Further analysis involved grouping emergent themes into major categories based on evident connections among emergent themes. A title that depicted the essence of the meaning among themes was assigned to each category. The review of emergent themes was comprehensive and resulted in seven major themes. Ulfeta's explained her religious coping strategies, including the importance of accepting God's predetermined will while asking God to give her guidance and bestow blessings upon her and her family. Additionally, Ulfeta shared her perception of counseling, the Imam-counselor liaison, and mental illness and distress. Themes indicated support from family and Muslim friends. Although family support might have been limited in religious matters, Ulfeta emphasized that in general matters, family was supportive. Ulfeta stated, "But as far as – if it's a general problem or general situation, I could

go to both sides, my family and my Muslim friends. But if it's something that's religion issue, I really can't go to my family because they really won't be able to understand." Table 19 illustrates list of major themes supported with emergent themes.

Table 19

Grouping Emergent Themes into Major Themes in the Case Study of Ulfeta

---

Major theme #1 – **Religious coping strategies**

- Praying as main coping strategy

- Du'a/supplication

- Asking friends to make du'a for her

- Asking God for guidance

- Learning about Islam

- Having hope that God will help

Major theme #2 – **Qada' and Qadar (accepting God's predetermined will)**

- Accepting God's will

- Everything that happens is God's will being fulfilled

Major theme #3 – **Support system**

- Support from Muslim friends is helpful

- Support from family and non-Muslim friends is helpful in non-religious matters

- Spousal support is helpful

- Not knowing Muslim community well

- Attempting to become involved in the Muslim community

Major theme #4 – **Interpersonal relationships**

- Interpersonal interactions are important

- Treating others in a good manner important (what comes around, goes around)

- Belief important in steering behavior

Major theme #5 – **Perception of counseling**

- Positive perception of counseling

- Counseling is an avenue for reliving contemporary daily stress

- Psycho-educational component beneficial

- Counseling is needed

- Eliminating stigma about counseling is needed

- Informing community about availability of counseling is needed

- Unsuccessful experience with counseling for parenting issue

- Counselor characteristics – what matters is success rate rather than counselor's background due to unsuccessful experience

Major theme #6 – **Perception of mental illness/distress**

- Poor coping with daily stress can lead to serious mental issues

- Lack of familiarity with explanantion of causes of distress explained religiously (possession by jinn, sihr, influence of shaytan, and evil eye) but Islamically approved indigenous treatment methods would be considered if needed

Major theme #7 – **Imam-counselor liaison**

(Table 19, continued)

• Imam's recommendation important	• Imam-counselor cooperation should go hand in hand
• Asking Imam for help in religious matters	

The next step in IPA data analysis involved identification of theparticipant's significant statements in relation to each major category. The statements were extracted from the interview transcription for the purpose of reinforcing major themes and better conveying the essence of Ulfeta's meaning about the investigated topic. The significant statements are listed in Appendix X. Major themes were interrelated. For instance, the second major theme—Qada' and Qadar (accepting God's predetermined will) is actually a form of religious coping. According to Ulfeta, "… whatever happens to you is God's will being fulfilled." Praying is Ulfeta's main coping strategy, which is relieving and calming. As Ulfeta stated, "And I think that put me at peace and give me a peace of mind and comfort things for me."

The final step in IPA data analysis involved development of a main list of themes that reflected the essence of Ulfeta's meaning about the phenomenon under investigation. During the follow- up interview, Ulfeta verified themes. No changes were needed. Ulfeta concurred that the themes represented her opinion and experience about the investigated topic. Table 20 lists the main themes from Ulfeta's case.

Table 20

Main List of Themes from Case Study of Ulfeta

Religious coping strategies

- Qada' and Qadar (accepting God's predetermined will)

- Praying as main coping strategy

- Making Du'a/supplication

- Hoping God will help

- Asking God for guidance

118

(Table 20, continued)

- Learning about Islam

Support system in time of distress

- Support from Muslim friends is helpful

- Support from family and non-Muslim friends is helpful in non-religious matters

- Spousal support is helpful

- Lack of support from Muslim community due to unfamiliarity

- Belief important in steering behavior

- Interpersonal relationships important because people will be treated the way they treat others

Positive perception of counseling

- Counseling is an avenue for relieving contemporary daily stress

- Psycho-educational component of counseling is beneficial

- Counseling is needed

- Eliminating stigma about counseling is needed

- Informing community about availability of counseling is needed

- Unsuccessful experience with counseling (for parenting issue) influenced perception of a counselor - what matters is success rate rather than counselor's background, including gender, race, and religion

Perception of mental illness/distress

- Poor coping with daily stress can lead to serious mental issues

- Unfamiliarity with causes of distress as explained religiously (possession by jinn, sihr, influence of shaytan, the evil eye)

- Islamically approved indigenous treatment methods would be considered if needed but more information needs to be obtained

Imam-counselor liaison

- Imam's recommendation important

- Asking Imam for help in religious matters

- Imam-counselor cooperation should go hand in hand

Five main themes evolved from the interview with Ulfeta: religious coping strategies,

support system in times of distress, positive perception of counseling, perception of mental

illness/distress, and the Imam-counselor liaison. Ulfeta's husband, who converted to Islam a long time ago, is a very important source of support because "… he understand both aspects [life before and after conversion to Islam] like that so he's a good tutor to talk to and get advice and get support from." Ulfeta acknowledged ongoing learning about Islam.

Ulfeta had positive perception towards counseling and a positive counseling-seeking attitude, although the last counseling she utilized was not helpful. However, after this failed counseling experience, Ulfeta changed her attitude toward service providers. The most important counselor characteristic was competence. Ulfeta explained, "… I think counseling should be sought out by anyone just for the pleasure of keeping you sane and peaceful…. It [counselor] could be a woman, white, black. I don't think it would matter this time and stuff like that. But it would be something to see what their percent, what their statistic and approval rating and stuff like that, more now than saying that he would need a black man to counsel him."

Although the Imam-counselor liaison did not influence Ulfeta's counseling-seeking attitudes, she perceived the liaison as beneficial, stating that, "Whoever the Imam is going to refer you to, I think he probably have confidence and faith in that person that he would assist you to the best of his education and abilities. So, if the Imam was to refer you someone that's not of the religion favor as a counselor for, because Imam would probably talk to you whatever the issue is regards religion-wise, but if it's not something that's religion he help you as far as he could but he feel that you still need counseling and stuff like that, and he was to refer you to someone I think I would strongly agree." Ulfeta reported limited support from the Muslim community stating that, "… I been a Muslim for almost three years and stuff like that, so I have met some sisters and stuff in religion and stuff like that and I feel learning, I'm still trying to figure out things and learn where the community is. How to get involved in the community so

120

I'm still doing that aspect and I know all the areas and stuff like that so that's something new to me." She reported visiting masjid occasionally, when times allowed.

Case Study of Naza

Naza is a 37-year-old Black woman, who arrived in the United States eight years ago. She was born in Niger. She has two children and lives with her husband. She has no family in the United States. Initial analysis of the transcript revealed 36 emergent themes illustrated in Appendix Y.

Afterward, I grouped the emergent themes into nine major categories based on evident connections. A title, assigned to each major category, depicted the essence of connected themes. Table 21 lists the major themes supported by emergent themes.

Table 21

Grouping Emergent Themes into Major Themes in the Case Study of Naza

Major theme #1- **Dkihr/remembrance of Allah**	• Thanking Allah
• Saying 99 names of Allah	• Being patient
• Doing istigfar/asking Allah for forgiveness	• Asking Allah to give her patience
Major theme #2- **Prayer**	• Asking Allah to increase her belief
• Taking wudu'	*Major theme #5-* **Importance of believing in Allah**
• Performing 2 rakahs of voluntary prayer	• Belief in Allah is important
• Making du'as/supplication	• Asking Allah to increase her belief
• Praying istikhara prayer when wanting to make a decision	• Importance of remembering that this life is short and at the end, we all return to Allah
Major theme #3- **Reading Qur'an**	*Major theme #6 -* **Qada' and Qadar (accepting Allah's predetermined will)**
• Reading Qur'an	
• Reciting and reading Qur'an improves mood	• Allah is all knowing
Major theme #4- **Trust in Allah**	• Allah will help
• Asking Allah to help her	• Accepting Allah's will
• Asking Allah to give what is better for her	*Major theme #7-* **Support system**

(Table 21, continued)

- Being alone and isolated in time of distress is not good
- Support from friends
- No family in the U.S.
- Talking with family is helpful
- Limited support from Muslim community

Major theme #8- **Perception of counseling**

- No experience with counseling in the U.S.
- Reflection on counseling in the country of origin and the U.S.
- Would not seek counseling on her own in the U.S
- Would use counseling if requested as in the case of school counseling for her children
- Preference given to Imam if counseling/consultation is needed

- Seek professional counseling if the issue is not resolved and the Imam recommends it
- No specific counselor characteristics preferred as long as counselor helps

Major theme #9- **Perception of mental illness/distress**

- Importance of accepting and helping mentally ill people
- Lack of belief is a cause of distress
- Withdrawing from people and not having someone to talk to is a cause of distress/mental illness
- Importance of having someone to rely on in times of distress
- Cure for distress caused by jinns, sihr, or the evil eye is in the Qur'an

All nine major categories were reinforced by Naza's significant statements extracted from the interview transcription. These statements conveyed the essence of Naza's meaning and supported the interpreted themes. The significant statements are listed in Appendix Z. Since statements and the emergent themes were interrelated, the emergent themes could justifiably fit into more than one major category. Thus, major themes were connected as well. For instance, Naza emphasized the importance of believing in Allah, having trust in Him, remembrance and glorification of Allah, reading Qur'an, and praying throughout the interview. Naza emphasized the importance of being patient while maintaining high Iman/faith. She stated, "So I just want Allah to give me patience in my life and to increase my believing in Him." These themes centered on Naza's perceptions about religion and utilization of religious coping. Naza

explained, "Because all problems that we have, if you believe, it's better for you. It's better for you. Because if you believe, by praying, something gets better."

The final step in IPA data analysis included developing a main list of themes that represented the essence of Naza's meaning about the investigated phenomenon. During the follow-up interview, Naza verified the themes. No changes were needed. Naza stated that the themes represented her opinion about the topic. Table 22 lists the main themes from Naza's case.

Table 22

Main List of Themes from Case Study of Naza

Religious coping strategies

- Dkihr/glorification of Allah

- Prayer

- Reciting and reading Qur'an

- Trust in Allah

- Qada' and Qadar (accepting Allah's predetermined will)

Importance of believing in Allah

- Belief in Allah is important

- Asking Allah to increase her belief

- Importance of remembering that this life is short and at the end, we all return to Allah

Support system

- Support from friends

- Family support

- Limited support from Muslim community

Perception of counseling

- No experience with counseling in the U.S.

- Reflection on counseling in the country of origin and the U.S.

- Would not seek counseling on her own in the U.S.

- Would use counseling if requested, as in the case of school counseling for her children

- Preference given to Imam if counseling/consultation is needed

(Table 22, continued)

- Seek professional counseling if the issue is not resolved and the Imam recommends it

- Imam-counselor liaison important for seeking counseling

- No specific counselor characteristics preferred as long as counselor helps

Perception of mental illness/distress

- Importance of accepting and helping mentally ill people

- Lack of belief is a cause of distress

- Withdrawing from people and not having someone to talk to is a cause of distress/mental illness

- Importance of having someone to rely on in times of distress

- Cure for distress caused by jinns, sihr, or the evil eye in Qur'an

---

Five main themes evolved from the case of Naza: religious coping strategies, the importance of believing in Allah, support system, perception of counseling, and mental illness/distress. These themes revealed insight into Naza's inner world with regard to the phenomenon under investigation.

A central theme for Naza was the importance of believing in God in daily life and coping with distress. Naza utilized different religious coping strategies, such as prayer, dhirk/glorification of Allah, being patient and having trust in God, and asking God for help, to name a few. Naza stated, "Allah gives solution for everything in the Qur'an and the Sunnah but people do not read."

Additionally, Naza had support from her friends and family. Although her family was not in the United States, it was an important support since with contemporary technology it was not difficult to communicate. Naza reported limited support from the Muslim community, explaining that she goes to masjid once a week, usually for Jum'a/Friday prayer. She relied on her supportive circle of friends because, as Naza stated, "If we have stress, you can't stay alone, that's not good. You can't stay alone. So I have some friends. I can call

them. Sometimes I can visit them so we can talk with them, that would be good, not to stay always alone. Because with people you learn much. If there is something I don't know, I can ask."

Although Naza had positive attitude towards counseling, she had negative counseling-seeking attitudes. Naza indicated no intention of using counseling unless it was mandated. She explained, "If I have all this kind of problem, I'd rather go to the Imam because he knows more than me about my religion, and I want him to give me a solution about what my religion tells me is better for me, that's what I think, not to go to the counselor. Maybe if I try it, if it's something that he can't help me, if it's something that I need in medicine or medical help. At this moment I would not go, I wouldn't go to counselor." Naza stated she would first ask the Imam for help; if he recommended using counseling, she would do it. In that case, the only counselor's characteristic important to Naza was competence.

Themes Shared Among Five Distinctive Ethnic Groups of Muslim Women

After I completed the individual analysis of all 10 cases, I analyzed individual cases across each ethnic group. A comprehensive review of main and major themes across each case in every ethnic group provided a list of common themes of both participants in each group. Findings revealed individual accounts shared within the particular culture of each of the five distinct groups (White, Black, Arab, Asian, and Hispanic Muslim women).

Themes shared among White Muslim women

This category included Amira, who is originally from Turkey, and Mejra from the United States. Amira was born Muslim and Mejra converted to Islam 18 years ago. Both wear Islamic attire and do not attend masjid often. Amira is 40 and Mejra is 45 years old. Amira's case revealed 48 emerging themes, 12 major themes, and seven main themes. Mejra's case revealed 50 emerging themes, 11 major themes, and seven main themes. These two individual cases revealed 98 individual themes, 23 major themes, and 14 main themes in total. Table 23 illustrates the themes shared by these two women.

Table 23

List of Shared Themes from Case Studies of White Muslim Women: Amira and Mejra

- Religious coping strategies include trust in God, Qada' and Qadar (acceptance of Allah's predetermined will), dhikr/remembrance of Allah, and hoping/expecting God will help
- In addition to religious coping strategies, other coping methods utilized were using natural remedies and seeking help from a medical doctor
- Religious coping and religion helpful in time of distress
- Positive attitudes toward counseling but positive and negative attitudes toward counselors
- Positive and negative experience with counseling
- Negative experience with counseling due to counselor's inability to take into consideration clients' religious beliefs
- Inclusion of religion within counseling is important
- Counselor's multicultural competence (including understanding of religion) is very important
- Limited support from family, friends, and Muslim community
- Imam-counselor liaison do not influence their counseling-seeking attitudes
- Seeking help from Imam/sheikh first and then seeking counseling if needed
- Differentiation between Imam and sheikh
- Individual and marital counseling
- Use of indigenous treatment methods from a pious healer would be carefully considered if needed

Both Amira and Mejra reported utilization of counseling throughout their life. Additionally, both women reported positive and negative counseling experiences in relation to a counselor's incompetence. However, negative experiences did not prevent them from seeking counseling again. Both women were more selective when choosing a counselor.

The Imam-counselor liaison was perceived positively but was not significant for utilization of counseling services. They both distinguished between the term "sheikh," a spiritual leader and a scholar; and the term "Imam," a leader of the Muslim community. Both Amira and Mejra would first seek help from a sheikh. If the sheikh was not available, Mejra would seek help from an Imam. Amira would seek help from an Imam in areas of Islamic jurisprudence only.

Religious coping strategies, such as having trust in God, Qada' and Qadar (i.e., acceptance of Allah's predetermined will), dhikr (i.e., remembrance of Allah), and expecting God's help, are common to Amira and Mejra. In addition to religious strategies, Amira and Mejra utilized other coping strategies, such as using natural remedies and seeking help from a medical doctor.

Themes shared among Black Muslim women

This category included Naza, who is originally from Niger, and Ulfeta, from the United States. Naza was born Muslim and Ulfeta converted to Islam three years ago. Both wear Islamic attire and do not attend masjid often. Naza is 37 and Ulfeta is 46 years old. Ulfeta's case revealed 30 emergent themes, seven major themes, and five main themes. Naza's case revealed 36 emergent themes, nine major themes, and five main themes. These two individual cases revealed 66 individual themes, 16 major themes, and 10 main themes in total. Table 24 illustrates themes shared by these two women.

Table 24

List of Shared Themes from Case Studies of Black Muslim Women: Naza and Ulfeta

- Belief in Allah is important and is cornerstone for conduct

- Asking Allah for guidance and increase of faith/Iman

- Qada' and Qadar/accepting Allah's predetermined will

- Support from family and friends in times of distress is helpful

- Limited support from Muslim community

- Asking Imam for help

- Imam-counselor liaison is important

- No specific counselor characteristics required except competence

Naza and Ulfeta believed that strong belief (i.e., Iman) was important for intra- and interpersonal relations. Therefore, asking Allah for guidance and increased faith was a significant aspect of both women. They both utilized religious coping. One important aspect of religious coping was qada' and qadar (i.e., acceptance of Allah's predetermined will) while being patient and waiting for Allah's help. In addition to religious coping, Ulfeta utilized counseling and she reported a negative experience that led her to reconsider the relevance of counselor characteristics. Naza reported no use of counseling and no intention to use it in the United States unless she was mandated. Counselor competence was an important characteristic, more important than the counselor's background if counseling was considered. Both women would ask the Imam for help but the Imam-counselor liaison was not important for considering utilization of counseling services. However, the Imam's recommendation could have influenced Naza to seek counseling if needed.

Naza and Ulfeta reported limited support from the Muslim community because they did not often attend masjid or community gatherings. However, family support and support from friends was very helpful in times of distress.

Themes shared among Arab Muslim women

This category included Amra, who was originally from Jordan, and Ismeta, from Sudan. Both women were born Muslims and wore Islamic clothing. Ismeta attended masjid 10 times, whereas Amra, four times per month. Amra is 31and Ismeta is 44 years old. Amra's case revealed 47 emerging themes, nine major themes, and six main themes. Ismeta's case revealed 44 emerging themes, 13 major themes, and six main themes. The two individual cases revealed 91 individual themes, 22 major themes, and 12 main themes in total. Table 25 illustrates themes shared by these two women.

Table 25

List of Shared Themes from Case Studies of Arab Muslim Women: Amra and Ismeta

- Utilization of Qur'an and Sunnah in times of distress is a helpful resource
- Trust in Allah, Qada' and Qadar/acceptance of Allah's predetermined will are important aspect of coping with distress
- Religion is an important aspect in daily life and in coping with distress
- Recitation of the specific surah from Qur'an for protection and comfort
- Family support is helpful in times of distress
- Muslim community support is helpful in times of distress
- Connectedness to the Muslim community
- Positive attitudes toward counseling
- Counselor background is important aspect for consideration of using the services
- Have no experience with counseling in the U.S.
- Counseling would be considered if other resources fail, such as family, friends, and Imam

(Table 25, continued)

- It is important that religion is included as an important aspect within the counseling process

- Keep private matters private and within a family

- Safe place for Muslim women to seek help is needed

- Reaching out is important

- Loneliness and isolation lead to poor coping and can increase distress

- Expressed need for a Muslim counselor

- Muslim community needs to be informed about counseling and its benefits

- Imam can close the gap of underutilization of counseling services by providing information about counseling to members of the Muslim community

- Breaking down the stigma of seeking professional help

- Imam is the person whom people in the community trust and ask for help

- Imam-counselor liaison would be beneficial

- Important that indigenous treatment methods are based on Qur'an and Sunnah

- Beginning a new life in the U.S. is challenging

- Muslim community has important role in adjusting to new life in the U.S.

- Marital counseling would be beneficial, especially for newlywed

Data analysis in the two case studies of Arab woman revealed 26 shared themes. The Arab women, in addition to Asian women, had the most similarities across the sample as a whole. Participants in both groups were non-U.S. born and arrived in the United States after they married.

Both Amra and Ismeta reflected on challenges of their new lives in the United States. The Muslim community was considered to be family and had an important role in adjusting to their new lives. Both women felt connected with other women in the Muslim community and actively participated in different community-related activities. They both emphasized the need

130

for marital counseling within a Muslim community, as well as psycho-educational programs that would inform the general Muslim public about the benefits of counseling and eventually reduce underutilization of the services. Stigma regarding seeking professional mental health help exists among Arab Muslim.

Both women indicted no need for counseling due to strong family support. Private matters remain within a family circle and help can be obtained from the Imam if needed. Similarly, both Amra and Ismeta indicated they would use counseling if other resources failed. The Imam-counselor liaison would be beneficial since the Imam is the person who enjoys high trust from community members. Need for a Muslim counselor was emphasized, although counselor gender was not as relevant to Ismeta, who would have used a different means of communication with the counselor, such as online or phone counseling, if possible.

Both women relied on the Qur'an and Sunnah on a daily basis, especially in times of distress. Different surah and dua's were used for protection from shaytan or the evil eye. A central theme for both women was the relevance of Islam in daily life. Inclusion of religion in therapeutic conversations seemed to be important for both Arab women.

Themes shared among Asian Muslim women

This category included Samira, who was originally from Bangladesh, and Hava, from Malaysia. Both women were born Muslim and wore Islamic clothing. They attended masjid once a week. Samira is 49 and Hava is 35 years old. Samira's case revealed 39 emerging themes, 11 major themes, and seven main themes. Hava's case revealed 45 emerging themes, nine major themes, and five main themes. These two individual cases revealed 84 individual themes, 20 major themes, and 12 main themes in total. Table 26 illustrates themes shared by these two women.

Table 26

List of Shared Themes from Case Studies of Asian Muslim Women: Samira and Hava

- Religion is important aspect of daily life

- Religion is helpful in times of distress

- Religious coping includes: reciting Qur'an, dhikr/remembrance of Allah, putting trust in God, Qada' and Qadar/accepting Allah's predetermined will, praying voluntary prayers, being thankful to God

- Supportive systems include: spouse, family, friends

- Loneliness and isolation lead to distress and mental illness

- Counseling occurs within a family or friends, not necessarily with professional counselor exclusively

- Counseling begins in family and goes outside only if needed

- Muslim counselor is considered only if counseling is needed

- Muslim female counselor for individual counseling if it is needed

- Inclusion of religion/Islamic perspective within counseling is important

- Imam-counselor liaison is important

Data analysis for the Asian women revealed 11 shared themes. Central themes revolved around religion as an important aspect of daily life and for coping with distress. Different resources from the Qur'an and the Sunnah were utilized, such as reciting Qur'an, dhikr/remembrance of Allah, putting trust in God, Qada' and Qadar (i.e., accepting Allah's predetermined will), praying voluntary prayers, and being thankful to God.

Inclusion of religion in therapeutic conversations was important and only a Muslim female counselor would be considered for individual counseling, whereas gender was not relevant in family and marital counseling. Counseling started within a family first and went outside if needed. Help from the Imam could be obtained if needed. Hava emphasized the need for marital counseling within the Muslim community.

Both Samira and Hava reported strong spousal, family, and friend support. Samira also indicated strong Muslim community support, whereas Hava indicated limited support from the

Muslim community. Similarly, Hava indicated strong support from her mother who was her, as Hava said, "… best friend."

Themes shared among Hispanic Muslim women

This category includes Emina, who was born in the United States, and Selma who was originally from Belize. Emina parents were immigrants. Both women converted to Islam: Emina, 17 years ago, whereas Selma, four years ago. Both women wore Islamic clothing and attended masjid frequently. Emina is 39 and Selma is 26 years old. Emina's case revealed 50 emerging themes, 13 major themes, and six main themes. Selma's case revealed 50 emerging themes, 12 major themes, and six main themes. These two individual cases revealed 100 emergent themes, 25 major themes, and 12 main themes in total. Table 27 illustrates themes shared by the two women.

Table 27

List of Shared Themes from Case Studies of Hispanic Muslim Women: Emina and Selma

- Religion is an important aspect of daily life

- Muslim community is supportive

- Attendance to Halaqa/sisters' gathering

- Positive perception of counseling

- Positive attitudes toward seeking counseling services if needed

- Religious coping helpful (praying, du'a/supplication, putting trust in God, Qada' and Qadar'/accepting Allah's predetermined will)

- Qur'an needs to be understood rather than recited in order to be helpful in times of distress

- Environmental factors need to be considered when seeking resolution of problems

- Accepting personal responsibility rather than seeking excuses in illness

- Imam-counselor liaison is important; Imam's limited helping skills and counselor's limited multicultural competence

- Marital counseling in Muslim community, especially for newlywed, is desired

Data analysis for Hispanic women revealed 11 shared themes. Central themes included the importance of Islam in daily life. Religious coping, such as praying, du'a/supplication, putting trust in God, and Qada' and Qadar' (i.e., accepting Allah's predetermined will) was utilized and complementary to other strategies used in times of distress, as was counseling, seeking help from the Imam, and/or family support. Both women emphasized that the Qur'an needed to be understood rather than merely recited in the Arabic language, especially in times of distress.

Both Emina and Selma reported strong support from the Muslim community. Emina had positive experience with counseling (involved counseling for a family member), whereas Selma had no experience at all. They both reported positive attitudes towards counseling and seeking counseling when needed. The Imam-counselor liaison was important since the Imam had limited helping skills and the counselor had limited multicultural competence. Marital counseling in Muslim community, especially for newlyweds, is desired.

Both women indicated that environmental factors need to be considered when seeking resolution of problems and the importance of accepting personal responsibility rather than seeking excuses in illness.

Themes Shared Among Participants as a Whole Group (Muslim Women)

After completing a comprehensive individual analysis of all 10 case studies and analysis of cases across each of the five distinct ethnic groups (White, Black, Arab, Asian, and Hispanic Muslim women), I identified a main list of shared themes for all 10 cases. These themes have a central focus in all the participants' descriptions. Additionally, themes that were not applicable to all five ethnic groups but were shared by two or more groups were included, with attention to

the groups in which they occurred. Table 28 illustrates themes shared among participants as a whole group.

Table 28

List of Shared Themes from All 10 Case Studies of Muslim Women

- Religion is an important aspect of daily life

- Inclusion of religion in therapeutic conversation is important

- Religious coping is first coping strategy utilized in times of distress

- Positive attitudes towards counseling

- Different counseling-seeking attitudes

- Factors that shape attitudes toward the service providers among majority of the participants are: religion, gender, and multicultural competence

- Counseling starts within a family first; if further help is needed, the Imam is asked to help (Arab and Asian women)

- Utilization of professional counseling in the U.S. (White, Hispanic, and for one Black Muslim woman – case of Ulfeta from the U.S.)

- Imam-counselor liaison could increase utilization of counseling service among majority of the participants (except for White women and one Black Muslim woman – case of Ulfeta from the U.S.)

- Muslim community is helpful and supportive in times of distress (Arab and Hispanic women and one Asian Muslim woman – case of Samira from Bangladesh)

- Muslim community would benefit from within community-organized marital counseling, especially for newlyweds (White, Hispanic, Arab, and one Asian – case study of Hava from Malaysia)

- Absence of loneliness and isolation is helpful in times of distress (Arab and Asian)

Data analysis of a whole sample revealed four themes shared among all women: religion as an important aspect of daily life*,* religion and religious coping as helpful strategies in times of distress, positive attitudes towards counseling, and importance of including religion in therapeutic conversations. These themes represent not merely the occurrence in all 10 participants but also the importance in their lives. The common themes related to religion more than any other factor, including a positive perception of counseling since Islam encourages a

healthy lifestyle, including seeking additional support when needed. Attitudes towards seeking counseling differed among the participants. Perception towards counselors was an important aspect of service utilization. The majority of participants perceived counselors as having limited cultural and religious competence. Counseling-seeking attitudes for all the participants were shaped by their perceptions of the counselor's background, except in the cases of Black Muslim women, for whom only the counselor's competence, rather than his or her personal characteristics, was the important factor. In general, counselor's attributes included: religion, gender, and multicultural competence. For Arab and Asian women, counseling starts within the family first, then expands outside to seeking help from an Imam, and then from a health professional, if needed. Similarly, for Arab and Asian women, the absence of loneliness and isolation was helpful in times of distress. All participants born in the United States and one from Turkey reported utilization of professional counseling in the United States, whereas all non-U.S.-born women, excluding the participant from Turkey, reported no use of counseling. The Imam-counselor liaison appeared as an important aspect for reduction of underutilization of counseling services among all participants except White Muslim women.

The Muslim community was helpful and supportive in times of distress for Arab, Hispanic, and Asian Muslim (Samira from Bangladesh) women. White and Black women, and one Asian woman (Hava from Malaysia) reported limited support from the Muslim community. Similarly, White, Arab, and Hispanic women discussed the possible benefits for Muslims if counseling, especially marital counseling, were available in the Muslim community.

In conclusion, the shared themes reflected commonly discussed topics by the participants. Four themes were applicable to all the participants apparently based on religion, which was the unifying factor among all the women.

Explication of Themes in Relation to the Research Questions

Twelve main themes were explicated in relation to the research questions: "What are the attitudes towards counseling of Muslim women residing in the United States?", "What is the influence of religiosity and religious coping on counseling seeking attitudes among Muslim women?", and "What is Muslim women's perception regarding Imam-counselor liaison and what is, if any, the influence of this perception on counseling seeking attitudes?" Table 29 illustrates the main themes in relation to the research questions.

Table 29

Main Themes in Relation to the Research Questions

- Positive attitudes towards counseling

- Different counseling-seeking attitudes

- Factors that shape attitudes toward the service providers among majority of the participants are: religion, gender, and multicultural competence

- Positive perception toward Imam-counselor liaison

- Imam-counselor liaison could increase utilization of counseling service among majority of the participants (except for White women and one Black Muslim woman – case of Ulfeta from the U.S.)

- Counseling starts within a family first; if further help is needed, Imam is asked to help (Arab and Asian participants)

- Religion and religious coping are first coping strategies utilized in times of distress

- If religious coping is insufficient and external help is need, family and/or Imam can be asked to help and; if help is still needed, counseling may be considered (except among White women and one Black Muslim woman – case of Ulfeta from the U.S., who may utilize counseling after or in addition to religious coping without the family's or Imam's consultation)

- Religion is an important aspect of daily life

- Inclusion of religion in counseling sessions is important

The primary research question in this study inquired about attitudes towards counseling of Muslim women residing in the United States. All participants indicated positive attitudes towards counseling. Counseling was perceived as beneficial when needed, although counseling-seeking attitudes differed among participants. To better convey each participant's perception of counseling, I created a list of significant statements from all 10 participants that related to the primary research question. Table 30 illustrates the main themes in relation to the primary research question.

Table 30

List of Significant Statements that Describe Participants' Attitudes Towards Counseling

Participants	Significant statements
Emina	"I definitely think a lot of people in the Muslim community are not really familiar with the whole positive benefits of counseling"
Selma	"I feel like a lot of things are solvable, but at some point you do need somebody to come in from the outside, you need to go seek help... Another thing [in addition to marital counseling] that I would seek counseling for deeply is parenting."
Samira	"I know that counseling can help because counseling is something – what? It's like opening up what is in your mind; open up, talk to people, share with people and that will help."
Amra	"If the people understand that [counseling] it's something that's going to help you and it's not against our religion they will do it for sure.
Hava	"Counseling for my kids, I would like that. For my family, you know sometimes it's good too but still it has to be based on somebody who, I prefer somebody who is religious like or something who know the basis of the religion to also not only know the counseling, how to counsel the people but know the base of the religion, so it would be together."
Amira	"I've seen three counselors altogether in my life here – four counselors. The second one – the very first one I saw was helpful … That woman [second counselor] was not helpful at all. She [third counselor] was very good … This last one I saw was a woman who also was very open to multicultural, multi-religious views, and she was very helpful."
Ismeta	"I feel it's really helpful for the people, because a lot of people sometimes they can go through difficult time by themselves, and, if they get help, they can get through it easily."
Mejra	"Of course that is a very, very necessary and important field of practice, because emotion is one aspect, right? One aspect of our daily lives. It's how we wake up, how we sleep, what's our mood, attitude, feeling; just like the maintenance of every other part of us. We go to a general doctor for maintenance of our physical health and every six months dental care, we go for maintenance. I think we also need mental maintenance as well."
Ulfeta	"And I think the counseling is just an avenue that you should use for your sanity, for your peace of mind."
Naza	"It's a good thing [counseling], because it can help people. Because sometimes you make something and it's not good, or you don't know if it's good or not, you have someone else who can help you, you know?

Although, women shared positive perception towards counseling, their counseling-seeking attitudes differed. Some women used counseling through their lifespan, such as Amira

from Turkey and Mejra from the United States. Other women, such as Amra from Jordan or Ismeta from Sudan had not used counseling but would have considered seeking counseling if still needed after attempting to resolve the issue with family, friends, and/or Imam support. Naza from Niger would not have considered seeking counseling in the United States unless counseling was mandated. However, she would have used counseling in her native country if needed. Her primary concern was that she would not be understood and helped in accordance with her religious values.

One of the research sub-questions inquired about the influence of religiosity and religious coping on counseling-seeking attitudes among Muslim women. Religion is embedded in the daily lives of participants and was a resource in times of distress. Diffrent religious coping strategies, utilized by all participants, alleviated distress and provided comfort and tranquility. Religious coping was the first response and resource during difficult times. Depending on the issue, religious coping was sometimes sufficient as a coping strategy. As Hava stated, "But then what really helped me, religion really helped me. Actually religion helped tremendously I can say that." However, in some other instances, participants utilized help from family, friends, and the Imam, as well as mental health professionals.

Islam is centralized in the lives of the participants and religious coping was a source of contentment and strength in difficult times. As Naza stated, "Then I try to say the names of Allah, the 99 names of Allah, which is also istigfar [seeking forgiveness]. When I finish this I do not feel bad, I ask Allah to help me. And when I do this, I feel comfortable. That's most of the time, that's what I do. The result is not immediate, yet, but when I do it I feel all comfortable in my body, so that's what most of the time I do."

Islam builds resilience and stamina in the participants. As Samira described, "If you are religious and you depend on everything that this is happening because of this, because this is the way Allah wanted it. So, if you have that, I think you can leave the worries behind and come out of any kind of distress … I don't know how would I have done it without relying on Allah." Similarly, Ulfeta explained, "Pray for a solution or an answer to the situation that I'm in, that I'm going through. And I think that put me at peace and give me a peace of mind and comfort things for me."

Additionally, Islam influence the perception of the problem. A common theme that evolved among participants was the concept of qada' and qadar (i.e., acceptance of Allah's predetermined will). This concept helped reframe the situation and allowed each participant to remain patient while dealing with distress. Selma stated, "You can do what you want to do to facilitate the good, but if you don't, if you can't, then you just have to step back and calm down, wait for things to happen, and accept that it has happened, and then move forward from there. You can't just keep moving forward, forward, forward, forward at your own pace, because it's something you don't have control of. But you have to be strong enough to accept that it's God's will and it's going to happen." Similarly, Amira explained, "I was struggling, and there was this one point, 'Okay, God, I give in. I have no power except – I give all power to you. Just God, help me with this, and I am happy with whatever you give me. I know that you can take everything from my life. You can take my family, my husband, my marriage. I have nothing but you.' I came to that point, basically. That was sort of like a turning point for me, and things just got better from there on… Okay, I need to trust in God. From there on things completely changed. It was amazing, actually."

Hence, religious coping is utilized first. As Mejra explained, "We have the convenience and benefit of being Muslim, because immediately and personally I can turn to prayer, turn to God, to mention His name." Islam and religious coping was associated with the participants' well-being and reduced the need for professional help. Qur'an and Sunnah are valuable resources that bring, as Ismeta stated, "… peace and a lot of comfort. A lot of comfort."

Religion is an important aspect of the women's daily lives. Therefore, the women emphasized the importance of including religion in therapeutic conversation. As Emina stated, "So, whatever you're doing, you can't take a technique and then you can't take, you know, God out of it. You just can't. It has to – everything is inclusive of your consciousness of being that's responsible to God and that you want to be pleasing to Him."

Additionally, perception of counselor's attributes was related to religious values and teachings. Some participants preferred a Muslim female counselor, while for other participants, the religious background of a counselor was not relevant if the counselor was competent.

A sub-question of this study inquired about Muslim women's perception regarding the Imam-counselor liaison and the association of the liaison with counseling-seeking attitudes. All participants reported seeking help from an Imam even before considering counseling except Amira, who sought help from a sheikh. Before utilizing her last counseling experience, Amira asked a sheikh for his opinion in regard to her seeking counseling.

With regard to the Imam-counselor liaison question, participants perceived the liaison as potentially beneficial but differed in their perceptions of the liaison's influence on counseling-seeking attitudes. Emina and Selma acknowledged the Imam had limited helping skills and that the counselor had limited religious knowledge, which is important when working with Muslims. According to Emina, "… it's absolutely necessary to have a partnership" because "… Imams …

know a lot about Islam, but they may not know enough about techniques to marry the two." And "… a lot of times the therapist may not be culturally competent." Since participants considered religion to be deeply embedded in their daily functioning, if a counselor is not a Muslim it is important that the counselor possess knowledge about Islamic values and teachings to ensure religious therapeutic conversations. In this regard, women perceived the counselor's liaison with an Imam as assurance toward proper service provision. The liaison would provide trust in service providers and seemed to influence help-seeking attitudes. Women described the liaison as a mutual effort of both counselor and Imam to help a client. As Ulfeta stated, "Each one helping, because they all looking for the same results in the end." Similarly, Selma explained, "A Muslim isn't just that person, it's the religion, it's the life, the way you live it, learning, living by the teachings. It's a whole piece. So you can't just take a problem and just fix a little piece of it, you have to make sure that everything is also running well in that person, which is their religion and their teachings, are they following their teachings properly? There's different little things that make up the whole person and why that person is going to through that problem and having as much difficulty in that problem. So I think that cooperation would help deal with the entire process."

Conclusion

In this chapter, I presented the findings regarding attitudes towards counseling of Muslim women who live in the United States. Participants reported positive attitudes towards counseling but counseling-seeking attitudes differed. In addition, findings in relation to the influence of religiosity and religious coping on counseling-seeking attitudes among Muslim women and Muslim women's perceptions regarding the Imam-counselor liaison and its relation to counseling-seeking attitudes were shown as well. With regard to these questions, participants

142

reported on the influence of religion in daily life and the importance of including religion in therapy. Similarly, participants perceived the liaison as beneficial, especially as an aspect of religious–therapeutic communication, but differed in their perceptions of the liaison's influence on counseling-seeking attitudes.

Adhering to IPA, I analyzed one case before I started to analyze another case. For each case, I identified emergent themes first. Then, I grouped emergent themes into major categories and supported each category with participant's quotes. Finally, I created a list of main themes. In total, there were 439 emergent themes, 106 major themes, and 60 main themes.

Further, I identified themes that were shared within the particular culture of each of the five distinct ethnic groups and the sample as a whole (Muslim women). In total, there were 68 shared themes (White-14, Black-8, Arab-26, Asian11, and Hispanic-11). Also, there were 12 shared themes across the whole sample. Similarly, I explicated nine themes in relation to the research questions.

Overall, findings revealed that Muslim women residing in the United States have positive attitudes toward counseling. Women emphasized the importance of religion in their lives and highlighted the need for inclusion of religion within counseling process. Attitudes toward seeking counseling services were influenced by several factors, including religious coping; the perception that private matters should remain private within the family; availability of related support; and perceptions of a counselor's background. The Imam-counselor liaison was perceived as beneficial and important but its influence on counseling-seeking attitudes differed among participants. Further, it seems that the liaison between an Imam and a counselor could reduce underutilization of counseling services since the Imam's recommendation regarding seeking counseling was relevant in a majority of cases. Moreover, findings revealed the need of

informing the Muslim community about the benefits and availability of counseling. It seems that the Imam can have an important role in that process. Additionally, findings revealed the need for providing marital counseling, especially among newlywed Muslims.

In the following chapter, I discussed the findings in relation to the research questions and the study's theoretical framework. Also, I discussed the findings in relation to the relevant literature to deepen the understanding of the topic. Additionally, I provided implications and recommendations for future research.

Chapter 5

Discussion

This study explored Muslim women's attitudes toward counseling and their utilization of counseling services. The influence of religiosity and religious coping, as well as the perception of the Imam-counselor liaison on counseling-seeking attitudes were examined, respectively.

The current chapter is divided into several sections. In first section, I discussed the findings in relation to attitudes towards counseling and utilization of the services. In the second and third sections, I explicated the findings in relation to religious coping and perceptions of the Imam-counselor liaison towards counseling-seeking attitudes. In the fourth section, I related the findings to the theoretical framework. As in accordance to the IPA, the findings are discussed in light of the relevant literature to deepen understanding of the topic. I have also addressed implications of the findings and limitations of the current study.

Attitudes Toward Counseling and Utilization of Counseling Services

This study emphasized the importance of exploring attitudes towards counseling among a diverse and large Muslim population living in the United States. Although attitudes toward counseling are positive across the five participant ethnic groups (White, Black, Arab, Asian, and Hispanic Muslim Women), counseling-seeking attitudes and utilization of services differ among these groups. Two White (U.S.- and non-US-born), one Hispanic (U.S.-born), and one Black (U.S.-born) participants reported utilization of counseling services in the United States. Two Arab, two Asian, one Hispanic (non-U.S.-born), and one Black (non-U.S.-born) participants had not utilized counseling in the United States. The Arab and Asian Muslim women would consider counseling only if other resorts, such as religious coping, family and friend support, and Imam's consultation, fail.

One participant, a Black, non-U.S.-born woman, said she would consider counseling only in the instance of a request such as school counseling for her children. A Hispanic, non-U.S.-born woman said she would seek counseling in addition to other resources if a Muslim female counselor were available or if a non-Muslim counselor, familiar with Islamic perspectives, were available and would include religious concerns within the counseling process.

Therefore, all the women participants had positive attitudes towards counseling as a helping profession. This is consistent with Khan's (2006) findings in which a majority of surveyed Muslims reported positive attitudes towards counseling. Also, in addition to positive attitudes towards counseling, a majority of the participants in this current study reported positive counseling-seeking attitudes towards Muslim counselors or culturally and religiously sensitive counselors. Similarly, Mahmood (2009) reported on the positive help-seeking attitudes of 13 South Asian American Muslim women towards culturally competent therapists.

However, variation exist in counseling-seeking attitudes among participants in this current study. Some participants utilized counseling on several occasions throughout their lives while others (such as, one Asian and two Arab women) would consider counseling only as a last option. All three U.S.-born participants (White, Black, and Hispanic) and a participant from Turkey had utilized counseling services, whereas a non-U.S.-born participants did not. Women who did not use counseling reported a willingness to seek counseling if needed except for a participant from Niger, who would not use counseling unless it were mandated.

I believe that an association between socio-demographic variables (age, length of stay in the United States, level of education) and counseling-seeking attitudes was not relevant in this research. Participants were either U.S. citizens or permanent residents. They ranged between 26 and 49 years of age. Most of them have bachelor's degrees, one has a master's degree, one is a

high school graduate, and one attended three years of college. All but one participant (Black, U.S.-born) spoke more than one language. All of the participants were married and had children (see Table 1). It could be argued that socio-economic status is associated with counseling-seeking attitudes since Naza from Niger, the only woman who reported no counseling use or willingness to seek counseling services unless mandated, reported low socio-economic status. In this regard, Naza's expressed her concern in regard to a counselor's inability to understand her religious beliefs. Also, she stated that religious coping is an important aspect of her life. She said, "If I have all this kind of problem, I'd rather go to the Imam because he knows more than me about my religion, and I want him to give me a solution about what my religion, tells me is better for me; that's what I think, not to go to the counselor. Maybe if I try it, if it's something that he can't help me, if it's something that I need in medicine or medical help. At this moment I would not go to counselor. The first time I would choose to go to see first the Imam, it would be better for me."

Additionally, Samira from Bangladesh who reported wealthy SES would seek counseling only if other resorts failed. Although, the rest of the participants reported middle SES, variation in counseling-seeking attitudes and actual utilization of the services are evident.

Different lengths of residency among non-U.S.-born Muslim women did not impact their counseling utilization. Amira from Turkey, who has been living in the United States for 24 years, used counseling on different occasions in her life, beginning when she first arrived in the United States. Ismeta from Sudan had been living in the United States for 23 years but had not used professional counseling. The length of residency for other women who did not use counseling (all non-U.S.-born except Amira from Turkey) ranged from seven to 15 years. All three U.S.-born women (Hispanic, White, and Black) used counseling. These women converted

to Islam: Emina (Hispanic), 17 years ago; Mejra (White), 18 years ago; and Ulfeta (Black), three years ago. Selma (Hispanic), who converted to Islam 4 years ago, was the only convert woman who did not use counseling and it seemed based mainly on her Hispanic culture, in which counseling is considered "a joke," as Selma said. On the other hand, Amira from Turkey is the only Muslim-born woman who used counseling from an early age.

The participant women have had different experiences with counseling. Only Emina, a Hispanic, U.S.-born woman, reported a positive experience with counseling. Both White women (Amira from Turkey and Mejra from the United States) have had positive and negative experiences, whereas Black, U.S.-born Ulfeta reported a negative experience in that counselor did not help her with presenting issue. However, the negative experience did not prevent the participants from using counseling again, although in Amira's case, several years lapsed between services. For the subsequent counseling, the women carefully selected counselors to meet their needs. Women reported the positive and negative experiences as a result of the counselor's competency.

Ulfeta said that a counselor ". . . could be a woman, white, black. I don't think it would matter this time and stuff like that. But it would be something to see what their percent, what their statistic and approval rating and stuff like that, more now than saying that he would need a black man to counsel him." In reporting on her counseling experience, Ulfeta said it had been important that the counselor was a black male; after the experience, what mattered most was the counselor's actual competence and success rate.

Similarly, Amira valued a counselor's multicultural competence with an emphasis on religious sensitivity and inclusion of religion within therapeutic conversation. Reflecting on the negative counseling experience, Amira said, "... She [counselor] actually caused more problems

148

and the funny thing is I - at the time I even seeked intercultural - somebody who could do intercultural counseling. You know I'm not American. I wanted somebody who could do intercultural counseling. This was supposedly somebody who could do multicultural, multi-religious counseling. She made it very clear to me that my belief was nonsense, what's the matter with you kind of thing. She kind of made fun of my beliefs and my struggle. She actually basically just literally said, 'Why don't you research this instead and come back to me?' I never got back to her. Her approach completely turned me off. Actually, I didn't know where else to turn at the time. If I had a right person my life would be different. I was in my early 20s, and she just was nasty. That really left a bitter taste in my mouth, so it was several years until I did seek professional help again."

Also, Mejra stated that for her, a counselor does not have to be a Muslim. "Just as long as they understand with an open mind, a very objective mind. . . . [but] . . . At least basic knowledge of a particular religion and more knowledge of precepts would be helpful to the client." While talking about a negative experience with counseling due to the counselor's decision to refer her to another professional, Mejra said, "You give total trust to the counselor and you are emotionally naked - you feel exposed. The counselor may not be equipped to handle your case or may not be interested in your case so he refers you to someone else after months of exposing yourself, after months of shedding emotional layers and it feels like a total rejection, a new wound. If a counselor feels a need to refer the client to another professional, it is better if he does it in first session."

For Ulfeta, who is Black, and Amira and Mejra, who are White, a counselor's religious background was not relevant for seeking counseling; the counselor's competence was important, as was the counselor's openness for exploration of religion and the religious impact on the

149

clients' lives. Emina (Hispanic) also stated it was important that the counselor understand Islamic values. Her positive counseling experience for a family member included a non-Muslim counselor. If it was another issue, Emina said, "… I would definitely only go to Muslim counselor; if it were any other situation. But, for anxiety, I'm not so sure if I will go to any counselor at all." Hence, Emina would consider different counselors for different issues.

Another Hispanic woman (Selma) and both Arab women (Amra and Ismeta), as well as both Asian women (Samira and Hava), preferred a religious Muslim female counselor. Hava reported that at one point in her life she considered seeking counseling but was not able to find a Muslim counselor, which prevented her from using counseling services. These findings are consistent with Eugene and Amany's (1996) findings, which reported that a majority of the surveyed Muslims (Indo-Pakistani, Arab, other, and unknown) preferred a Muslim counselor and emphasized the importance of being familiar with Islamic values and teachings if a counselor is not a Muslim. Most of the women in the current study emphasized the importance of a counselor's familiarity with Islam and the incorporation of religion within counseling.

Additionally, the majority of women participants emphasized the importance of avoiding loneliness and isolation in times of distress, which may lead to mental health problems. None of the participants used indigenous treatment methods. Although they acknowledged the possibility of the unseen world (jinns, shaytan, sihr, the evil eye) as possible causes of illness or distress, they emphasized the importance of accepting responsibility for their own behavior rather than seeking excuses in illness. If needed, indigenous treatment providers would be carefully selected and consultation with Imam would be important.

Similarly, the findings indicated an association between perception of a counselor's competence, including his or her background, and counseling-seeking attitudes. Women would

more readily seek counseling if a counselor met their requirements, such as being a Muslim female counselor or a culturally and religiously sensitive counselor. Inclusion of Islamic belief within the counseling process is considered an important aspect of service utilization. Selma explained, "A Muslim isn't just that person, it's the religion, it's the life, the way you live it, learning, living by the teachings. It's a whole piece. So you can't just take a problem and just fix a little piece of it, you have to make sure that everything is also running well in that person, which is their religion and their teachings, are they following their teachings properly? There is different little things that make up the whole person and why that person is going through that problem and having as much difficulty in that problem. So I think that cooperation would help deal with the entire process."

Khan (2006) reported that older Muslims (44 years and older) have more positive attitudes towards seeking and using counseling services than younger Muslims. In the current study, only two women who used counseling were above this age (Mejra and Ulfeta). Two other participants (Emina and Amira), who were 39 and 40 years old, respectively, sought counseling at an even younger age. Additionally, Khan reported no association between education and counseling-seeking attitudes. The findings of this study concur with Khan's; the educational background of women who used counseling varied from three years of college to a master's degree and the educational background of women who did not use counseling varied from a high school diploma to a bachelor degree.

Aloud and Rathur (2009) reported that among Arab Muslims, length of stay in the United States was a demographic variable associated with counseling-seeking attitudes. The findings from the Arab sample in this current study revealed no association of the length of residency with utilization of counseling services; both women, Ismeta, who has been living in the United

151

States for 23 years, and Amra, who has been living in the United States for nine years, did not use counseling. In addition to utilization of religious coping, these two women seemed to have strong family, friend, and community support. Similarly, none of other U.S.-born participants, except Amira from Turkey, did use counseling regardless of their length of residency.

Arab and Asian women as well as Black non-U.S.-born Muslim women reported no current need for counseling. Hava, from Malaysia, did not use counseling although she had a need. She was not able to find a Muslim counselor. Amra from Jordan stated that due to family and friends' support, she does not feel a need for counseling. According to Asian and Arab women, counseling would be the last resort considered, which is consistent with Kobeisy's (2004) and Aloud and Rathur's (2009) findings.

The majority of women in this study acknowledged the importance of educational programs regarding benefits of counseling within a Muslim community. This finding is consistent with Mahmood (2009) who reported a need for educational programs with regard to mental health services within a Muslim community. En-Nabut (2007) showed that education about counseling positively influenced counseling-seeking attitudes among Arab Muslim women.

Additionally, the majority of women in this study emphasized a need for marital counseling within the community, which is consistent with Erickson and Al-Timimi (2001), who discussed the need for marital counseling among Arab Muslims in the United States. For instance, Ismeta from Sudan mentioned how often a woman gets married and moves to the United States only to find that her husband is not religious nor does he behave properly, as initially thought. Meanwhile, the wife remains isolated from the community, not knowing people and being far away from family. So, the wife suffers and she feels embarrassed to talk

152

with the Imam about the issues. Similarly, Selma from Belize, Amra from Turkey, and Hava from Malaysia discussed challenges of intercultural marriages. Also, some of the women who converted to Islam explained how a lack of knowledge about Islam can cause marital distress. Women do not feel comfortable talking alone with the Imam about marriage issues. Other women reported similar reasons while emphasizing a need for marital counseling. While the Imam can give religious perspective about the issues, women feel that the Imam has limited helping skills critical for improvement of spousal communication and enrichment of marital relationship. For instance, Emina said, "Because the Imam sometimes is the only counselor to Muslims a lot. Yeah. Most of the time, the Imam is the only one. And then sometimes other sisters in the community, like Muslim sisters may go to the Imam and he may not know what to do because you're not trained as a counselor. But sometimes sisters won't go to the Imam at all because they might feel, you know, or they're ashamed or embarrassed or even if - But sometimes people go to the Imam because they don't know where else to go."

According to Khan's study (2006), the best predictor for using counseling services is perceived need, followed by attitudes, then age, and ethnicity. Findings of this current study revealed that these factors are not good predictors for utilization of counseling services. The exception seems to be ethnicity. However, rather than looking solely at ethnicity, other factors need to be considered as well. Good predictors for seeking counseling, in addition to religious coping, would be family and friends' support, accessibility to a Muslim counselor, availability of counseling services within a Muslim community, familiarity with available services (especially among those who did not use counseling), and the Imam-counselor liaison.

Religious Coping

Findings in this study revealed that all participants utilized religious coping as a first resort in dealing with distress. Religious coping, considered as an important part of belief, is perceived as helpful and in some cases, sufficient when complemented with family and friends' support.

Religious coping among Muslims consists of remembrance to Allah through increased glorification (i.e., remembrance) of Allah-dhikr, utilization of supplications-du'as, prayers, Qur'anic recitations in Arabic and translations, becoming familiar with the hadiths and the Prophet's life, increasing Islamic knowledge; and seeking support from Imams and the Muslim community, which involves attending religious and community gatherings. The foundation of coping is patience and acceptance of Allah's will, which is a common theme among all participants in this study.

Overall, participants in this current study used different ways of coping, including prayer, making dua's-supplication, dhikr-remembrance of Allah, and qada' and qadar (i.e., acceptance of Allah's predetermined will), reading Qur'an and hadiths. These aspects of religious coping are actually important aspects of Islamic belief and part of the daily routine of a Muslim, which are increasingly utilized in times of distress. The findings indicate that religious coping has a positive impact on the participants' well-being, which is consistent with the existing literature (Abu Raiya, Pargament, Mahoney, & Stein, 2008; Ai, Peterson, & Huang, 2003; Amer & Hovey, 2007; Ano & Vasconcelles, 2005; Khan & Watson, 2006; Smith, Pargament, Brant, & Oliver, 2000; Tarakeshwar & Pargament, 2001; White, 2009).

Bhui, King, Dein, and O'Connor (2008) explained that, "Psychotherapy and mental health practitioners may find that supporting their [Muslims'] coping strategies may improve

resilience and promote recovery, especially if conventional psychiatric interventions are unattractive or culturally unacceptable" (p. 149).

Abu Raiya, Pargament, Mahoney, and Stein (2008) reported positive effects of Islam and religious coping on the well-being of Muslims and emphasized "… the need for greater attention to the Islamic religion when dealing with Muslim populations. Failure to do so could lead to an incomplete and perhaps distorted picture of the lives of Muslims" (p. 312).

Findings of the current study indicated that religion is an important aspect of daily life for all participants. Women described the importance of being close to God, especially in times of distress. As Pargament (1997) aptly stated, "… Crisis becomes an opportunity for closeness with God …" (p. 172).

Selma, a Hispanic woman from Belize who accepted Islam four years ago, stated, "Just keeping my faith and praying as much as I could, because I realized the more that I learned, the closer I wanted to get to God. And the things that were difficult in my life weren't as difficult as it might have seemed when you're not close to God.… to feel like I can just turn to God and pray whenever, because it's what I want to do, it's not because I want something or I need something."

Samira from Bangladesh said, "My religion was my source of comfort," whereas Amira from Turkey explained the importance of accepting Allah's predetermined will, "I realized lack of control and I let it go. Once I was sort of able to give in, if you will, or be safe to sleep, completely relinquishing all kind of ideal power that you might have to God, things just completely just changed for me. It was interesting. It was a phenomenon that I had never experienced before, and it was just, like, wow … I was struggling, and there was this one point, 'Okay, God, I give in. I have no power except – I give all power to you. Just God, help me with

155

this, and I am happy with whatever you give me. I know that you can take everything from my life. You can take my family, my husband, my marriage. I have nothing but you.' I came to that point, basically. That was sort of like a turning point for me, and things just got better from there on."

Similarly, Emina, a Hispanic woman born in the United States who converted to Islam 17 years ago, acknowledged the importance of religious coping but also its limitation in some instances and the need to seek further help. However, feeling religiously weak would prevent her from seeking help. Emina explained, "Because I thought it was, you know – maybe I didn't have enough trust in God if I didn't, if I took the medicine. I thought it was wrong and God would not be happy with me. So I always tried to produce this pathway trust in God and you'll be fine…. So, but I wouldn't take any medicine because I said, 'You're a believer. You believe in God and this is, it's all in God's hands anyway. So, if something happens, it's, you know, it's because it's supposed to happen.' So, for many years, I just accepted that. But, for some reason, I feel like I would, you know, maybe I'm being weak by not accepting this is, you know you have to be able to say and your hands, your life is in God's hands anyway. So I'm kind of caught between that feeling; and so you know I feel maybe I'm weak, you know. If I was stronger, I wouldn't feel this way."

The findings of this study, consistent with the existing literature (Ali, Liu, & Humedian, 2004; Ali, Mahmood, Moel, Hudson, & Leathers, 2008; Dwairy, 2006; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Haque, 2004; Hodge, 2005; Hodge & Nadir, 2008; Inayat, 2001; Jackson & Nassar-McMillan, 2006; Khaja & Fredrick, 2008; Kobeisy, 2006; Mehraby, 2002; Mehraby, 2003; Rassool, 2000; Toorawa, 2002), indicate that utilization of Islamic

156

teaching and values in counseling is Muslims' preference and seems a promising way of meeting their needs.

Different aspects of religious coping varied across the participant sample but seeking help from an Imam was common to all participants, except Amira from Turkey, who preferred to seek help from a sheikh. While some women differentiate between an Imam and a sheikh, others use these two terms interchangeably. All participants agreed that an Imam is the leader of a Muslim community who is easily accessible, whereas a sheikh (for those women who differentiate the terms) is a scholar - more knowledgeable but less accessible. All participants reported on the importance of seeking help from an Imam, even before counseling is considered, except for Amira from Turkey, who actually clearly differentiated the Imam's and the sheikh's roles. She would rather seek help from a sheikh, whom she considers as a spiritual leader.

Hence, findings of this study, concurring with reports from different authors (Ali, Milstein, & Marzuk, 2005; Amer, Hovey, Fox, & Rezcallah, 2008; Khan, 2006; Savaya & Cohen, 2005) emphasize the Imam's counseling role within a Muslim community.

Perception of the Imam-Counselor Liaison Toward Counseling-Seeking Attitudes

All women participants but three (i.e., two White and one U.S.-born Black) considered the Imam-counselor liaison important, beneficial, and influential for utilization of counseling services. Both White women, Amira from Turkey and Mejra from United States, indicated less importance of the liaison in relation to their help-seeking attitudes. Both of them have utilized counseling. Mejra would use Imam's help as a first resort but an Imam's recommendation would not be relevant for her decision to utilize the services. Similarly, Amira would seek help from a sheikh. She, in fact, consulted with a sheikh before seeking counseling and the sheikh actually approved it. Although Amira sought sheik's opinion in regard to counseling, she does not

157

consider his approval as relevant for making the decision to use counseling services.

Further, although Ulfeta, a U.S.-born Black woman considered the liaison beneficial, the liaison would not affect her utilization of services. All other participants stated that the liaison would be beneficial and important for the use of counseling.

If an Imam recommends counseling and refers to a specific counselor, Muslims would most likely use the services. Trust wouldn't be an issue because the Imam enjoys a certain reputation and his recommendations are usually respected. This is consistent with Ali, Milstein, and Marzuk's (2005) findings, which recommended the therapist's liaison with an Imam as a way of encouraging use of therapeutic services and meeting needs of Muslim clients.

The liaison would be mutually beneficial; the Imam could assist a counselor and a counselor could support the Imam's work. Amra from Jordan talked about the benefits of the liaison and emphasized the importance of the Imam informing the community about such work, "… Imam will look at it from the religious view and the other person, the counselor will look at it the way he studied or she studied. So for to me I see that it's the each one will complete the other. So it is something good…. Yeah I think, believe that the solution they're going to come out with is going to be more helpful for me because I will trust both of them for sure. So this one gave me the thing that's based on my religion and the other one based on knowledge. So both together just make them stronger to me. Maybe the Imam at the masjid should start thinking about that because it's not against of religion at all. If the people understand that it's something that's going to help you and it's not against our religion they will do it for sure. But yeah, I think they need to hear from like people whom they trust that it's something okay, nothing bad's going to happen and as long as it's not going affect the kids, the family, it's going to be helpful, not against them, so I think they will do it."

Ulfeta from the United States said, "So that's why I say it should be hand in hand. Each one helping, because they all looking for the same results in the end. And how can we help this person to achieve and to be the best both mentally, physically, financial, whatever the situation is – socially and stuff like that. We all try to come to the same results. To the same end. We want to see this person bloom. To simply be the best that he can and we have to – if this is what we have to do to achieve that, if it's the Imam or another counselor he refer to, I think it all work together because you're looking for the same results. To get that person mind together, mind right and stuff like that, so he could be of benefit to himself, his family, and the community."

Similarly, Emina, a Hispanic woman born in the United States, emphasized Imam's limited helping skills, "And then what happens with Imams is that they know a lot about Islam, but they may not know enough about techniques to marry the two. So they're not trained. It's not their fault. I mean they're trained to be, you know, to know Islam and to teach others. So it's like an Imam, if he were to be – he could – if somebody came to him with diabetes, he would send them to an M.D. because he just can't be a doctor, an Imam. He can't be everything. So, if you have something and you know it and there therapies that really are useful. But, if the Imam suggested a therapy and there were, you know, conflicted or culturally conflicted therapists, then he would do it easier because he would not just recommend anyone …. So, if you have a partnership, you get all those people and, not only that, the Imam doesn't always know what's the best course of treatment. Sometimes, you know, there could be a therapy that is okay and aligned with Islam, you know. But he wouldn't know it."

These quotes depict Muslim women's perceptions in regard to the prospective benefits of the Imam-counselor liaison. Pargament (1997) aptly described such a liaison stating that, "By working together, we bridge two worlds that have been isolated for too long, opening each up to

159

new resources and possibilities. Through this process, we may discover that we are better able to help others and ourselves in the search for significance" (p. 404).

Schnall (2006) explained that a religious leader's guidance is crucial in determining whether a client's behavior is within religious norms. For instance, if not familiar with Islamic daily prayers and rituals, a counselor could mistake some certain daily activities with obsessive-compulsive disorder (OCD). Thus, collaboration between counselors and religious leaders is needed. Pargament (1997) wrote:

> Helpers from every discipline have their limitations. The failure to take these limitations and needs for renewal seriously has exacted a tool in burnout and frustration among helpers in religious and mental health communities. ... Resource collaboration offers a partial remedy, an opportunity for helpers to replenish themselves and grow personally as well as professionally. By working together, we bridge two worlds that have been isolated for too long, opening each up to new resources and possibilities. (p. 404)

Subsequently, Abu Raiya and Pargament (2010) suggested that counselors refer Muslim clients with religious struggles to an Imam. Talking about religious struggles, Selma, a Hispanic woman from Belize said, "So it's necessary, you do need that [liaison]. But if you're also a Muslim, you need that religious guidance as well, so you would need a Muslim psychologist to be able to understand the religious struggle that you're going through with the problem."

Additionally, Emina, a Hispanic woman born in the U.S. noted a counselor's limited competence, "And so, but a lot of times the therapist may not be culturally competent. They don't realize why this person feels bad because, for example, why you don't want to talk about problems. And then they don't realize that, you know, that if your problem has something to do with you doing something that is something that would make Allah angry with you … So, you

know, in some circumstances, you would have to trust only someone who is Muslim. At the same time, you would want the Imam to know the therapy is available that are legitimate, you know. He doesn't know. So it's absolutely necessary to have a partnership."

Amira from Turkey described her negative experience with a counselor who did not take into consideration her religious struggle and thus failed to meet her need. Amira said, "If I had a right person my life would be a different." Amira described the counselor by saying, "She was not open to my religious beliefs, and she questioned my questions…. She made it very clear to me that my belief was nonsense, what's the matter with you kind of thing. She kind of made fun of my beliefs and my struggle."

Religious struggle, known as personal Jihad among Muslims, can be a source of distress and if not addressed adequately can have destructive effects on a Muslim's well-being. It is important that counselors are mindful of this aspect and appropriately address it with their Muslim clients, which may also include referral to an Imam if needed, as Abu Raiya and Pargament (2010) recommended.

Therefore, the findings of this study indicated both a need and preference of counselor's liaisons with Imams, which concurs with the recommendations of different authors (Abdullah, 2007; Abu Raiya & Pargament, 2010; Dwairy, 2006; Hakim-Larson, Kamoo, Nassar-McMillan, & Porcerelli, 2007; Hodge, 2005; Hodge & Nadir, 2008; Jackson & Nassar-McMillan, 2006; Khaja & Frederick, 2008; Khan, 2006; Kobeisy, 2004; Kobeisy 2006; Lee, Blando, Mizelle, & Orozco, 2007; Nassar-McMillan & Hakim-Larson, 2003; Podikunju-Hussain, 2006; Youssef & Deane, 2006). The Imam-counselor liaison seems to be a promising way to reduce underutilization of counseling services among the Muslim population. Moreover, it seems promising as a way of meeting the needs of Muslim clientele.

Relating the Findings to the Theoretical Framework – the RAHMA-M Model

An adapted version of Aloud's Health Seeking Pathways of Arab Muslims (HSPAM) Model (Aloud & Rathur, 2009), renamed the Religious Attitudes and Help-Seeking Modalities among Muslims (RAHMA-M) Model, was used as the conceptual framework for this study in order to enhance our understanding of Muslim women's attitudes towards seeking counseling services.

I believed that an adaptation of Aloud's HSPAM Model was needed to better guide this investigation because utilization of counseling services may vary among a diverse Muslim population. The findings indicated that utilization of the services did vary among the five ethnic groups that comprised the participants. Both White (U.S.-born and Turkish-born), one Hispanic (U.S.-born), and one Black (U.S.-born) participants used counseling services. One Asian woman (from Malaysia) considered using counseling but was unable to find a Muslim counselor, which she required. A Hispanic woman (from Belize) said that she would consider counseling if needed, while both Arab women (from Jordan and Sudan) and one Asian woman (from Bangladesh) stated that they would consider counseling only if other resorts failed (religious coping, family and friend support, and consulting an Imam). A Black woman (from Niger) would not consider counseling unless it was mandated but she said she would use counseling in her native country since there, a counselor would share her same values. All women who converted to Islam (Hispanic, Black, and White U.S.-born) used counseling except one Hispanic, non-U.S.-born woman. None of the Muslim-born women used counseling services except a White woman from Turkey.

Hence, the findings confirmed that utilization of counseling services varies among the diverse Muslim population, a finding that is relevant not only for planning and for providing

162

counseling services but also for future research. The service provision for Muslims in the United States based solely on the existing research, which primarily has focused on Arab and Asian Muslims, may not ensure that the counseling needs of all Muslims in the United States are met. Therefore, research including diverse Muslim participants is needed.

The RAHMA-M Model posits that religiosity and religious coping have significant influence on Muslims' attitudes toward seeking counseling services. A religious person would primarily use religoius coping as a main resort when coping with destress. The acronym RAHMA-M stands for God's mercy (for Muslims) for giving such an inexpensive and accessible remedy in time of distress, as one of the particpant (Mejra) in the current study talked about.

Findings of this study indicated that all participants first used religion to cope with difficult situations. Although religious coping variations among all 10 women exist, some aspects such as prayer, making du'as-supplication, reciting and reading Qur'an, accepting Allah's predetermined will and having trust in Allah, were common themes across the sample. Similarly, all the women would seek (and sought) help from an Imam except for the White woman from Turkey, who would ask a sheikh for help. For most of the women, the Imam-counselor liaison was perceived as beneficial and would reduce underutilization of counseling services. The exceptions were the two White and one Black U.S.-born woman who said that the liaison may be beneficial to Muslims generally but it would not affect their utilization of counseling services.

For the majority of women, religious coping, augmented with family and friend support, was sufficient. However, the finding indicates a need for Muslim counselors, availability of services within the Muslim community, and informing the Muslim community about the services. Participants indicated that the Imam would be a best resource to educate the

community and close the gap, as his recommendations and involvement would provide the trust needed for consideration of seeking counseling.

According to the RAHMA-M Model, supplementing factors that may be relevant for counseling-seeking attitudes include a support system, mental health perceptions shaped by religious belief (e.g., Qada' and Qadar belief), perception of the problem (i.e., perceived locus of control), familiarity with counseling services and their availability, availability of counseling services within the Muslim community, and, to a lesser extent or not at all, demographic factors, such as education, age, and financial stability.

The findings indicated that perceived family and friend support impacted the need for seeking counseling. For instance, Arab women indicated strong support and no need for counseling whereas White women reported limited support and utilization of counseling. Similarly, loneliness and isolation were perceived as strong causes of mental illness, which influenced the majority of women to reach out within their circle of trust, which again, affected counseling-seeking attitudes.

Utilization of indigenous treatment methods was not relevant to seeking counseling within this sample. What seemed to be relevant was a lack of trust in service providers who are often perceived as culturally, that is religiously incompetent. Additionally, there was a lack of services provided by Muslim counselors, and a lack of counseling services offered within the Muslim community.

I believe that an association between socio-demographic variables (age, length of stay in the United States, education level, SES) and counseling-seeking attitudes was not relevant in this study. Participants were between 26 and 49 years of age. Some of them were U.S. citizens and some were permanent residents. Most of them have bachelor's degrees; one had a master's

degree; one had a high school diploma; and one attended three years of college. All but one participant (Black, U.S.-born) spoke more than one language. All of them are married and have children (see Table 1). One woman reported poor SES, one woman wealthy SES, and the rest middle SES. SES seems not to be associated with counseling-seeking attitudes as discussed previously.

Findings of this current study revealed that perceived need, attitudes, age, and length of U.S. residency are not good predictors of utilization of counseling services. Good predictors for seeking counseling would be utilization of religious coping, the counselor's liaison with an Imam, family, friends and community support, the availability of Muslim counselors, counseling services offered within the Muslim community, familiarity with the services (especially among those who did not use counseling).

Further, it can be argued that ethnicity is a good predicator for utilization of counseling services. Variation among counseling-seeking attitudes exists among Hispanic, Black, and Asian women. Both White participants have utilized counseling and both Arab women had similar help-seeking attitudes. However, rather than focusing on ethnicity alone as a predictor of utilization of counseling services, it is important to look at other aspects as well. Different factors shape Muslims while Islam remains the unifying characteristic.

For instance, the White participants consisted of a U.S.-born woman who converted to Islam, and a Turkish woman who was born Muslim and came to the United States at age 16. The Black participants consisted of a U.S.-born woman who converted to Islam, and a Nigerian woman who was born Muslim and came to the United States at age 29. The Hispanic group consisted of a U.S.-born woman who converted to Islam, and a woman from Belize who converted to Islam and came to the United States at age 11. The Arab group consisted of a

Muslim-born woman from Sudan, who came to the United States at age 21, and a woman from Jordan, who came to the United States at age 22, both after they got married. The Asian participants consisted of a Muslim-born woman from Bangladesh, who came to the United States at age 20, after she got married, and a woman from Malaysia, who came to the United States at age 28, with her husband.

Characteristics of the women who used counseling services included an age range of 39 to 46 years old; an education level from three years of college to a master's degree; having been born in the United States and converted to Islam (except for one White woman who was Muslim-born from Turkey and came to the United States at age 16). Both White women indicated limited support from family, friends, and the Muslim community. Age was not a good predictor because women who sought counseling used it at different times in their lives.

Further, Arab and Asian women as well as a Black, non-U.S.-born woman reported no current need for counseling. Hava, from Malaysia, did not use counseling, although she had a need. She required but was not able to find a Muslim counselor. Amra, from Jordan, stated that family and friend support is one of the reasons she thinks counseling is not needed currently in her life. Selma from Belize indicated a need but did not use counseling due to lack of trust in the service providers. Hence, findings revealed that need and attitudes towards counseling are not good predictors of service utilization. Attitudes towards counselors, shaped by religious belief, rather than towards counseling seem to be relevant for utilization of the services.

The RAHMA-M Model is grounded in Religious Coping Theory (Pargament, 1997). The articulation of religiosity and religious coping in the RAHMA-M Model expands Aloud's model by providing greater depth in understanding counseling-seeking attitudes among Muslims.

Findings signify that religion is an important aspect of Muslim daily life, which is consistent with Pargament's (1997) theory, which posits that religion by itself is the ultimate purpose. According to Islam, the purpose of life is to worship Allah and coordinate life in accordance with Islamic teachings. For all 10 women, it was important to live life in a way that would bring them closer to God. All 10 women emphasized the importance of preserving Islamic values in daily life and within counseling sessions. For this reason, the majority of them desired a religious Muslim counselor. If the counselor were not Muslim, the participants emphasized the importance of the counselor's familiarity with Islamic teachings and values since inclusion of religion within counseling was a prerequisite to engage in counseling.

These findings are consistent with Religious Coping Theory, which posits that people act in accordance with their religious beliefs and utilize religious coping to preserve their values. Pargament (1997) divided religious coping into two categories: positive religious coping, which brings closeness to God and to other people and negative religious coping, which is seen as a religious struggle to preserve the purpose and significance of life. All 10 women utilized positive religious coping. In some phases of her life, Emina, a Hispanic, U.S.-born woman, talked about not feeling strong as a Muslim if she used a medication or sought help. This can be seen as a form of religious struggle. Similarly, Amira from Turkey used counseling to address her religious struggle but the counselor was unable to help her. This negative experience with counseling, where counselors actually mocked her struggle, brought her more problems and affected her life significantly. She explained that her life would have been different if she had found the right counselor. Inclusion of religion within counseling was important for the participants in this study and therefore, it has important implications for service providers and further research.

Implications of the Findings

The findings of this study provided clinical implications for serving Muslim clientele and educational implications for counselor educators who prepare counselors-in-training. The implications are discussed in light of recommendations in regard to counseling Muslims within existing literature. Some of the practical implications concur with Abu Raiya and Pargament's (2010) clinical recommendations for counselors and other mental health professionals when working with Muslims:

- Islam is an important aspect of daily life for Muslims. Therefore, counselors are strongly encouraged to engage in religious conversation with Muslim clients. All of the women in this study indicated the importance of including religion within counseling. Islam is deeply embedded within their beliefs, thoughts, and behaviors. Exclusion of religion from therapeutic conversation may have negative outcomes and may deprive Muslim clients from valuable and accessible resources that have significant implications for their overall well-being.

- Since Islam is deeply embedded within Muslim beliefs, thoughts, and behaviors, it is very important to ask Muslim clients, as Abu Raiya and Pargament (2010) aptly stated, "What does Islam mean to you?" (p. 184). Islamic teachings influence Muslims' daily functioning, including coping with distress. Therefore, a counselor's familiarity with Islamic values and teaching is important. Counselors could expand their knowledge by reading relevant literature, cooperating with local Imams, and allowing clients to provide relevant education. In addition, it could be beneficial to engage in meaningful conversation with fellow counselors.

- The findings indicated that religion and religious coping are the first coping strategies utilized in times of distress. Religious coping is a way to de-escalate stress by reframing distress. It allows Muslims to calm down, compose themselves, and remain composed throughout difficult situations while obtaining other coping strategies when needed. Incorporating these strategies within therapy is a promising way to effectively meet the needs of Muslims. For instance, Islamic literature, especially the Qur'an and the Sunnah, could be part of bibliotherapy, a widely accepted technique in the helping profession. Referring Muslim clients to specific surah (i.e., chapters) and ayah (i.e., verses) of the Qur'an, as well as the Sunnah and hadits would be a form of self-help and reinforcement of therapeutic treatment. Dwairy (2006) explained that counselors should:

  > Avoid any confrontation with Islam and try to help their clients find new answers and ways to change within Islamic teachings. Fortunately, as a result of the long history of Islamic debate, one can find within this heritage many Qur'an verses, Hadith directives, and proverbs that can be employed to facilitate therapeutic change. (p. 19)

In this regard, an Imam would be a valuable resource to a counselor.

- Religious struggles (i.e., personal Jihad) among Muslims is not a foreign aspect. According to Islamic teaching, Iman (i.e., belief) is fluid and fluctuates depending on situations; Muslims can find themselves with high or low level Iman. As Abu Raiya and Pargament (2010) recommended, it is important that counselors normalize religious struggle and optimize the atmosphere for growth. It could be beneficial if a counselor works closely with an Imam or refers a client to an Imam if needed. The case of Amira

from Turkey is an example of how detrimental it can be for a client if the struggle is not effectively addressed.

- Counselors should reach out to Imams rather than wait to be reached. The ultimate goal is the client's beneficence and if an Imam can enhance the counselor's work in this aspect with this population then it is important to liaise with Imams. Counselors need to be willing to expand their knowledge by different means including liaisons with Imams. Pargament (1997) stated that, "Although mental health professionals have been happy to accept these referrals and to provide educational programs to congregations, they have not drawn on the resources and wisdom of religious communities to enhance their own work and professional development in return" (p. 401). Although this statement was written more than a decade ago, it remains relevant to the current counseling situation.

- Additionally, findings indicated the importance of discussing the challenges of conversion to Islam with applicable clients in relation to lack of family support.

Similarly, the findings of this study provided implications for counselor educators:

- The first recommendation would be an emphasis that counselors-in-practice slyly liaise with an Imam in relation to their client while counselor educators provide educational programs to the Imam and the Muslim community.

- Again, counselor educators should reach out to Imams. One of the best ways to do so would be to contact local Imams and together with them explore areas of mutual assistance. It is very important to demonstrate sensitivity in working with Imams to ensure their receptivity. A lack of sensitivity on the part of mental health providers while working with religious leaders can be seen from an example provided by an Imam on Hutba (a lecture on Jum'a-Friday prayer), who described how a mental health

professional offered a workshop to different religious leaders and stated that "It is okay to be angry with God." The professional actually recommended that religious leaders say to those whom they serve to express their anger with God. However, this approach obviously lacks sensitivity and it is against Islamic teachings. In addition, this kind of approach leads to discreditation of mental health professions among religious leaders.

- The findings of this study indicate the need for educational programs regarding benefits of counseling within a Muslim community. An Imam would have a significant role in educating, that is informing the community about counseling. Also, the value of providing education about counseling to Muslims is demonstrated in En-Nabut's (2007) study in which four of six Arab Muslim women changed their counseling-seeking attitudes. Within a Muslim community, an Imam enjoys significant trust. Community members are receptive to his recommendations and guidance. If he informs members about the availability of counseling services and emphasizes possible benefits while cooperating with a particular counselor, it seems that underutilization of the services could be significantly reduced.

- Multicultural textbooks should be revisited as well as multicultural courses. It is very important to acknowledge diversity among Muslims in the United States rather than fitting them all under the umbrella of Middle-Eastern or Arab Americans. Textbooks need to address the importance of religion in the lives of Muslims and the inclusion of religion within the counseling process. I believe that it is mandatory to include these pertinent areas, which are crucial for meeting the needs of Muslims in counselor education as well as in practice.

- Also, the Imam could be a guest speaker in multicultural courses; he could inform counselors-in-training about Muslim populations and their needs. An Imam is the most approached person for seeking help among Muslims, as the literature indicates (Ali, Milstein, & Marzuk, 2005; Amer, Hovey, Fox, & Rezcallah, 2008; Khan, 2006; Savaya & Cohen, 2005) and he is well informed about Muslims' needs. Moreover, the Imam could conduct a one-day workshop for counselor educators and counselors in practice to enhance their knowledge and skills.

- Similarly, a counselor educator could offer a one-day workshop to local Imams to enhance their helping skills and improve their work. In addition, counselor educators could enhance educational programs for Imams by teaching helping relationship courses. The ultimate goal of both professionals, a counselor and an Imam, is to ensure the well-being of their clients. Hence, the liaison would be beneficial to both.

- In addition to the Imam's counseling role within a Muslim community, the Imam can have a very important role in reducing underutilization of counseling services among the Muslim population. Imams can have a significant role in closing this gap. Imams can be an important factor in increasing trustworthiness of counseling services and moreover the service providers.

- The findings indicated a need for marital counseling among Muslims. One of the ways to reach out to those in need is to offer one- or two-day marital workshops within a Muslim community using innovative strategies that would encourage and attract attendance. Hence, a liaison with an Imam is an important aspect of a successful outcome of the services.

- Inclusion of Imams in interdisciplinary treatment teams should be considered.

- Counselors-in-training in CACREP-accredited counseling programs must be adequately prepared to serve diverse clientele including Muslim populations. The findings revealed important information in relation to utilization of counseling and the needs of Muslim women when providing services for this population. For instance, since religious coping increases overall well-being, as the women in this study reported, counselors could include religious coping as an additional treatment tool.

Limitations of the Study

While this study examined an unexplored phenomenon and explicated important findings, it has several limitations that can be addressed in future research.

An important limitation of this study was variations of diversity among the five participant ethnic groups. Although some common themes exist among the groups, the diverse characteristics of each participant limited the applicability of findings. It seems that common themes relate more to religion than ethnicity. The exception would be the Arab group. Participants in this group speak the same language and have more commonalities than participants in other groups. Both of the Asian participants were Muslim-born from different countries with different lengths of U.S. residency (27 and 7 years). Although the Hispanic participants both speak Spanish, and both converted to Islam, one woman was born and raised in the United States, while the other arrived to U.S. at age 11. Also, one converted to Islam 17 years ago, whereas the other converted 4 years ago. Of the Black participants, one woman was born in the United States and converted to Islam, whereas the other is Muslim-born in Niger and arrived in the United States 8 years ago. Similarly, in the White sample, one woman was U.S.-born and converted to Islam 18 years ago, whereas the other is Muslim-born from Turkey. She arrived in the United States at age 16.

Although the goal of the study was to elucidate relevant information within this population, the findings cannot be generalized due to the small number of participants and specific characteristics of the different participant groups. Participants in this study were female and the questions regarding Muslim men's attitudes toward counseling and counseling-seeking attitudes remain to be addressed.

Also, I acknowledge that the sample in this study was purposefully self-selected. Therefore, the findings may not be reflective of all Muslim women but merely of practicing Muslim women for whom religion has an important influence in their lives.

Similarly, the sample size is limited to Muslim women living in a southern region of the United States. Findings could be different if the geographical location was different. For instance, if participants were recruited from a Muslim community in a northern region of the United States, where counseling is provided within a Muslim community and by Muslim counselors, the findings could differ.

Suggestions for Further Research

This study highlighted several areas for further research. First of all, future research could address limitations of this study. Replication of this study could be conducted with Muslim women and men who do not practice or practice less religion in their daily life. Also, a study could be conducted with Muslim men who consider religion as an important aspect of their daily functioning.

Further, a series of studies could be conducted with each of the five distinct groups separately in which each sample would have more similarities than differences. Then, comparisons could be made across the studies. Comparisons with non-religious or a less

religious sample would be useful. Similarly, a comparisons between U.S.-born and non-U.S.-born samples would be valuable.

Further research could test the efficacy of recommendations. Additionally, future research could empirically test the RAHMA-M Model. Development of religious coping and a religiosity scale applicable to all Muslims living in the United States would be beneficial for further research. Additionally, it would be interesting to compare counselors, counselor educators, and Imams' perceptions about the Imam-counselor liaison.

Future studies could compare utilization of counseling by Muslims within a Muslim community that provides counseling services and Muslims within a Muslim community that does not provide the services and has no access to Muslim counselors.

Moreover, additional studies could be conducted via quantitative and qualitative measures and the combined findings could be examined for a deeper understanding of Muslims' counseling-seeking attitudes and needs.

Conclusion

The current study explicated Muslim women's attitudes towards counseling and utilization of counseling services. Additionally, the study examined the influence of religious coping and perception of the Imam-counselor liaison on counseling-seeking attitudes.

The Imam-counselor liaison seems to hold promise way towards closing the gap in delivery and utilization of counseling services by Muslims, and as a way of enhancing counselors and counselor educators' knowledge and skills about this population. It may eventually increase access to counseling services, and ultimately, reduce underutilization of counseling. It is my hope that the findings will facilitate reflection on current counselor education practices and lead to changes that enhance service provision to this population.

Therapists could use these findings to enhance applicable interventions and services that could maximize potential for utilization of the services by this population.

One of the important findings in this study was the variations in counseling-seeking attitudes and different utilization of the services among Muslim women. Therefore, it is very important to acknowledge diversity among Muslims in the United States as well as variations among that diversity. Different factors shape Muslims. Religion is a unifying factor and an important part of Muslim daily life. Although all participants reported positive attitudes towards counseling, they also reported reserved attitudes towards service providers, emphasizing the importance of multicultural competence and inclusion of religion within the counseling process.

Therefore, incorporation of religion within therapeutic conversations seems to be important when working with this population. It is my hope that counselor educators and counselors-in-practice will consider the revealed areas pertinent for meeting the needs of their Muslim clientele. Additionally, the findings generated awareness of possible benefits from counselors' liaisons with an Imam. It is hoped that counselors in practice will utilize the findings in their work with Muslim clients and that counselor educators will consider the findings when teaching multicultural skills and competencies.

To conclude, I hope that the pertinent areas revealed by the findings will be considered when providing counseling services to Muslims as well as when educating counselors-in-training about this population.

References

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

Abu-Baker, K. (2003). "Career women" or "working women"? Change vs. stability for young Palestinian women in Israel. *The Journal of Israeli History: Politics, Society, Culture, 21*(1), 85-109. doi:10.1080/13531040212331295872

Abu Raiya, H., & Pargament, K. I. (2010). Religiously integrated psychotherapy with Muslim clients: From research to practice. *Professional Psychology: Research and Practice, 41*(2), 181–188. doi: 10.1037/a0017988

Abu Raiya, H., Pargament, K. I., & Mahoney, A. (2010). Examining coping methods with stressful interpersonal events experienced by Muslims living in the United States following the 9/11 attacks. *Psychology of Religion and Spirituality*. Advance online publication. doi:10.1037/a0020034

Abu Raiya, H., Pargament, K. I., Mahoney, A., & Stein, C. (2008). A psychological measure of Islamic religiousness: Development and evidence of reliability and validity. *The International Journal for the Psychology of Religion, 18*, 291–315. doi:10.1080/10508610802229270

Abu Raiya, H., Pargament, K. I., Mahoney, A., & Trevino, K. (2008). When Muslims are perceived as a religious threat: Examining the connection between desecration, religious coping and anti-Muslim attitudes. *Basic and Applied Social Psychology*, *30(4)*, 311-325. doi:10.1080/01973530802502234

Abu-Ras, W., & Abu-Bader, S. H. (2008). The impact of September 11, 2001, attacks on the wellbeing of Arab Americans in New York City. *Journal of Muslim Mental Health, 3,* 217–239. *Journal of Muslim Mental Health*, 3, 217–239, 2008. doi:10.1080/15564900802487634

Aflakseir, A., & Coleman, P. G. (2009). The influence of religious coping on mental health of disabled Iranian war veterans. *Mental Health, Religion & Culture, 12*(2), 175–190. doi:10.1080/13674670802428563

Ahluwalia, M. K., & Zaman, N. (2010). Counseling Muslims and Sikhs in a post-9/11 world. In J. G. Ponterotto, M. Casas, L. A. Suzuki, & C. Alexander (Eds.), Handbook of Multicultural Counseling (pp. 467-478). Thousand Oaks, CA: Sage Publications.

Ahmed, S., & Reedy, L. A. (2007). Understanding the mental health needs of American Muslims: Recommendations and considerations for practice. *Journal of Multicultural Counseling and Development, 35*(4), 207-218.

Ai, A. L., Peterson, C., & Huang, B. (2003). The effects of religious-spiritual coping on positive attitudes of adult Muslim refugees from Kosovo and Bosnia. *The International Journal for the Psychology of Religion, 13*(1), 29–47. doi**:**10.1207/S15327582IJPR1301_04

Ai, A. L., Tice, T. N., Huang, B., & Ishisaka, A. (2005). Wartime faith-based reactions among traumatized Kosovar and Bosnian refugees in the United States. Mental Health, Religion & Culture, 8(4), 291–308. doi: 10.1080/13674670412331304357

Akhter, J. (1998). *The seven phases of Prophet Muhammad's life.* Oak Brook, IL: International Strategy and Policy Institute.

Ali, S. R., Liu, W. M., & Humedian, M. (2004). Islam 101: Understanding the Religion and

    Therapy Implications. *Professional Psychology: Research and Practice, 35*(6), 635–642.

    doi:10.1037/0735-7028.35.6.635

Ali, S. R., Mahmood, A., Moel, J., Hudson, C., & Leathers, L. (2008). A qualitative investigation

    of Muslim and Christian women's views of religion and feminism in their lives. *Cultural*

    Diversity and Ethnic Minority Psychology, 14(1), 38-46. doi:10.1037/1099-9809.14.1.38

Ali, O., Milstein, G., & Marzuk, P. M. (2005). The Imam's role in meeting the counseling

    needs of Muslim communities in the United States. *Psychiatric Services, 56*(2), 202-

    205. Retrieved from http://www.freewebs.com/mjafferany/Presentations/

    Psychiatry%20And%20Imam%20Mosque.pdf

Aloud, N., & Rathur, A. (2009). Factors affecting attitudes toward seeking and using formal

    mental health and psychological services among Arab Muslim populations. *Journal of*

    Muslim Mental Health, 4, 79–103. doi:10.1080/15564900802487675

Altares, B. Y. (1996). Islamic spirituality in America: A middle path to unity. *Counseling and*

    Values, 41(1), 29-38.

Al-Mateen, C. S, & Afzal, A. (2004). The Muslim child, adolescent, and family. *Child and*

    Adolescent Psychiatry Clinics of North America, 13(1), 183-200.

Ameen, A. K. (2005). *The Jinn and human sickness: Remedies in the light of the Qur'an and*

    Sunnah. Riyadh, Saudi Arabia: Maktaba Dar-us-Salam.

Amer, M. M., & Hovey, J. D. (2007). Socio-demographic differences in acculturation and

    mental health for a sample of 2nd generation/early immigrant Arab Americans. *Journal*

    of Immigrant and Minority Health, 9(4), 335–347. doi:10.1007/s10903-007-9045-y

Amer, M. M., Hovey, J. D., Fox, C. M., & Rezcallah, A. (2008). Initial development of the brief

    Arab religious coping scale (BARCS). *Journal of Muslim Mental Health, 3*, 69–88.

    doi:10.1080/15564900802156676

    American Psychiatric Association. (2000). *DSM IV-TR: Diagnostic and statistical*

    manual of mental disorders--Text revision (Fourth ed.). Washington, DC: American

    Psychiatric Association.

Annells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in

    nursing research. *Journal of Advanced Nursing, 23*(4), 705-713.

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to

    stress: A meta-analysis. *Journal of Clinical Psychology, 61*(4), 461–480.

    doi:10.1002/jclp.20049

Ashy, M. A. (1999). Health and illness from an Islamic perspective. *Journal of Religion and*

    Health, 38(3), 241-257.

Begic, S. & McDonald, T. (2006). The psychological effects of exposure to wartime trauma in

    Bosnian residents and refugees: Implications for treatment and service provision.

    International Journal of Mental Health and Addiction, *4*(4), 319-329.

    doi:10.1007/s11469-006-9036-6

Bhui, K., King, M., Dein, S., & O'Connor, W. (2008). Ethnicity and religious coping with

    mental distress. *Journal of Mental Health, 17*(2): 141-151.

    doi:10.1080/09638230701498408

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A

    qualitative methodology of choice in healthcare research. *Qualitative Research in*

    Psychology, 5, 214-224. doi:10.1080/14780880802314304

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative

    phenomenological analysis (IPA) in health psychology. *Psychology and Health, 21*(1),

    87-108. doi: 10.1080/14768320500230185

Carter, D. J, & Rashidi, A. (2004). East meets west: Integrating psychotherapy approaches for

    Muslim women. *Holistic Nursing Practice, 18*(3), 152-159.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five*

    approaches. Thousand Oaks, CA: Sage Publications.

Cox, J. L. (2006). *A guide to the phenomenology of religion: key figures, formative influences,*

    and subsequent debates. New York, NY: The Continuum International Publishing

    Group.

Dwairy, M. (2006). *Counseling and psychotherapy with Arabs and Muslims: A culturally*

    sensitive approach. New York, NY: Teachers College Press.

Dwairy, M. (2009). Culture analysis and metaphor psychotherapy with Arab-Muslim clients.

    Journal of Clinical Psychology: In Session*, 65*(2), 199-209. doi: 10.1002/jclp.20568

En-Nabut, I. (2007). *The lived experiences of immigrant Arab Muslim women in the United*

    States of America. (Unpublished doctoral dissertation.) University of New Orleans,

    New Orleans.

Erickson, C. D., & Al-Timimi, N. R. (2001). Providing mental health services to Arab

    Americans: Recommendations and considerations*. Cultural Diversity and Ethnic*

    Minority Psychology, 7(4), 308-327. doi:10.1037//1099-9809.7.4.308

Eugene, K. W., & Amany, A. (1996). Muslims in the United States: An exploratory study of

    universal and mental health values. *Counseling & Values, 40*(3), 206-218.

Finlay, L. (2009). Exploring lived experience: principles and practice of phenomenological

    research. *International Journal of Therapy and Rehabilitation, 16*(9), 474-481.

Flood, A. (2010). Understanding phenomenology, *Nurse Researcher, 17*(2), 7-15.

Gallup (2009), *Muslim Americans: A national portrait – An in-depth analysis of America's most*

    diverse religious community. Retrieved from http://www.abudhabigallupcenter.com/

    144332/Muslim-Americans-National-Portrait.aspx

Giorgi, A. (2002). The question of validity in qualitative research. *Journal of*

    Phenomenological Psychology, 33(1), 1-18. doi:10.1163/156916202320900392

Goldstein-Ferber, S., & Granot, M. (2006). The association between somatization and perceived

    ability: Roles in dysmenorrhea among Israeli Arab adolescents. *Psychosomatic*

    Medicine, 68(1), 136-142. doi: 10.1097/01.psy.0000197644.95292.00

Hakim-Larson, J., Kamoo, R., Nassar-McMillan, S. C., & Porcerelli, J. H. (2007). Counseling

    Arab and Chaldean American families. *Journal of Mental Health Counseling, 29*(4),

    301-321.

Hamdan, A. (2007). A case study of a Muslim client: Incorporating religious beliefs and

    practices. *Journal of Multicultural Counseling and Development, 35*(2), 92-100.

Haque, A. (2004). Religion and mental health: The Case of American Muslims. *Journal of*

    Religion and Health, 43(1), 45-58.

Harold, E. J. (2004). Jihad in the Qur'an, then and now. In E. J. Harold (Ed.). *The destructive*

    power of religion: Violence in Judaism, Christianity, and Islam, Volume 3: Models and

    cases of violence in religion (pp. 39-52). Westport, CT: Praeger Publishers.

Hassouneh**,** D. M., & Kulwicki**,** A. (2007). Mental health, discrimination, and trauma in Arab

    Muslim women living in the US: A pilot study. *Mental Health, Religion & Culture,*

    10(3), 257-262. doi:10.1080/13694670600630556

Haylamaz, R. (2007). *Khadija: The first Muslim and the wife of the Prophet Muhammad.*

    Somerset, NJ: The Light, Inc.

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of

    religion and spirituality: Implications for physical and mental health research. *American*

    Psychologist, 58(1), 64-74. doi:10.1037/0003-066X.58.1.64

Hodge, D. R. (2005). Social work and the house of Islam: Orienting practitioners to the beliefs

    and values of Muslims in the United States. *Social Work, 50*(2), 162-173.

Hodge, D. R., & Nadir, A. (2008). Moving toward culturally competent practice with Muslims:

    Modifying cognitive therapy with Islamic tenets. *Social Work, 53*(1), 31-41.

Inayat, Q. (2001). Theory and practice: The relationship between integrative and Islamic

    counseling. *Counselling Psychology Quarterly, 14*(4), 381–386.

    doi:10.1080/09515070110101478

Jackson, L. M., & Nassar-McMillan, S. (2006). Counseling Arab Americans. In C. C. Lee

    (Ed.). *Multicultural issues in counseling* (pp. 238-248). Alexandria, VA: American

    Counseling Association.

Khaja, K., & Frederick, C. (2008). Reflection on teaching effective social work practice for

    working with Muslim communities, *Advances in Social Work, 9*(1), 1-7.

Khalid, S. (2006). Counseling from an Islamic perspective. *Healthcare Counseling &*

    Psychotherapy Journal, 6(3), 7-10.

Khan, Z. H. (2006). Attitudes toward counseling and alternative support among Muslims in Toledo, Ohio. *Journal of Muslim Mental Health*, *1*, 21-42. doi:10.1080/15564900600654278

Khan, Z. H., & Watson, P. J. (2006). Construction of the Pakistani Religious Coping Practices Scale: Correlations with religious coping, religious orientation, and reactions to stress among Muslim university students. *The International Journal for the Psychology of Religion, 16*(2), 101–112. doi:10.1207/s15327582ijpr1602_2

Kiely-Froude, C., & Abdul-Karim, S. (2009). Providing culturally conscious mental health treatment for African American Muslim women living with spousal abuse. *Journal of Muslim Mental Health, 4*, 175-186. doi:10.1080/15564900903245824

Kirmayer, L. J. (1984). Culture, affect and somatization: part I. *Transcultural Psychiatric Research Review, 21*(4), 159-188. doi:10.1177/136346158402100301 Retrieved from http://academia.edu.documents.s3.amazonaws.com/1482051/ 1984TPCultAffectSom1.pdf

Kobeisy, A. N. (2004). *Counseling American Muslims: Understanding the faith and helping the people.* Westport, CT: Praeger Publishers.

Kobeisy, A. N. (2006). Faith-based practice: An introduction. *Journal of Muslim Mental Health*, *1*, 57–63. doi:10.1080/15564900600697749

Krivenko, E. Y. (2009). Islamic view of women's rights: An international lawyer's perspective. *Journal of East Asia & International Law, 2*(1), 103-128.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*, 102-120. doi:10.1191/1478088706qp062oa

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of

historical and methodological considerations. *International Journal of Qualitative*

Methods, 2(3). Retrieved from http://www.ualberta.ca/~iiqm/backissues/2_3final/pdf/

laverty.pdf

Lee, W. M. L., Blando, J. A., Mizelle, N. D., & Orozco, G. L. (2007). *Introduction to*

multicultural counseling for helping professionals. New York: Routledge.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage

Publications.

Lumumba, H. (2003). The impact of Al-Islam on the African American population. *Counseling*

and Values, 47(3), 210-219.

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namey, E. (2005). *Qualitative*

research methods: A data collector's field guide. Research Triangle Park: NC: Family

Health International. Retrieved from http://www.fhi.org/NR/rdonlyres/

emgox4xpcoyrysqspsgy5ww6mq7v4e44etd6toiejyxalhbmk5sdnef7fqlr3q6hlwa2ttj5524x

bn/datacollectorguideenrh.pdf

MacPhee, M. (2003). Medicine for the heart: Embodiment of faith in Morocco. *Medical*

*Anthropology, 22(*1), 53-83. doi: 10.1080/01459740306766

Mahmood, A. (2009). Attitudes towards help-seeking among south Asian American Muslim

women. Dissertation Abstracts International: Section B: *The Sciences and Engineering,*

70(2-B).

McConnell, k. M., Pargament, K. I., Ellison, C. G., & Flannelly, K. J. (2006). Examining the

links between spiritual struggles and symptoms of psychopathology in a national

sample. *Journal Of Clinical Psychology, 62*(12), 1469–1484. doi:10.1002/jclp.20325

Mehraby, N. (2002). Counseling Afghanistan torture and trauma survivors. *Psychotherapy in Australia, 8*(3). Retrieved from http://www.startts.org.au/ContentFiles/Startts/ Documents/Counselling%20Afghan%20Survivors%20of%20T%26T.pdf

Mehraby, N. (2003). Psychotherapy with Islamic clients facing loss and grief. *Psychotherapy in Australia, 9*(2). Retrieved from http://www.startts.org.au/contentfiles/startts/ documents/psychotherapy%20with%20islamic.pdf

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

Najeh, A. M. (2004). Arab-American culture and health care. In C. Enwonwu, & E. Nieder (Eds.), *Public health management & Policy: An on-line textbook*. Retrieved from http://www.case.edu/med/epidbio/mphp439/

Nassar-McMillan, S. C., & Hakim-Larson, J. (2003). Counseling consideration among Arab Americans. *Journal of Counseling and Development, 81*(2), 150-159.

Nelson, K. (2001). *The art of reciting the Qur'an*. Cairo, Egypt: The American University in Cairo Press.

Nightingale, D. J., & Cromby, J. (Eds). (1999). *Social constructionist psychology: A critical analysis of theory and practice*. Philadelphia, PA: Open University Press.

Nielsen, K. (2006). Reaching for the moon. *Hispanic, 19*(9), *48-54*.

Ohm. R. (2003). The African American Experience in the Islamic Faith. *Public Health Nursing, 20*(6), 478–486.

Padela, A.I, & Heisler, M. (2010). The association of perceived abuse and discrimination after September 11, 2001, with psychological distress, level of happiness, and health status among Arab Americans. *American Journal of Public Health, 100*(2), 284-291.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice.* New York, NY: The Guilford Press.

Patton, M. Q. (2002). Qualitative research and evaluation methods. Thousand Oaks, CA: Sage Publications.

Philips, A. B. (2000).*The fundamentals of tawheed (Islamic monotheism).* Riyadh, Saudi Arabia: International Islamic Publishing House.

Philips, A. B. (1997). *The exorcist tradition in Islam.* Sharjah, United Arab Emirates: Dar Al Fatah.

Podikunju‑Hussain, S. (2006). Working with Muslims: Perspectives and suggestions for counseling. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.). *Vistas: Compelling perspectives on counseling* (pp. 103-106) Alexandria, VA: American Counseling Association. Retrieved from http://www.counseling.org/Resources/Library/ Selected%20Topics/Multiculturalism/vistas06.22.pdf

Qur'an. Retrieved from http://quran.com/

Rassool, G. H. (2000). The crescent and Islam: healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *Journal of Advanced Nursing 32*(6), 1476-1484.

Reitmanova, S., & Gustafson, D. L. (2009). Mental health needs of visible minority immigrants in a small urban center: Recommendations for policy makers and service providers. *Journal of Immigrant Minority Health, 11*, 46-56. doi:10.1007/s10903-008-9122-x

Rippy, A. E., & Newman, E. (2006). Perceived religious discrimination and its relationship to anxiety and paranoia among Muslim Americans. *Journal of Muslim Mental Health*, *1*, 5-20. doi:10.1080/15564900600654351

Rippy, A. E., & Newman, E. (2008). Adaptation of a scale of race-related stress for use with Muslim Americans. *Journal of Muslim Mental Health*, *3*, 53-68. doi:10.1080/15564900802035292

Sahih Bukhari, University of Southern California, Center for Muslim-Jewish engagement. Retrieved from http://www.usc.edu/schools/college/crcc/engagement/resources/texts

Sahih Muslim. University of Southern California, Center for Muslim-Jewish engagement. Retrieved from http://www.usc.edu/schools/college/crcc/engagement/resources/texts/

Sakr, A. H. (2000). *Themes of the Qur'an.* Lombard, IL: Foundation for Islamic Knowledge

Savaya, R., & Cohen, O. (2005). Help-seeking among Muslim Arab divorcees in Israel**.** *British Journal of Social Work,* 35, 727–742. doi:10.1093/bjsw/bch201

Schnall, E. (2006). Multicultural counseling and the orthodox Jew. *Journal of Counseling and Development, 84*(3), 276-282.

Sherman, A. C., Simonton, S., Latif, U., Spohn, R., & Tricot, G. (2005). Religious struggle and religious comfort in response to illness: Health outcomes among stem cell transplant patients. *Journal of Behavioral Medicine, 28*(4), 359-367. doi:10.1007/s10865-005-9006-7

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54. doi:10.1191/1478088704qp004oa

Smith, J.A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis:*

Theory, method and research. London, UK: Sage.

Smith, J. A., & Osborn, M. (2008). Interpretative phenomenological analysis. In: J.A. Smith (Ed.). *Qualitative psychology: a practical guide to research methods* (pp.53-80)*.* London, UK: Sage.

Smith, J. A., Pargament, K. I., Brant, C., & Oliver, J. M. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood. *Journal of Community Psychology, 28*(2), 169-186.

Tarakeshwar, N., & Pargament, K. I. (2001). Religious coping in families of children with autism. *Focus on Autism and Other Developmental Disabilities 16*(4), 247-260.

Taylor, S.E. (2003). Health psychology. New York, NY: McGraw-Hill.

Toorawa, S. M. (2002). Seeking Refuge from evil: The power and portent of the closing chapters of the Qur'an. *Journal of Qur'anic Studies, 4*(2), 54-60.

U. S. Department of States/Bureau of International Information Programs (2009). Being Muslim in America. Retrieved from http://www.america.gov/publications/books/being-muslim-in-america.html

Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany, NY: State University of New York Press.

Wang, Y. (2006). *Empowered - A case study on the new roles of Muslim women.* Paper presented at the 101st Annual Meeting of American Sociological Association, Montreal, Canada. Retrieved from http://www.allacademic.com//meta/p_mla_apa_research_citation/1/0/4/4/5/pages104450/p104450-1.php

Weine, S., Kulauzovic, Y., Klebic, A., Besic, S., Mujagic, A., Muzurovic, J., Spahovic, Dz., Sclove, S., Pavkovic, I., Feetham, S., & Rolland, J. (2008). Evaluating a multiple-family

group access intervention for refugees with PTSD. *Journal of Marital and Family Therapy, 34*(2), 149-164. dio:10.1111/j.1752-0606.2008.00061.x

Weine, S., Muzurovic, N., Kulauzovic, Y., Besic, S., Lezic, A., Mujagic, A., Muzurovic, J., Spahovic, Dz., Feetham, S., Ware, N., Knafl, L., & Pavkovic, I. (2004). Family consequences of refugee trauma. *Family Process, 43*(2), 147-160.

White, S. E. (2009). The influence of religiosity on well-being and acceptance in parents of children with autism spectrum disorder. *Journal of Religion, Disability & Health, 13*, 104-113. doi: 10.1080/15228960802581503

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and methods.* Buckingham, UK: Open University Press.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228.

Yasin, M. N. (2003). *Book of Emaan: According to the classic works of Shaikhul-Islam Ibn Taymiyah*. London, England: Al-Firdous Ltd.

Youssef, J., & Deane, P. F. (2006). Barriers to mental health care and opportunities to facilitate utilization of services in Arabic-speaking communities. *Synergy: The Magazine of Multicultural Mental Health Australia, 1,* 5-8.

Yucel, S. (2007). The effects of prayer on Muslim patients' well-being (Doctoral dissertation.) Boston University, Boston. Retrieved from 2144/40/YucelSalih-2007.pdf?sequence=4

Yunesia, M., Aslani, A., Vash, J. H., & Yazdi, A. B. (2008). Effects of transcendental meditation on mental health: A before-after study, *Clinical Practice and Epidemiology in Mental Health Research, 4*(25). doi:10.1186/1745-0179-4-25 Retrieved from http://www.cpementalhealth.com/content/pdf/1745-0179-4-25.pdf

Zarabozo, J. M. (2000). *The authority and importance of the Sunnah.* Denver, CO: Al-Basheer

    Company.

Appendices

Introductory Letter to the Qualitative Research Study

This letter provides you with information about the study. Please read the information below and ask any questions before deciding whether or not to participate in the study. Your participation is entirely voluntary and you can refuse to participate without penalty at any time.

I am a doctoral student conducting a research study under the direction of Dr. Zarus E. P. Watson in the Department of Educational Leadership, Counseling and Foundations at the University of New Orleans.The purpose of this study is to explore Muslim women's attitudes toward counseling.

I am kindly requesting your participation, which involves one initial and one follow up interview. Initial interview would last approximately one to one and a half hour. Follow up interview would last approximately to a half hour and would be scheduled approximately within one or two month's period after the initial interview is completed. The purpose of the follow up interview is to check and confirm with you preliminary findings.

Both initial and follow up interview will be (audio) digitally recorded with your permission. For the purpose of maintaining confidentiality, you will be assigned a pseudonym before I start recording the interview. If I ensure adequate funds, I will hire a transcriptionist to transcribe the interviews who will be requested to sign a confidentiality agreement pertinent to all data collection in this study. Otherwise, I will transcribe all verbatim from the initial interview. Follow up interview will not be transcribed. I will keep digital recordings in a secure place and will destroy them after being transcribed and analyzed.

At the beginning of the initial interview I will ask you to read and sign the informed consent form and then to fill out a demographic questionnaire. After the conclusion of the interview, you will be able to provide feedback to me and share your reflections if you chose to do so.

The results of this study may be published and presented at different conference but all efforts to protect your identity will be utilized.

This research project has been approved by the Institutional Review Board (IRB) at University of New Orleans (IRB#: 07Nov10). For more information regarding the approval of the project please contact UNO IRB - Human Subjects at 504-280-5454.

Your participation in this study is completely voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. If you have questions about your rights as a research participant, please contact Dr. Ann O'Hanlon (504.280.6531) at the University of New Orleans.

Also, if you have any questions concerning the research study, please feel free to ask me or Dr. Watson at 504-280-6834.

Sincerely,

Mevlida Turkes-Habibovic , M.S., NCC
Doctoral Candidate
Department of Educational Leadership, Counseling and Foundations
University of New Orleans

UNIVERSITY *of* NEW ORLEANS

Informed Consent

Dear Participant:

I am a doctoral student conducting a research study under the direction of Dr. Zarus E. P. Watson in the Department of Educational Leadership, Counseling and Foundations at the University of New Orleans. The purpose of this study is to explore Muslim women's attitudes toward counseling.

I am kindly requesting your participation, which entails an initial (audio) recorded interview and a (audio) recorded follow up interview. The purpose of the follow up interview is to check and confirm with you preliminary findings. The expected duration of the interview is approximately one to one and a half hour. At the beginning to the initial interview I will ask you to fill out a demographic questionnaire.

Your participation in this study is completely voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. If you have questions about your rights as a research participant, please contact Dr. Ann O'Hanlon (504.280.6531) at the University of New Orleans.

Every precaution will be taken to protect your identity in this study, starting by assigning you a pseudonym at the beginning of the interview before initiating recording, and on all data collection with an identifier known only to me. Only informed consent form and demographic questionnaire will retain your real name. All data will be secured in a safe storage cabinet. Digital recording of the interviews will be erased after being transcribed and analyzed.

The transcriptionist might be hired to transcribe the first recorded interview. The transcriptionist will be requested to sign confidentiality agreement in order to maintain full confidentiality in regards to any and all digital recordings and documentation received from me related to this study.

The results of this study may be published and presented at different conference but all efforts to protect your identity will be utilized.

The risk of participation in this study is minimal and includes discomfort in discussing your coping strategies in time of distress. These risks are not greater than those ordinarily encountered in daily life. Although there may be no direct benefit to you, the possible benefit of your participation may help in identification of facilitators and barriers to the utilization of counseling services by Muslims. The findings could generate counselor's acknowledgement of the importance of religious belief and practices and their inclusion in treatment planning and reveal

pertinent areas which need to be considered when counseling Muslims and when educating counselors-in-training about counseling Muslims.

If you have any questions about this study or your participation in the study, please do not hesitate to ask me or Dr. Watson at 504-280-6834.

Sincerely,

Mevlida Turkes-Habibovic , M.S., NCC
Doctoral Candidate
Department of Educational Leadership, Counseling and Foundations
University of New Orleans

Your signature below indicates that you agree to voluntary participate in this study. You will receive a copy of this signed document during the follow up interview.

Participant's Name (printed)
Participant's Signature
Date:

UNIVERSITY *of*
NEW ORLEANS

Demographic Questionnaire

I appreciate your willingness to complete this questionnaire. Please answer the following questions to the best of your ability. If you have any questions, please do not hesitate to ask me.

Name _____

Signature _____

Date _____

E-mail address _____

Phone Number _____

Age _____

US Citizen/Permanent Resident/Visa Holder (**Circle one please)**

Length of Residency in the United States _____

Country of Birth _____

Are you an immigrant _____

Are you second-generation immigrant _____

Did you convert to Islam? _____

If yes, how long you are Muslimah _____

First Language _____

Language spoken at home _____

Other language(s) _____

Please choose one that applies to you)

_____ White/Caucasian

_____ Black/African-American

_____ Asian

_____ Arab

_____ Hispanic/ Latina

Education Level _____

Major (if applicable) _____

Occupation _____

Employment Status _____

Marital Status _____

Number of Children (if applicable) _____

Number of people living in your household _____

Number of extended family members living in your household (if applicable) _____

Do you consider yourself a practicing Muslimah? _____

If yes, please briefly explain_____

_____

How often do you go to mosque _____

What events do you usually attend at the mosque? _____

Do you wear Islamic clothing/hijab? _____

What Islamic sect do you belong to (if applicable)? _____

How would you describe your financial status: poor, middle class, wealthy? **(Circle one, please)**

Thank you for completing the questionnaire.

UNIVERSITY *of*
NEW ORLEANS

Transcriptionist's Confidentiality Agreement

_____ have been hired by Mevlida Turkes-Habibovic to transcribe the interviews conducted as a part of her dissertation study to be submitted to the Graduate Faculty at the University of New Orleans in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselor Education.

_____ agrees:

· to maintain full confidentiality in regards to all digital recordings and documentation received from Mevlida Turkes-Habibovic;
· to keep confidential the identification of any person that may be unintentionally revealed during the digitally recorded interviews;
· to make copy of digital recordings or the transcribed interview texts;
· to keep all received digital recordings and documents in a safe, secure location as long as they are in my possession and to return them all promptly to Mevlida Turkes-Habibovic as soon as transcribing process is completed;
· to delete all study related files from my computer and any backup devices;
· not to share digital recordings and study related documents with anyone; and
· not to discuss any information related to the study with anyone except Mevlida Turkes-Habibovic.

_____ is aware of being legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if identifiable information contained in the audiotapes/digital recordings and/or related files is disclosed.

_____ Representative Name (printed)
_____ Representative Signature
Date

Appendix E

Appendix E: Initial and Follow Up Interview Protocol

Initial Interview Protocol

- Arrive early at the prearranged interview site, start with welcome opening introductory in order to create and maintain a comfortable atmosphere, explain purpose and guidelines of the interview, and assigned a pseudonym with interviewee's agreement for the purpose of maintaining confidentiality.
- With interviewee's permission start digitally recording the interview.
- Present written informed consent to the interviewee, provide time for interviewee to carefully read the form, and then verbally summarize the consent to ensure that interviewee understand what her involvement would entail. Discuss interviewee's questions and/or concerns. Request interviewee to sign and return the consent form.
- Present the demographic questionnaire and ask interviewee to complete the questionnaire and then return it.
- Ask following interview questions being mindfully of importance of flexibility during the interview:
    - "Tell me about the time in the past when you had to deal with a difficult situation in your life and the strategies you used to cope with the situation?",
    - "How, if at all, have religion helped you in the time of stress or difficulty?",
    - "What is your perception and experience with indigenous treatment methods?",
    - "What kind of support system do you have in your life and how, if at all, this support helps you in the time of stress or difficulty?",
    - "What is your perception of mental health/mental illness?",
    - "What is your perception and experience with counseling?",
    - "What is your perception of Imam-counselor liaison and does it, if at all, their liaison would influence you seeking counseling?"
    - "When, if, you would consider seeking counseling for yourself or family members?"
- Summarize interviewee's responses and wrap-up.
- Ask interviewee for feedback and reflections, if she chooses to share them.
- End up with closing statement, participant-checking, and confidentiality reminder.

Answer questions if any and express gratitude for the participation.

Follow Up Interview Protocol

- Arrive early at the prearranged interview site, start with welcome opening introductory in order to create and maintain a comfortable atmosphere, explain purpose and guidelines of the follow up interview, and address interview with the same pseudonym used during the initial interview.
- With interviewee's permission start digitally recording the interview.
- Present the copy of the Informed Consent Form to the interviewee.
- Present preliminary findings and provide time for interviewee to review them, and then verbally summarize the findings. Ask for interviewee's feedback.
- Discuss interviewee's questions and/or concerns.
- Summarize interviewee's responses and wrap-up.
- Debrief interviewee and ask for feedback and her reflections, if she chooses to share them.
- End up with closing statement, participant-checking, and confidentiality reminder.
- Answer questions if any and express gratitude for the participation.

UNIVERSITY *of*
NEW ORLEANS

University Committee for the Protection
of Human Subjects in Research

University of New Orleans

_____

Campus Correspondence

Principal Investigator: Zarus E. P. Watson

Co-Investigator: Mevlida Turkes-Habibovic

Date: December 2, 2010

Protocol Title: "Social Factors influencing Muslim Women's Attitudes Towards
                               Counseling"

IRB#:   07Nov10

The IRB has deemed that the research and procedures are compliant with the University of Ne w
Orleans and federal guidelines. The above referenced human subjects protocol has been
reviewed and approved using expedited procedures (under 45 CFR 46.116(a) category (7).

Approval is only valid for one year from the approval date. Any changes to the procedures or
protocols must be reviewed and approved by the IRB prior to implementation. Use the IRB
number listed on this letter in all future correspondence regarding this proposal.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are
required to inform the IRB as soon as possible after the event.

Best wishes on your project!

Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

Appendix G: List of Emerging Themes from Case Study of Emina

- Seeking medical help
- Taking medication as needed
- Decision for not seeking counseling services based on acceptance of God's will for particular issue
- Decision for not seeking counseling services because she has to pray more and be more introspective
- Taking medication perceived as lack of trust in God
- Trust in God is very important
- Accepting Allah's will and responsibility for behavior
- Isolation from friends and Muslim community increase distress/symptoms
- Being involved in the Muslim community and spending time with friends reduces distress
- Religion provided partial comfort in times of distress
- Spousal consolation important and influential
- Helping others is actually helping self
- Keeping focus on others rather herself
- External locus of attention is helpful in times of distress
- Doing dhikr in times of distress
- Feeling religiously weak for not being able to successfully cope with disclosed issue
- Making faith stronger is first avenue to cope with distress
- Holistic approach to counseling including religion and environment
- Selective utilization of counseling services
- For some issues, seek help from the Muslim counselor only; for others, wouldn't seek counseling at all
- Universality, especially within religious struggle, is an important aspect in coping
- There is no hope without God
- Imam's limited helping skills
- Counselor's limited multicultural competence
- Imam's counseling is often only resource Muslims utilized
- Imam-counselor liaison important
- Trust is important for seeking counseling – for some issues, trust Muslims only
- Shame for disclosing personal problems to other Muslims exist among Muslims
- Keeping private matters private is important for Muslims
- Need for marital counseling within Muslim community exists
- Islam is a way of life
- God's presence in every aspect of life
- Pleasing to God
- Relationship to God is important
- Counselor must understand Islamic values
- Going to non-Muslim counselor for some issues may not be helpful
- Support from her mom
- Community support is generally present
- Disclosure of personal matters with (community) sisters limited
- Getting together with (community) sisters is challenging due to lifestyle but helpful
- Psycho-educational aspect of counseling helpful for families, especially when mental illness is present
- Continuing education about Islam and encountered issue is important
- Looking in the environment for the causes of distress and illness
- Cultural perception of illness – accepting personal responsibility rather than seeking excuse in mental illness, including possession by jinns or sihr
- Importance that indigenous methods are evidence supported
- Seeking help from a Muslim psychiatrist
- Importance of understanding the content of the Qur'an rather than recitation only
- Importance of logically understanding recited prayers in order to be helpful
- Avoiding isolation is an important aspect of mental health
- In addition to prayer, seek other way to cope with distress
- Educate Muslims about the benefits of counseling

Major theme #1 – **Coping strategies**

"So I went to my doctor and my doctor actually suggested that I take this medicine. Now, she [medical doctor] suggested I go to a psychologist as well but I told her that I didn't think I needed it. So it's like I didn't want to go to a psychologist because I feel like maybe I have to, you know, be more introspective or maybe pray more about it. And, you know, and so I – that's why I didn't go", "So I found like when I just really work outwardly instead of focusing so much inwardly; 'cause self reflection is supposed to be good but, when you reflect too much on yourself all the time, you can be, you know, it can – you know it's just way too much focus on yourself, you know. And nobody's perfect anyway. So, if you focus on yourself all the time; so what I notice is that if I start putting the focus outside myself, that that helps a lot; that I feel much better and then I feel like I didn't waste my time and then that's just part of a productive life, a well lived life. So then I start feeling happy again."

Major theme #2 – **Religious struggle**

"Because I thought it was, you know – maybe I didn't have enough trust in God if I didn't, if I took the medicine. I thought it was wrong and God would not be happy with me. So I always tried to produce this pathway trust in God and you'll be fine" and "So, but I wouldn't take any medicine because I said, "You're a believer. You believe in God and this is, it's all in God's hands anyway. So, if something happens, it's, you know, it's because it's supposed to happen. So, for many years, I just accepted that. But, for some reason, I feel like I would, you know, maybe I'm being weak by not accepting this is, you know you have to be able to say and your hands, your life is in God's hands anyway. So I'm kind of caught between that feeling; and so you know I feel maybe I'm weak, you know. If I was stronger, I wouldn't feel this way."

Major theme #3 – **Perception of counseling**

"I think that some therapies that – some therapies, if you don't understand the whole person and their beliefs as well, then you can't really give them proper tools on how to change, if you don't understand everything about the person. But I think cognitive behavior therapy actually would probably be one of the best treatments for that because they just did what have you learned and it's – re teach you how to relearn that. And I think that's okay and that's in line with my beliefs. But the reason that I haven't gotten any like CBT is because I'm afraid that I really haven't gone to the first avenue, which is to make my faith stronger because, when your faith is very strong, even though I feel like, you know, my belief in God is strong and I try to follow Islam and do my prayers and everything that I have to do, but I'm still afraid that, you know, some – I know it's irrational", "Not only need to know about counseling but that person would also need to know a little bit about – a lot about the religion or sources that they could refer that client to, to a religious advisor. So the counselor, you know, not only needs to understand that but needs to understand what characters are in line with Islamic values and, you know. And many of them are and some of them aren't. So, but if it was something, if another situation I was dealing with, then I would definitely only go to Muslim counselor; if it were any other situation. But, for anxiety, I'm not so sure if I will go to any counselor at all" "Yeah, I think also like, if you had tried a counsel personally and you tried to counsel the whole person, not enough, every aspect of that person is nice. Like I mentioned before, you know, intellectually and spiritually."

Major theme #4 – **Being helpful to others is a way to help yourself**

"Sometimes when you're helping other people, you don't have a chance to focus on yourself. If I can make somebody else feel better, I feel better" and "But I saw other people who do also feel – and that it's pretty common; and that, when I saw that more Muslims felt like that, I felt better."

Major theme #5 – **Trust in God**

"Because I thought it was, you know – maybe I didn't have enough trust in God if I didn't, if I took the medicine. So I always tried to produce this pathway trust in God and you'll be fine."

Major theme #6 – **Support system**

"But, when it comes to my family, I would say we have a great support system 'cause I have my mom. My sister is pretty close to me but she lives in another state but we talk. But also the sisters through the masjid, sometimes we don't talk personal stuff, but there is the fact that you know that they're dealing with stuff" and "But usually when I'm busier, when I'm working or I'm doing things with my kids or I have stuff to do in the malls with my friend. If I keep busy, then the symptoms are less bad."

Major theme #7 – **Reflection on Muslim community**

"Well I definitely think a lot of people in the Muslim community are not really familiar with the whole positive benefits of counseling because I don't think that it's, you know, that they feel that non-Muslims understand them so they wouldn't use that service because they know that there are none, if very few, Muslim counselors. So they don't even consider it. They don't even consider it", "Yeah, I know that there are some sisters that are ashamed to go to the Imam because they're having marriage problems and sometimes they feel like, you know, what if they just don't want to air their dirty laundry in public, even though it's not public; it's the Imam. But they feel like oh, now another Muslim knows my problems. So the marriage relationship is a very private one. So I have friends who won't go to the Imam even though they're on the border of divorce, on the verge of divorce, because you keep it private and God will bless you if you keep it private. But even when things are getting bad and it's not their fault, they won't go to the Imam."

Major theme #8 – **Islam is a way of life**

"A lot of the things in Islam is this, like a religion or belief system, a way to direct your worship. But Islam is more than just the worship aspects or the spiritual aspects. It kind of dictates everything in your life, the way you plan your daily – what you eat or, you know, what you eat, how you dress, the parameters of some of the things that are allowed and not allowed. And so you really guide your life. It's like a guide for your life and it's based on what you think is more pleasing to God. At least you try to meet those standards. So, whatever you're doing, you can't take a technique and then you can't take, you know, God out of it. You just can't. It has to – everything is inclusive of your consciousness of being that's responsible to God and that you want to be pleasing to Him. And, if you're ready to die at any moment, you will be hopefully doing something that's pleasing to Him. And that's true peace and, you know, in your life."

Major theme #9 – **Dhikr/remembrance of Allah**
"I'll do Dhikr, like SubhanAllah SubhanAllah s'alhamdulillah like remembering Allah. And you know, *du'aas*, you know like small prayers."

Major theme #10 – **Utilization of religion in times of distress**
"Like Islam is not just this magical thing that, you know, like they recite Qur'an to you and it's like magic and it cures everything. You have to understand what it says, accept its meaning and want to include that as part of your life, to change you from inside and out for it to work. And, if you're not capable of logical and, you know – if you're not capable of logical understanding, if you're beyond logic, then it's not going to – you know for us to see your heart somehow, you have to understand it. For you to agree, you have to be able to interpret what you're – you know the prayers that are recited by you. And, if you're not logically making these conclusions or these connections, it may not help you", "So I think we need education. Some things are enough if we just pray, you know we went to the indigenes methods, like you called them. But some things we need to be educated about; things that God has revealed about, you know, biology and about human behavior and God revealed that like he revealed math and the science. You just study it more and you realize it more and you're allowed to do things that improve humans' lives through methods that are completely based on, you know, the evidence of facts and studies. But you have to – you could do both. You can go to pray and then you could find out also what's other ways you can deal to make your life better because that's okay; it's good."

Major theme #11 – **Imam-counselor liaison**
"Because the Imam sometimes is the only counselor to Muslims a lot. Yeah. Most of the time, the Imam is the only one. And then sometimes other sisters in the community, like Muslim sisters may go to the Imam and he may not know what to do because you're not trained as a counselor. But sometimes sisters won't go to the Imam at all because they might feel, you know, or they're ashamed or embarrassed or even if – But sometimes people go to the Imam because they don't know where else to go. So, if you have a partnership, you get all those people and, not only that, the Imam doesn't always know what's the best course of treatment. Sometimes, you know, there could be a therapy that is okay and aligned with Islam, you know. But he wouldn't know it", " And so, but a lot of times the therapist may not be culturally competent. They don't realize why this person feels bad because, for example, why you don't want to talk about problems. And then they don't realize that, you know, that if your problem has something to do with you doing something that is something that would make Allah angry with you", "So, you know, in some circumstances, you would have to trust only someone who is Muslim. At the same time, you would want the Imam to know the therapy is available that are legitimate, you know. He doesn't know. So it's absolutely necessary to have a partnership" and "And then what happens with Imams is that they know a lot about Islam, but they may not know enough about techniques to marry the two. So they're not trained. It's not their fault. I mean they're trained to be, you know, to know Islam and to teach others. So it's like an Imam, if he were to be – he could – if somebody came to him with diabetes, he would send them to an M.D. because he just can't be a doctor, an Imam. He can't be everything. So, if you have something and you know it and there therapies that really are useful. But, if the Imam suggested a therapy and there were, you know, conflicted or culturally conflicted therapists, then he would do it easier because he would not just recommend anyone. And so, you know, you can go back to, you know, trying to do things like going back to your prayer and doing things that will help you realize that you can, you know, be at peace again; you can be happy again because, when you feel hope, you cannot feel hope without God. So you could feel hope again. But now you kind of have to seek professional treatment beyond just the Imam."

Major theme #12 – **Perception of mental illness/distress**
"So sometimes it's useful, like when somebody gets really nervous, you know, on extremes that are in their daily life, it's useful to have some kind of psycho-education for the family, right; like, okay, these things happen to some people and this is what they will be. 'Cause so many times things like you can't see, you know, like, you know, could be psychological disorders. People don't see them. Like if you had diabetes, you could show them your blood test, but if you have other conditions, people just think, "Snap out of it. What's wrong with you?" So it's kind of useful if somebody says to the family, "Look, this is what this person is feeling; it is real. And then sometimes they're gonna act like this. And you have to kind of, you know, this is the way you can help them get through it." You know that would be very, very – but, you know, how you gonna drag your whole family to somewhere unless it's someone you trust and then they trust", "And then, what the Muslim psychiatrist did was, you know, basically helped him with some meds to see how he reacted to those meds. But it was very private with the family", "That, because of the circumstances, that difficulties arise and, if you somehow get to the bottom of the circumstances and the how the best coping ways to deal with that and the person honestly wants to deal with them. But you also have to look at every – the environment around the person's life. So you have to look at the family too, like you said. So you can't just try to make that person more well adjusted and then not look at, you know, teaching their family or where they live in, like bringing it back to the situation."

Major theme #13 – **Qada' and Qadar (accepting Allah's predetermined will)**
"We accept Allah's will while trying to optimize our behavior. We do what we can, what is in our control and power, you know, just as that hadith says."

- Attending Imam's lectures
- Attending women's teaching group (Halaqa)
- Attending Isha' and Juma' prayer at the mosque and meeting older wise women
- Support from the Muslim community
- Support from Muslim sisters
- Masjid is a supportive place
- Meeting older wise women at the mosque/masjid
- Visiting masjid and praying is important to keep belief/Iman strong
- Closeness to God is important
- Turning to God in times of distress
- Accepting God's will
- Praying was comforting and calming
- Praying in a slow manner
- Finding peace in hearing God's word
- Reflecting on dealing with distress before conversion to Islam
- Putting trust in God ensures healing and provides peace to heart and mind
- Being patient
- Prayer is a way of relaxation
- Reflecting on perception of counseling within growing environment (Hispanic community)
- Perception of counseling influenced by Hispanic culture
- Perceived stigma to seek counseling within Hispanic community
- Islam changed perception of counseling
- Perception of counseling from Islamic perspective
- Inclusion of religion within counseling process

- Marital and parenting issues
- Modern situations are better fit for counselor rather than Imam who may lack counseling skills
- Religious guidance is better fit for Imam
- Asking Imam for advice
- Lack of Imam's response
- Desired characteristics of the counselor: religious Muslim female; same cultural background desirable yet not required
- More similarities between the counselor and the client brings better relationship and trust
- Imam-counselor liaison preferred
- Life is influenced by religion
- Reflecting on Hispanic culture and religion
- Challenges of conversion while learning Islamic rules and regulations
- Marital counseling from Islamic perspective, especially for a newlywed desirable
- Mental illness including Islamic explanation of some distress (possession byf jinns, sihr, the evil eye) viewed within environmental factors – an excuse for not accepting responsibility for personal behavior
- Accepting responsibility for own behavior rather than seeking excuses in illness
- Perception of mental illness shaped by Hispanic culture and growing environment
- Remain composed and mentally strong enough to resist Shaytan's influence

Major theme #1 – **Religion is important aspect of life**
"Just keeping my faith and praying as much as I could, because I realized the more that I learned, the closer I wanted to get to God. And the things that were difficult in my life weren't as difficult as it might have seemed when you're not close to God" and "to feel like I can just turn to God and pray whenever, because it's what I want to do, it's not because I want something or I need something."

Major theme #2 – **Continuing learning about Islam**
"Going to the halaqa just made me strong enough to deal with it in the situation, and then actually get through it. So the prayers and the teachings is what I would use to strengthen me in those difficult times, to guide me as well" and "But for me, because I don't understand a lot, I don't have as much knowledge as a Muslim who is raised in the religion, that wouldn't work as well, because I need to be able to understand all the aspects of the surah and why it's so important."

Major theme #3 – **Support system**
"Whenever I feel like I'm not doing something right or whatever, it always goes back to you slipped away a little from God, you're not praying as much, you're letting yourself go, you don't go to the Masjid any more, that goes in the back of my head, you know? Because if you're not getting knowledge then you're just going backwards. I just try to focus on that" and "I would go to the mosque at night for the Isha prayers just because you felt that community, you feel that strength from the prayer."

Major theme #4 – **Prayer as a coping strategy**
"Instead of refuting yourself and thinking about all the bad, all you would do is want to pray, and want to pray, and want to pray. So everything just calmed down, calmed down, calmed down. So that's what I would do. Just doing my daily prayers I would, I don't know, I feel kind of like on a normal basis your prayer becomes kind of mundane, you do it because you have to. But when you're learning more and you want to get close to God, you try to pray longer. Every word that you say, you try to say slower, because you want to spend more time with God, and that's what I would find myself doing. My normal prayers, I would just extend them as much as I could, because I wanted to have that feeling of peace, like God was with me at that moment, because I needed it. So I would pray longer. I would extend it as much as I could, just my normal prayers" and "When you do the prayer the way it's supposed to be and when you want to be in the prayer, it is a meditation because you focus on every word to try to just calm you. You're trying to tell God, "I need You, I want to do this for You. I want You to hear me. I want to feel You in my presence." And it just relaxes you and it allows you to focus on that and not on anything else that's going on, so it completely just lessens everything."

Major theme #5 – **Putting trust in God**
"I would see that being patient and just putting your faith in God allows things to heal, and realize that things come with time and when they're supposed to come, so it allows for you to just sit back and relax, which is what I didn't used to know how to do before I found my religion. I like that, that I was able to learn that from my religion. You just have to be strong enough to wait and be patient."

Major theme #6 – **Qada' and Qadar (accepting God's predetermined will)**
"You can do what you want to do to facilitate the good, but if you don't, if you can't, then you just have to step back and calm down, wait for things to happen, and accept that it has happened, and then move forward from there. You can't just keep moving forward, forward, forward, forward at your own pace, because it's something you don't have control of. But you have to be strong enough to accept that it's God's will and it's going to happen."

Major theme #7 - **Reflecting on Hispanic background**
"Not because I'm Muslim or of the faith, because of the environment that I was raised in, Hispanic, it's a very strict environment, counseling was never seen as something that was good. It was ridiculed. It was a sign of weakness. It was like you're not able to cope with the reality of the situation. It's basically non existent in my culture, and that's where I come from."

Major theme #8 – **Perception of counseling**
"In Islam, based on Islam, I don't know if it's acknowledged, but it more seems to be that you go to the Imam for any sort of counseling so that he can give you religious guidance for the situation that you're in, which I find is good. So for me, I do realize that it is necessary, because of times when I was going through the difficult issue, I was trying to find counseling. I contacted the Imam and I never got a response, and I was told to go, and basically I would get a religious perspective on it, and I didn't know how to even make that contact because he is a male and I would want to speak to a female. But you have to go to an Imam to get the counseling. So it's necessary, you do need that. But if you're also a Muslim, you need that religious guidance as well, so you would need a Muslim psychologist to be able to understand the religious struggle that you're going through with the problem" and "I feel like a lot of things are solvable, but at some point you do need somebody to come in from the outside, you need to go seek help."

Major theme #9– **Characteristics of a counselor**
For myself, I would want a religious counselor. I would want her to be able to tell me religiously why it is inappropriate to do or to think the way that I'm thinking, and give me a way to be able to religiously solve that issue. Because if you just give me a common answer, it's kind of hard to apply it to your life, because your belief is different. So it's hard to apply a general – what do you call it? You know, when you counsel

somebody in the general public it's basically you give an overall opinion or response to what the situation is. But I think if you have that religious connection that person is able to feel more of where you struggle or can give you a better solution based on the religious aspect. Because going to a psychologist in the general public, it's hard for them to understand because of the common opinion of a Muslim, it's kind of like it's hard, and having the comfort level for that person to understand certain things that you go through, the religious issues, it's hard to find that comfort. I don't think I would be as open with a man or someone who was not religious because I would be fearful of the judgment passed on. So the more common factors there are between the person and the counselor, I think that facilitates that person to open up more and able to solve their problem easier. If you go to a counselor, as with anything, I think most people try to find something you have in common with that person so that you don't have to have as many walls up. So the cultural really doesn't, because I find that we do have differences, but it's easier to understand a cultural difference than a religious or feminine with a man. I find that the gender and the religion are one big thing, well, for me, a wall to put down. I think I'm more open with somebody with a religious aspect, especially if it was a woman, it would make me much more comfortable to express myself than with a man."

Major theme #10 – **Imam-counselor liaison**
"I think it's a stronger combination to use that. It's a better tool for the Imam and it's a better tool for the counselor, because that gives you the comfort. You know both of them have to keep your privacy and keep the individual's religious background in mind as well. Because if I tell you a certain situation or whatever, and you're able to counsel me through it, but religiously what would the Imam be able to advise me to do as well? Pray more or trying to recite certain Qur'an because you have to deal with the real issue as well as the religious part of it, because the issue has gotten as big as it has gotten that you have to go to counseling, and your Imam isn't as strong if he can't kind of figure it out. There's a lot of modern situations that it's hard, I think, that a lot of Imams don't know how to apply it to, to be able to explain. I don't think they have the skills that a psychologist would have to be able to normally interpret it with the modern situation" and "A Muslim isn't just that person, it's the religion, it's the life, the way you live it, learning, living by the teachings. It's a whole piece. So you can't just take a problem and just fix a little piece of it, you have to make sure that everything is also running well in that person, which is their religion and their teachings, are they following their teachings properly? There's different little things that make up the whole person and why that person is going to through that problem and having as much difficulty in that problem. So I think that cooperation would help deal with the entire process."

Major theme #11 – **Marital counseling**
"Sometimes the marriage seems more difficult than it actually is, just because you're still getting to know each other so much, you're learning so much from each other, a lot of walls still need to be broken down, those difficulties. Another thing that I would seek counseling for deeply I parenting. So the parenting, I would definitely say that, just so I could cope for certain things that I find more stressful than it actually is, because I just don't know how to deal with it, as a woman and a mother, it's difficult. So those things I would definitely turn, those are two key elements of my life that I personally would turn to counseling for."

Major theme #12 – **Perception of mental illness/distress**
"I think a lot of it is environmental factors. I do understand people being born with difficulties, but I feel like society has just turned itself to where the simplest things are not solvable. People just use the excuse to be able to do whatever they want to do and get away with things that they want to get away with, they use mental illness. And I think it's disrespectful because there are a lot of people who really do have problems out there, and I guess that's why all the counseling I think is viewed like such a joke by so many people because a lot of people use it as an excuse. So it's hard for me. I kind of put those two together and it's hard to think, "Okay, well, I need counseling, I must be a real weak person or a person who just wants to use it to be able to do whatever they want" and "Basically I was raised to think of it, that things are the way you want it to be. If you can't control it, okay, then something's wrong with you. That's just how I was raised. We did have some difficulties in our environment when we were growing up, and how we were told to deal with it was: "Just get over it and make it better. You're the one who can control it. You can make it better. Things are only as bad as you make it. Things can get better if you change your mentality. So I was always told to basically make my mind stronger in order to be stronger, and there was no room for emotional weakness, you have to be strong. But to me, I am religiously strong, and the thing is, I think that if you open your mind to the Devil or to Shaytan, anything can get through your head. You can easily go crazy and be possessed. I'm starting to believe and understand or accept that there is jinn out there, there is a Devil. Religiously I have to believe it, I have to see it, to know that, to protect myself. But opening myself to be weak enough to accept Shaytan to get in my mind, to just mentally accept that, I think will allow me to get that in my life, and I'm not willing to do so. Just when I hear that indigenous, that we have to go for the Devil to not possess you, my Iman is strong enough to accept God and to know that something is wrong, to me it's kind of common sense. I feel like my Iman is strong enough in that aspect. My belief in God is stronger than my belief in the Devil taking over me. That's why I find it odd."

- Belief in Allah is crucial
- Practicing religion important for her and family members
- Qur'an is the first resource in times of distress
- Husband is supportive
- Spousal consolation
- Family is supportive
- Friends are supportive
- Expanding knowledge about the particular issue from the Islamic perspective
- Prayer/salah and du'a
- Asking God for help
- Expecting help from God
- God is the source of peace and comfort
- Accepting Allah's will
- Calling Allah's names
- Relying on God
- Reaching out to family members
- Reaching out to friends
- Reaching out to elder, wise woman in the Muslim community
- Muslim community supportive
- Thanking to Allah
- Time of distress brings closeness to God
- Avoiding loneliness and isolation in times of distress
- Tasbih/Dhikr/glorifying Allah
- Mental illness related to lack of optimism and prevalence of negativism in life and not being satisfied with life

- Mental illness is also lack of religion/faith and meaning of existence
- Mental illness due to neurological causes
- Mental illness displayed through abnormal behavior
- Distress due to isolation and loneliness
- Everything is in Allah
- Allah gives happiness
- Consulting Allah important
- Indirect experience with indigenous treatment methods
- Careful consideration of indigenous treatment providers
- Counseling is personal sharing and beneficial/advice seeking
- Counseling not with professional counselors only but with family, friends, and Imam
- Counseling begins in family first and afterward goes outside if needed
- Family can ask for Imam's help on behalf of the person
- Counselor's cooperation with Imam perceived as beneficial
- Counselor preference: female, Muslim, ideally same cultural background

---

Major theme #1 – **Religion as an important aspect of life**
 "So, I think I got a lot of comfort from my religious itself, and it took time. It took time, but now because I know everything is in Allah's hand and he is the one who will help me", "My religion was my source of comfort", and "I believe in Allah; I should have a family like this: all of us should be practicing Ramadan, everybody celebrating at the same time."

Major theme #2 – **Dhikr (glorifying God)**
"Because even sometimes now, I keep on thinking, "Allah, thank you," because it's not only to make everything easy and I just feel so much more comfortable in the surrounding" "Allah will give us peace, read this tasbih. Read this and that and those. Those things really help," and I can see the difference, you know? That's how I came out of that – because of the faith."

Major theme #3 – **Qada' and Qadar (acceptance of God's predetermined will)**
"I know that God is the source of all of the peace and everything, and as a Muslim, I also – it took time, but I also believe that since we have to believe that everything happens in Allah's will, I kind of started to go to that thing – that this is Allah's will."

Major theme #4 – **Trust in Allah**
"I don't know how would I have done it without relying on Allah" and "Everything is in Allah's will and you can rely on Him.
You can consult Him. He's the one to counsel you. He is the one to give you happiness."

Major theme #5 – **Coping strategies in times of distress**
"If you are religious and you depend on everything that this is happening because of this, because this is the way Allah wanted it. So, if you have that, I think you can leave the worries behind and come out of any kind of distress", "I have to rely on God and that's why I kept on reaching to my friends or family members or even an elderly women who knows more about my religion", "Talking about the problem is very important. It is very important to 'let it out'" and "For any human dealing with any problem, I think it is impossible to be alone, without that because I needed to share with people."

Major theme #6 – **Support system in times of distress**
"My first resource is the Qur'an, what our religion says; that was my first consolation. So, from there I started talking to friends, reading more and more, going online and everything and finding out", and "So, friends from the masjid and family members who are really close – my sisters and everybody – because, again, they also said the same thing. This is happening because of Allah's will and we have to know that."

Major theme #7 – **Perception of mental illness/health and distress**
"I'll say lack of your religious faith. I'll say that's the number one cause because if you know what religion is what life is about – about your creation; why you came to this Earth. I just feel that you can get out of that unhappiness and that mental sickness condition" and "I think that maybe I was not like this 10 or 15 years ago, but this is what I believe – that if you really submit to Allah, that is the best definition of being in a healthy."

Major theme #8 – **Indigenous treatment methods**
"When I was very young, I've seen that because I didn't understand what was going on, but I heard that one of my uncles – my mom's brother – and they believe that he was possessed by a jinn and they were doing all this. I don't know whether he was really a learned Qur'anic person or hafeez or anything. He would come and he would do things, but he did not have any surah from Qur'an or anything. I remember from my childhood that they got to treat my uncle that way – you know, beating up and doing other things besides the Qur'an" and "We need to accept responsibility for our behavior rather than seek an excuse in illness."

Major theme #9 – **Perception of counseling**
"I don't have direct experience because I – but since I have a degree [in a related field] and I know that counseling can help because counseling is something – what? It's like opening up what is in your mind; open up, talk to people, share with people and that will help. So, I don't have my own direct experience because I have – well, you know what? I should not say that. Let me take it back because I say when I was having trouble, when I talked to my friends, I was receiving counseling from them because although they were not counselors, it was helpful. So, counseling is just opening up, sharing your thoughts, sharing your problems and get their advice and try which one will help you", "Professional counseling is considered only if all other resources fail" and "Sometimes, the husband – or if they have some problems where they cannot live together, they need counseling. They need counseling, although I don't know what your next one is, although in our religion the counseling should begin in the families first, then going outside."

Major theme #10 – **Characteristics of counselor**
"I would prefer a female and if I can get a Muslim next – female – of my own religion. And cultural – that would be kind of limited here, but if I can have one that would be a very ideal situation, yes, yes. Female, number one; and Muslim, of course, would be high on my priority list. And, of course, culture because then they can understand the real situation because cultures vary so much. So, if I can have the same cultural background as the counselor, they will understand so much better."

Major theme #11 – **Imam-counselor liaison**

"I would highly recommend it, especially for us, because sometimes the Imam understands that they can look at the perspective, like what Muslim marriage should be like. But since I'm in this country and I go to a counselor who might not understand. "I'm having this marital problem," but they look at marital problem maybe differently than us."

- Using coping strategies learned from her mother observed while she was growing up
- Teaching her daughter coping strategies she, herself, utilized
- Taking Wudu'/ablution
- Trying to calm down with Qur'an
- Taking time off to calm down
- Reading Qur'an
- Reciting Qur'an
- Finding comfort and solution in Qur'an
- Recitation of Surah baqara on daily basis for protection from shaytan
- Recitation of surah Falak, An-Nass, and Ayatul qursi for protection from shaytan
- Recitation of Falak, Nas, Ikhlas, and Ayatul qursi before sleeping, especially for children
- Recitation of special du'a that Prophet saw recited for his grandchildren
- Recitation of Qyatul qursi before departure from and arrival at the house
- Refrain from making decision when emotions are elevated
- Praying salatul istikhara for making decision
- Accepting God's will
- Spousal consolation
- Support from her mom
- Support from her sister
- Muslim community support very helpful
- Muslim community can be counted as family
- Not disclosing the issue to others
- Religion is very important
- Reflection on life after arriving in the U.S.
- Attending women's halaqa occasionally
- Women's halaqa supportive group
- Loneliness and isolation in times of distress makes things worse
- Loneliness and isolation can lead to mental illness

- Prevalence of pessimism can lead to mental illness
- Optimistic view is important in coping and maintaining mental health
- Indigenous treatments for the distress caused by jinns, sihr, or the evil eye is helpful
- Importance of indigenous treatment being from the Qur'an and the Sunnah
- Has no experience with professional counseling
- No need for counseling since has support from family and friends
- In times of distress, first refer to Qur'an and Sunnah, then family and friends, and then, if needed, would seek professional counseling
- Counselor's characteristics in order of importance: female, Muslim, and if possible, Arab
- Islamic view of professional counseling
- Importance that counseling is in accordance with Islam, not against Islamic teachings
- Counseling can be helpful and it is not against religion
- Imam is the best way to educate Muslim community about counseling
- Imam is person whom Muslims in the community trust
- Counseling can bring universality to Muslim Arab women who tend to keep their problems to themselves
- Imam-counselor liaison beneficial and helpful to Muslims
- Provided religious counseling to some people in the community
- Reflection on Arab Muslim population
- Shame/saib to discuss personal matters with others
- Traditional way is to keep personal matters within yourself or family or sometimes friends, depends on the issue

*Major theme #1 –***Utilization of the Qur'an in times of distress**
"Every time I recite the Qur'an and every time for sure difficult or a new difficulties; it's not the same problem. Every time something new, but every time I recite the Qur'an I feel it is talking about my problem. So it makes me feel like, yeah, like it's giving me a lot of solutions", "So the sura Al-Baqarah, especially the last ten ayats of surat Al-Baqarah. Yeah, they say if you feel, like if you are scared there is sihar or something you need the last ten ayat of surat Al-Baqarah, the last ten verses, and it helps a lot. Yeah, for sure there are the short suras and there is a du'a, like Qul auzu bi rabbil falaq and Qul auzu bi-rabbin-naas, like it's to keep the devil and the shaytan away from you. They do it usually for the little kids before sleep -- ayat Al-Kursi too. And there is a special du'a prayer, the Prophet (sallallahu wa sallam) used to say it when his grandchildren, Hassan and Hussein" and "Usually I say ayat al-Kursi, and they even say before you leave the house if you want to come back that you recite ayat al-kursi in front of the house. It will be -- the angels would be protecting you until you come back. And there's something, if you're leaving from the country or if you're going, you know, you want to make a decision you read ayat al-kursi and you make the special salat istikhara , salat istikhara, you make it and then decide that is going to be from Allah."

Major theme #2 – **Importance of religion/Islamic teaching in times of distress**
"The first thing I do, you know, like in the beginning you get mad, you feel very, very bad. So the best thing is to make wudu and wudu is ablution, it's like washing your hand and our face; it's part of our religion" and "Most of the time, before I take any like decision, most of the time, like not any decision but the decision I'm really not sure of it I have to make the istikhara. Like subhana'Allah, like most of the time if I don't do it I feel like that way did not work right because I didn't make the istikhara. Even though it doesn't mean everything I take is going to be helpful to me, but I feel like it's for the good thing of me, like I did something and I make the istaqada for it, if it did come out wrong I don't think bad because, then okay, this is how God wanted it to happen to me."

Major theme #3 – **Qada' and Qadar (accepting Allah's predetermined will)**
"Accept things as they are because Allah planned them for us. We believe it is better for u."

Major theme #4 – **Other coping strategies**
"But the way we used to see her read the Qur'an and asking us to make du'a for her, you know, just pray. I tried to do the same thing for me. I want to teach her [daughter] like about what I go through because I am sure like one time she's going to have the same stuff or maybe similar. I hope not, but I just want to be sure that she's going to be strong enough just to keep everything behind her and just keep going, just go on."

Major theme #5 – **support System**
So I do that and I read some Qur'an and I try my best. Sometime I can't but most of the time I try my best not to make any decision in that time. And I just, you know, try not to talk to anybody in the beginning, then after some time when I cool down maybe, you know, can talk with either my husband here or my mom; I can call her sometime, talk to her. It's not necessary that I tell her the problem but like, you know, I just talk, just to feel like, you know, help something in you. But I try my best not to talk to anybody in the beginning because like I feel if I tell about a problem it might go and I will forget about it after some time, but if -- the reason I don't like to tell anybody is I will forget about it but if I look at the people after some time you would feel like they remind you of, "Oh, few months ago, that something happened with her", "So that was a big help for me, that he [husband] understands and he's trying to help me go through so many things. Another thing, yeah, I use the phone a lot. One of my sisters, I talk to her a lot, you know, for advice and stuff. So yeah, family and my husband, yeah, they help me a lot" and "The community helped me, You can count them as family here, the community people. Yeah, they were very nice; they understand that I came here and I am alone, so they really used to help me a lot."

Major theme #6 – **Perception about counseling**
"I never used a counselor I guess maybe because I alhamdulillah, like have friends around, my family too. So if anything happens so I talk to them and you know, they give me advice. So yeah, I never used a counselor. Maybe if I refer first to my Qur'an and my teachings, however I believe in and it does not work, yeah for sure I would contact a counselor. Maybe it is going to be easier if she's a female, number one, and it's going to be better if we shared the same religion and beliefs. So she would be -- I don't have to explain everything that this is how we did it, this is how I believe, this is what I believe, this is such; it's going to be much easier for me and her, but most of the time religion is what matters."

Major theme #7 – **Imam-counselor liaison**
"I see it it's like our religion always encourages the knowledge, so there is nothing, you know, against that. So it's going to be actually each one will complete the others, like the Imam will look at it from the religious view and the other person, the counselor will look at it the way he studied or she studied. So for to me I see that it's the each one will complete the other. So it is something good. I have no problem with the Imam; if I have a problem I cannot refer it to a counselor then I have no problem, or the opposite. Yeah I think believe that the solution they're going to come out with is going to be more helpful for me because I will trust both of them for sure. So this one gave me the thing that's based on my religion and the other one based on knowledge. So both together just make them stronger to me. Maybe the Imam at the masjid should start thinking about that because it's not against of religion at all. If the people understand that it's something that's going to help you and it's not against our religion they will do it for sure. But yeah, I think they need to hear from like people whom they trust that it's something okay, nothing bad's

going to happen and as long as it's not going affect the kids, the family, it's going to be helpful, not against them, so I think they will do it."

Major theme #8 – **Perception of mental illness/distress**
"But for me I feel like it's because if you stay away from people it's really worse. And that's caused more problems. Yeah, if you keep yourself away from people like, you know, you have the problem you give up, you don't want to see nobody. It make it worse because I feel like everybody go through difficulties in this life and we cannot just, you know, give up from the first time. Because every time you get something, just remind yourself, or I remind myself like, "Oh, it's not the end; I'm going to have, for sure next year, next couple of weeks maybe I will have a new thing." So I just have to remind myself it's the life and this is how it is, and we just need to move on. And just be strong enough, try to solve is as much as we can and just move on" and "I hear about ruqyah and I never tried it. I don't know anybody who ever tried it but I guess it works. And I believe anything that the Prophet (sallallahu wa sallam) that is from the Sunnah or hadith or the action that he did or was ever like written in the books of the hadith and it's guarantee that it's from samuda sabaha that it happened, so I believe that, just honestly it's never happened to me; I never used that."

Major theme #9 – **Reflection on Arab culture**
"As I told you, most of them I think they refer to traditional ways that we do it, but maybe the negative part of the thing that we have to work in it maybe it's like the shiny spot, or traditionally that it's saib, that like it's like shame; they feel like shame to talk about their personal stuff, or maybe the way they're raised. Mostly the women -- -- in general that they do not like to talk about it just like, "Oh, it's something like against their traditional -- some of them. It's either keep it to yourself -- Only in the family; keep it to yourself. It's even bitter for some people-keep it to yourself, and you will get through it with the time, but I don't think they get through it; most of the time the problem become more and more and worse. Yeah, I guess yeah, they need to learn more about it and hear like maybe sometimes what happens when they hear one lady, two ladies, they did it, so they feel more comfortable, "Oh, it's okay, so the problem is not only with me," or there are some other people who are having the same problem so they don't feel ashamed to go and talk about it. But usually it is" and Yeah, the thing is thank God that my husband, he understand that I came from my country to here, and in the beginning I did not know nobody so he was like everything to me here. So, he understands that. Actually he used to explain me before anything happened that you're going to be bored, this is going to happen so don't feel bad. And sometimes he'll just take me out and, you know, just -- and he will tell me, like he will make some stuff easier for me, like, "Do you want to go out?" or, "If you want to talk to your mom" or, so yeah, that was a big thing; my husband was a big thing for me."

- Make a phone call to her mom
- Support and consolation from her mom in times of distress
- Mother is main support
- Spousal consolation
- Talking with close friends but not disclosing private matters
- Private matters only within a family
- Outsiders (i.e., friends) vs. insiders (i.e., mother) for disclosing personal information in times of distress
- Family of origin is very close
- Small numbers of friends rather than more friends
- Muslim community connection but not close
- Muslim community connection through the masjid
- Attending Imam's lectures at the masjid with family
- Intercultural marriage
- Religion tremendously helpful in times of distress
- Being patient in times of distress
- Praying in times of distress
- Prayer is soothing
- Asking God for help
- Making du'as regularly
- Praying istikhara prayer
- Praying Tahajjud/voluntary prayer in the last portion of the night
- Asking Allah for guidance
- God is helping
- Thanking Allah
- Recitation of the Qur'an

- Recitation of some specific surah, such as Yassin, Falaq, An-Nass, and Ayatul Qursi
- If time allows, recite whole juzz/chapter in the Qur'an
- Qur'an is a cure
- Recitation of Ayatul Shiffa and Yassin and blowing over clean water and then drinking it
- Qur'an – protection from jinns, shytan, and the evil eye
- Sadaqa (giving money and food to poor people)
- Considered seeking counseling for disclosed issue but was not able to find a Muslim counselor
- If an issue cannot be resolved within a family first, then seek counseling
- Counselor's religious background very important
- Female Muslim counselor for individual counseling preferred
- Muslim counselor regardless of gender for family or marital counseling
- Counseling center within a masjid
- Reflection on differences, including family values in American society and Islam
- Imam-counselor liaison very good idea
- Islamic perspective in counseling and Imam consultation are important
- Islam is a way of life
- Islam vs. culture/tradition
- Daily stress leads to mental illness
- Inability to cope with the pressure leads to mental illness
- Loneliness and isolation from people lead to mental illness

Major theme #1 – **Mother is a main support in time of distress**
"The coping strategy that I use is basically a call home. I call my mom. She is my best friend and she is my counselor, and to me she is the best counselor ever. Even though she's far, but she's still my main support."

Major theme #2 – **Other support in time of distress**
"Support is my husband, but if it's come to him then here I can say friend I have really close friends that I can talk a little bit with them, but something that I never really say even to friends, but to your mom because it's a fairly internal matter. It's something not to say it outside. Yeah because no matter how good is friends they're still outside. That's how it goes. I am more comfortable with small numbers of friends and small number of people. Of course I went to the mosque, I'd meet everybody and stuff, but when it comes to really being close to people it's only some people that I can" and "You go out, you see a lot of faces, different people, you say hi, hello. Yeah, that's really helped, especially meeting somebody you know. It's like a second family I can say also."

Major theme #3 – **Islam is a way of life**
"But then what really helped me, religion really helped me. Actually religion helped tremendously I can say that" and "Islam is basically, anything in your life is according to Islam. Islam is everything in your life. Within my family it's always that way."

Major theme #4 - **Religious resources in times of distress**
"Pray a lot because praying going to help you. So I can say prayer really soothes;" "I do a lot of du'a every night. I do the tahajjud and yeah I do istikhara."

Major theme #5 - **Putting trust in God**
"It's just like if I don't say it's a miracle it's basically God is helping me, who else? Only God can help you in this."

Major theme #6 - **Recitation of Qur'an in times of distress**
"You know specific recitation, of course you have dua's, feeling and stuff, but it's just basically the recitation of the Qur'an is very good. I don't have specific surah, no. If I don't have time I will do just the Yassin. If I have longer time I just finish one chapter I finish in the Qur'an, that kind of thing" and "Qur'an is the cure. It is same ayat for cure. So he recite that every day and then he go to the mosque, he give money to give food for people, to read Qur'an, to read Yassin, and every time Yassin he have this water that he blow in and Ayatu Shiffa and he gave my mom to drink."

Major theme #7 - **Perception of counseling**
"I think if marriage issue going to counseling, if it's that bad that the man himself and family couldn't help then they should go to a third party, but kids issues the parents cannot handle then it's good. I mean family members can also be the counselor if they have someone nearby. If they don't have somebody close by then counseling is good" and "Counseling for my kids, I would like that. For my family, you know sometimes it's good too but still it has to be based on somebody who, I prefer somebody who is religious like or something who know the basis of the religion to also not only know the counseling, how to counsel the people but know the base of the religion, so it would be together. It's not against religion. We want somebody with our background to know our religion, the background of our religion, so it does not contradict with the religion and can give good advice but we don't find any. We don't find any" and "I would feel more comfortable if counseling one-to-one basis with a woman because I can talk and open up and I won't feel any shy, but if it's with my husband together then I don't mind because he's also there with me, you know? I don't mind, something like that."

Major theme #8 – **Imam-counselor liaison**
"I think that would be good. Sometimes the counselor, they themselves have a very good understanding and very good knowledge about the religion itself, but the counselor don't really have – at least on something you'll get stuck you'll have somebody to refer to. That is good. Some issues you got stuck on you have somebody to refer to if you're right or not, something like that. I am sure especially with lots of Muslim in the community they don't know where to turn to and it's good for them to have somewhere to go with their trust and with their religion and stuff like that. So if known by people okay, they can go to the mosque and they can have a consultation."

Major theme #9 – **Perception of mental illness**
Mental illness I think is mainly from stress. Human is being pressured so much it causes depression and there's nobody there to – I mean when they have pressure too much if they have even a little bit some people to talk about then they can get relief, but somehow some people are quite lonely. So there's economic, basically pressure, somebody who cannot cope with the pressure they have, it can make them crazy. I believe in jinn because the Qur'an is there are jinns, and I saw also this being done."

- Asking help from a female Islamic teacher (sheikh's wife)
- Meetings with sheikh's wife were helpful
- Asking help from a sheikh
- Sheikh's introspective approach in dealing with particular issue
- Asking sheikh for opinion regarding seeking counseling
- Obtaining sheikh's approval to seek counseling
- Obtaining religious perspective about the issue
- Positive experience with counseling in respect to particular issue disclosed
- Careful selection of a counselor
- Counselor's multicultural and multi-religious competence crucial
- Negative experience with counseling at college
- Negative experience with counseling at college was because of counselor's approach –"view religion as a nonsense"
- Life would be different if a counselor during college years met her needs/religious struggle
- Counseling at college caused more problems
- Positive experience with counseling with three different counselors at different stages in life
- Last counseling experience positive and beneficial
- In last experience, counselor explored religious belief system in regard to the particular issue
- Importance of finding "right" counselor
- Muslim counselor preferred but not if living in the same (Muslim) community
- Imam as leader of a mosque, a consultant for Fiqh-related issues vs. sheikh as more knowledgeable scholar, a spiritual leader for overcoming personal difficulties
- Imam-counselor liaison not important for seeking counseling
- Sheikh-counselor liaison is important

- Imam's and sheikh's reputations important
- Counseling center within Muslim community for teens and young adults desirable
- Religious struggle
- Accepting God's will was a turning point in dealing with distress
- Putting trust in God was a turning point in life
- Being patient
- Religion is important aspect of life
- Praying
- Making du'a/supplication
- Specific invocation such as Hizb al-Bahr
- Asking God for help
- Became closer to God in times of distress
- Different life situations are tests of faith
- Counseling helpful for relationship enrichment
- Marital, individual, and family counseling
- Religion helpful for finding meaning and peace
- Seeking help from medical doctor/family practitioner
- Private matters kept private
- Personal preference not disclosing some issues to friends or family members
- Limited support from family, friends, and Muslim community in times of distress
- Keeping problems personal does not mean isolation from family, friends, or community
- Biological, psychological, and spiritual perception of mental illness
- Medication for psychological and spiritual causes of distress not preferred
- Carefully select indigenous treatment providers
- Reputation of service providers, including counselors, doctors, indigenous treatment providers, and sheikhs important
- Practicing herbal medicine and natural remedies

216

Major theme #1 – **Religious resources in times of distress**
"I seek the help of a teacher, an Islam teacher. I took the advice of my teacher. This is the wife of my sheikh's advice I took. We spoke at length, and she gave me a religious perspective on things. She guided me. I did ask to see if I should go and seek some – I also asked my sheikh. I have a sheikh that I see a little bit. I seeked his advice upon the matter as well, and I asked if I should go seek regular counseling. He said, "Sometimes it helps if you find the right counselor. Go for it.""

Major theme #2 – **Other resources utilized in times of distress**
"I am actually – I'm interested in herbal medicine. I practice herbal medicine, so I believe in natural healings, as well as religious healings, as well as medical western medicine, if you will" and "I was at the stage – this was after 9-11 for – I had two years of a deep depression. That really caused a lot of problems in my marriage as well. It was interesting because I even went to a physician of mine at my primary care, and I said, "I'm depressed. What should I do?" She said, "Everybody is depressed. What do you want me to do for you?" That was her answer to me."

Major theme #3 – **Experience with counseling**
"I've seen three counselors altogether in my life here – four counselors. The second one – the very first one I saw was helpful, but I didn't have the resources and the means to continue with that at the time. Then I went to college, and I saw this lady [second counselor]. That woman was not helpful at all. I think they should have fired her. She [third counselor] was very good. We saw her for a number of sessions as well, and that was helpful. She was a multiracial, multicultural focused counselor. This last one I saw was a woman who also was very open to multicultural, multi-religious views, and she was very helpful. She fits perfectly because she used a methodology that was fitting to our religious process. She was very open about our religion. We explained quite a few things as to what we were interested. It was not a Muslim counselor. We went to her a number of sessions, quite a number of sessions."

Major theme #4 – **Counselor's characteristics**
"I have to know their style and see if they're open to intercultural marriages and different religious views. If they're open to those thing – because some people aren't able to work with multicultural families or multi-religious marriage. It depends on the counselor. I wouldn't just be going to anybody who says go to this counselor", "If my doctor referred me to a counselor or a psychiatrist, unless it fit my beliefs, I am not gonna see that person because sometimes – when I was young in college, I seek a counselor's help in college, and that woman was awful. She was not somebody I would recommend to anybody. She was not open to my religious beliefs, and she questioned my questions. She was not somebody that helped anything basically. She actually caused more problems and the funny thing is I – at the time I even seeked intercultural – somebody who could do intercultural counseling. You know I'm not American. I wanted somebody who could do intercultural counseling. This was supposedly somebody who could do multicultural, multi-religious counseling. She made it very clear to me that my belief was nonsense, what's the matter with you kind of thing. She kind of made fun of my beliefs and my struggle. She actually basically just literally said, "Why don't you research this instead and come back to me?" I never got back to her. Her approach completely turned me off. Actually, I didn't know where else to turn at the time. If I had a right person my life would be a different. I was in my early 20s, and she just was nasty. That really left a bitter taste in my mouth, so it was several years until I did seek professional help again" and "That actually would be fantastic if I could find a Muslim counselor, but that hasn't happened since. I guess if the counselor is Muslim, but not living in my community, then I would prefer that. But if it's somebody older, they are professional bound not to reveal things. If it was somebody who live in my community, I would feel a little discomfort with that."

Major theme #5 – **Imam-counselor liaison**
"I think it depends on the imam, honestly, because I would like to know the repute of the imam. I think it's important to sort of seek for us. I consider – some people are a little harsh in their interpretation of the religion, unfortunately. We have seen many different ones. There were some very fantastic ones, and there were some who were a little harsh in their demeanor. But for the most part, I would say go for it. Somebody who is well educated somebody who has been doing this job for a while, yes", "I did have an Imam who did – I had known him since I was 16. He was a really nice Imam who was doing some counselor services and so on, but that was – I did not seek his help. He was a leader in the community that we knew that would do that" and "Well, this sheikh that I have, or the path that I'm on, if you will, is sort of like you look within yourself. You don't sort of look at what's happening outside. You look at sort of like looking to see what's going wrong with you rather than what's going wrong with your partner kind of approach."

Major theme #6 – **Qada' and Qadar (acceptance of God's predetermined will)**
"I realized lack of control and I let it go. Once I was sort of able to give in, if you will, or be safe to sleep, completely relinquishing all kind of ideal power that you might have to God, things just completely just changed for me. It was interesting. It was a phenomenon that I had never experienced before, and it was just, like, wow."

Major theme #7 – **Trust in God**
"I was struggling, and there was this one point, "Okay, God, I give in. I have no power except – I give all power to you. Just God, help me with this, and I am happy with whatever you give me. I know that you can take everything from my life. You can take my family, my husband, my marriage. I have nothing but you." I came to that point, basically. That was sort of like a turning point for me, and things just got better from there on."

Major theme #8 – **Closeness to God in times of distress**

"It's all about your relationship with God and how you relate to God, sort of that expanse and helps you relate to the rest of the world, basically."

Major theme #9 – **Religion is important in life**

"I have to always remind myself, "You have a child. God can take her" I pray. We're supposed to pray, but God does not test me through that. We see these things as tests of our faith."

Major theme #10 – **Religious coping strategies**

"There was just a supplication that I made. I was doing just part of one of my daily five prayers. I was in it. The moment that I had my forehead on the ground – I think I might have been on the ground. I can't remember right now – but I basically just, at that moment, I really pushed all power at that moment to God. I realized, and I said, "Okay, I need to trust in God. From there on things completely changed. It was amazing, actually."

Major theme #11 – **Support system**

"I'm not very good about reaching out to people. That's just my personal thing. Yeah, not even my family members. Not so much, no. I did not discuss these things with them, no. Somebody that's kind of not so close to me, yeah. That's just my personal preference", "Again, me being the type of person where I wasn't feeling comfortable talking to my sisters, perhaps, or my family, extended family or even friends at the time, was it left me in a very difficult place. I wish at the time there was somebody that I could have approached and knew who could have assisted me with the religious part of things, but there wasn't any" and "Then there are things like you get depressed, and you get the blues, and you need more of a community support or religious support that actually can just take out of those things or that give you a different perspective in life and support you, just girlfriends or a religious leader that you can go talk to."

Major theme #12 – **Perception of mental illness**

"There's two different types. One of them is physical, and you must seek medical help. The other is perhaps within yourself or otherworldly, if you will, if you believe in the unseen. If there is such a thing, yes, go ahead and seek help from a sheikh or from pious Muslim who are able to help you through prayers or otherworldly means. Again, I would go for people who are well known, trusted, because charlatans are everywhere. Again, that would be something that I would first check.

- Adjusting to new life in the United States
- Life in the country of origin
- Connectedness to the masjid
- Family is first resource in a time of distress
- Imam/sheikh is a second resource in a times of distress
- Qur'an and Sunnah are comforting resources in times of distress
- Closeness to God through Salah/prayer, dua's/supplications and sawm/fasting
- God is near and He knows everything
- God will give us the best always
- Hoping for God's help
- Homesickness and isolation
- Family support is important and helpful
- Muslim community support is important and helpful
- Consulting wise, older woman from the Muslim community in times of distress
- Keeping family matters private and within the family
- Trust in sheikh/Imam
- Seeking advice from imam/sheikh in relation to marital and/or parental issues
- Imam/sheikh is supportive
- Reflection on counseling in the U.S. and in the country of origin
- Due to current perception of counselors, seeking counseling in the U.S. would not be considered unless other resources (family, Imam/ Muslim community) failed and unless recommended by Imam
- Seeking advice from Imam about counseling if needed
- Counselor's religion, values, gender, and background important
- She would feel more comfortable with female counselor but male counselor would be considered but with different means of communication (e.g., phone or internet counseling)
- Imam vs. counselor

- Different means of communication with Imam, not necessarily in-person
- Religion is important aspect of daily life and in times of distress
- Counselor's cooperation with Imam would be beneficial
- Informing Muslim community about availability of counseling when recommended by Imam
- Counseling offered through the masjid
- Benefits of marital counseling, especially with newlyweds
- Muslim women not able to reach out for a help
- Women need a secure place to seek help and support, especially for marital issue
- Divorce not preferred or desired
- Openness to new ideas including counseling if personal belief and values need not be compromised
- Accumulation of daily stress is cause of mental illness
- Isolation can lead to distress/illness
- Predisposed traits for mental illness
- Pious healers carefully considered if needed since a lot of people do not practice in accordance with Islamic rules (Imam's recommendation is important)
- Helping yourself through by recitation of specific surah for particular issue; follow Prophet's recommendations
- Recitation of Ayatul Qursi, Falak and Nass, and Fatiha for protection from the evil eye
- Accepting Allah's will
- Being patient and hoping for God's reward and better outcome (Eptla)
- Qur'an is for protection, comfort, and guidance
- Reaching out to others rather than staying isolated is important
- Need for counseling recognized
- Need for Muslim counselors expressed
- Culturally competent counselor in schools are needed; inclusion of student's religion

Major theme #1 – **Reflection on life in the U.S. and country of origin**
"The stress come from homesick here, the first thing, because we came here, we left our family, all of our life we lived there, and whenever you hear that there is event going on the family, you feel like you are away, you know, you feel stressed" and "I was alone, and it was just difficult to deal with everything."

Major theme #2 – **Support system**
"I'll go the masjid because there is no family around" and "Always we have a lady who's in the masjid. She is wise, and she's, you know, you feel like she's helpful, you know, she's bayyinah and she knows a lot. You always ask her about – she give you a lot of comfort and to come, and she comes to the house and, you know. I remember them. They are really, you know, they were really good ladies."

Major theme #3 – **Available resources in times of distress**
"In our culture, we go to the family first. You know, if we have something in our relationship, we go to the family, somebody wise in the family, and, second, you go to sheikh" and "Ayatul kursi works and I use it, and thank to that lady. You know, she's wise, and we're all glad I talked to her. So, in that way, I believe when you talk to some people, they give you ideas, even if it's not anything, it's simple, even in the kitchen. You know, just ask somebody wise. They give you a little hint, and it will help you a lot. It is nothing, but it help" and "But you feel comfortable to talk to somebody wise in the family."

Major theme #4 – **Qada' and Qadar (cceptance of God's predetermined will)**
"Whatever Allah decide it will happen, won't happen to the person if is not qadar. It's qadar, you know? You can't do anything about it."

Major theme #5 – **Trust in God**
"So you feel He [God] is close to you and he's watching you, and he'll give you the best always."

Major theme #6 – **Returning to God in times of distress**
"Yeah, we use a lot of du'a, and salah make you closer to Allah and Salaah, because Salaah is like a tie between you and Allah, because they said, Salaah, is open way between you and Allah, and God."

Major theme #7 – **Using Qur'an and Sunnah in times of distress**
"You've got Qur'an and read Qur'an, always calm down and you'll feel a peace come to you, and everything, and always when you read hadis, there's a lot of stories, you know, you just can apply, you know, to your situation, so it will bring peace and a lot of comfort. A lot of comfort."

Major theme #8 – **Importance of Islam in life**
"Yeah, everything, I mean everything goes with your religion."

Major theme #9 – **The role of the Imam**
"I know the shaikh, I trust him and people put him in this position, he will be like a secret keeper, and both of that. I feel like if I talk with Imam he can, you know, give him some guidance. Yeah, you go to shaikh at some point, especially when you know they have a, you know, they're gonna have influence on, especially the kids. You know, because anything for yourself, maybe you can handle it or you can talk it, but for the kids, always you feel like, "Okay, they need help. Maybe I can do this to try to get help."

Major theme #10 – **Perception of counselor**
"The values of the family is different than here, and how to handle your kids. In my country, if you go to the counselor for something for your child, actually she will give you a different advice than the counselor here. So, if I go to counselor in my country, it's closer to go to the Imam here who will give me the same [advice], like the counselor in my country" and "Actually, the first thing is the counselor have the same background as mine, that would be the best, of course, but if not, and I know that they – you know, I think I'm gonna go to the imam first, and if it's solved, alhamdulillah if not, maybe after that I can go and they can help each other to know the situation, maybe to look at it from different angles, or something, because I know the professional have different ways. But the only thing is the background and the values, and the religion, and everything is involved, especially in counseling. If we have Muslim counselor ladies and men, you know, and I know now everybody trying to approach, you know, education and everything, and we could help Muslim people, because there is a lot of Muslim now in the United States, you know, all the Muslim people. And if they find this counselor or professional so they can reach them and they know Islam and they know everything, it will be helpful, very helpful for them. Because they need a lot of help with children, with marriage, with a lot of stress in this country, so we are here. I mean we're experiencing the same thing American experiences, and on top of that we are away from our countries and our families, you know? So, we need more people who understand us better, even in the school."

Major theme #11 – **Perception of counseling**
"I feel it's really helpful for the people, because a lot of people sometimes they can go through difficult time by themselves, and, if they get help, they can get through it easily" and "I don't think I'm gonna go to professional counselor because their values and, you know, everything is

different, so I feel Imam is closer. But maybe, in my country, I will go to the counseling because they know the solution, and they know the values and the tradition and everything. Maybe I'll go to them first, but here, in this country, I feel the Imam closer to me than the counselor in this country."

Major theme #12 – **Imam-counselor liaison**
"Announce it in the masjid, and tell the people about it, and I think that people come here, they have that in mind. Anybody move from place to place, I believe their mind is likely to be a point higher than the people who stay in one place, because they seek a better life and they seek a better education, right? And so they're always open to new things and they reach to the better things, because maybe if they move here they want a better life, so here, if they find a chance to approach something better, they will go for it, definitely."

Major theme #13 – **Marital counseling**
"If they are aware of our religion and our values and our tradition, I know the Muslim is like a lot of countries, I know we're from a lot of countries, but still we share the same values, you know? I know there is some, yeah, there is some points who have little bit different, but still, you know, the values especially, especially the problem in the marriage, is the same. It's exactly the same, and Muslim people, the last thing they want is divorce or, you know, separation, we don't have just separation you know? We have to reach and find the last solution, and, after that, you give up" and "Some places, it's secure, definitely they will go, and I know a lot of women, maybe they don't feel it, but they are under pressure, you know, some kind of pressure, but they cannot go to anybody because they feel like, you know, nobody can understand it."

Major theme #14 – **Perception of mental illness/distress**
"I think some people, they can get it easier than others. Maybe they're more sensitive or they have the ability to be. Maybe two person, you put them in the same situation, you know, the pressure and everything, the stress, you know? Then, you know, there's a lot of stress, and one of them will be, you know, not really stable", "It's like if any kind of issue are not as terrible or you cannot handle anything in the right way, and it put a lot of pressure on you and you'll be not concentrating on something, I think that will be you need help", "For the jinns, I think it's not easy to because a lot of, I know, you know, the problem is to reach the person who know and he is not cheating, because I know there is a lot of people use it, especially in my country – that's what I'm talking about – and I heard here, too. It's not just there. Even they travel from place to place, and they're saying some stuff is not logic at all because Islam's goal is logic. That's what I know. But Qur'an is really good, and anybody can do it yourself. You can do it to yourself; you just have to learn which surah on which situation, so you don't need somebody to come and do it. It's good if you make sure he know he knows ayt but if it's become like, you know, you give money and your trouble and they ask you to do weird things, that's no, of course. Actually, yeah, some specific ayats and reciting specific chapters, you know, whatever Prophet saw thought us to do in those situations, it will help a lot, it will help a lot. Even if it will help halfway or just give the people comfort, but you have to know exactly what to recite for which situation, I'm sure, it will help."

- Convenience and benefit of being a Muslim
- Asking God for help and doing what a person can practically do to resolve the issue
- Mentioning God's name, basic supplication, and statements
- Voluntary prayer
- Using all practical means in times of distress
- Using natural remedies in times of distress
- Accepting God's will
- Seeking medical/health advice
- Limited help from health professionals
- Fate is prescribed
- God is in control
- God has power
- Acknowledging limited control and power in life while accepting personal responsibility
- Depending on God's mercy
- Qur'an - source of knowledge, guidance, and counsel
- God's presence in daily life
- God knows, hears. and sees everything
- God knows best
- Acknowledging importance of mental health profession
- Importance of cultural and educational background of mental health professionals and continuing education
- Importance of mental health professionals understanding client's culture, religion/faith, daily practices, and background
- Importance of mental health professionals understanding factors that contribute to emotional and psychological development
- Importance of mental health professionals being open-minded and accepting; not necessarily sharing client's religion and culture
- Perception of a counselor
- Counselor's empathetic understanding
- Loss of optimism and prevalence of negativism in life
- Inability to perform daily routines/individual counseling, and marital counseling as examples for seeking counseling service
- Misconception of Muslim woman and limited

- opportunities due to Islamic attire
- Rejection from family and friends due to conversion to Islam in relation to wearing a scarf
- Necessity of exploring with a counselor social context of a Muslim woman
- Necessity of exploring with counselor a lack of support from loved ones due to conversion to Islam
- Counselor's care and compassion is important
- Importance of distinguishing culture from religion in counseling
- Discussion of personal faith with counselor is important
- Have hope that God will help
- Feeling fortunate as a Muslim in times of distress
- Accessibility of religion in times of distress
- Expecting God's help
- Praising God
- Negative experience with counseling due to counselor's inability to understand and help
- Rejection of diversity and personal differences
- Placing labels on odd personalities, although functioning within self and environment are not compromised
- Benefit of ruling out distress caused by the possession of jinns, sihr, or the evil eye but only God knows real cause of distress
- Seeking help from pious healer carefully considered
- Imam-counselor liaison beneficial but not important/influential for seeking counseling
- Perception of Imam
- Seeking help from the Imam first and then from the counselor
- Imam vs. sheikh
- Support system is internal – resilience
- Lack of external support system. including Muslim community
- Lack of acceptance from family and friends due to conversion to Islam

Major theme #1 – **Advantages of being a Muslim**
"We have the convenience and benefit of being Muslim, because immediately and personally I can turn to prayer, turn to God, to mention His name" and "It's like a statistic sheet, it may go through the mind of a Muslim, and again, I feel that's not fair, 'cause we're so fortunate, just so fortunate to have this ability to review or make the statistic sheet. When you're in a time of need and chaos sometimes that happen so quickly and instinctively, you know. It might be happening in split seconds, but it reveals slowly going through your mind in times of need, distress, trouble, life and death situation."

Major theme #2 – **Dhikr/remembrance of God**
"Praising God always and especially in life death situations", "You know, it's – we kind of think of hope and fear, we want the hope of God, we hope God saves us, helps us out of the situation, and at the same time we have a fear that this may be our punishment, and will we make it to Heaven and is this punishment for our sins, will we be forgiven, can we offer enough praise and turn back to God and do enough good to relieve us of our condition" and " It may not be a special formal prayer that's prayed, but just sometime basic supplications or statements that we're encouraged to say as Muslims and which our logical heart can agree with. Like La ilahe illallah, there is no God but one God and there is only one God, and lets us know that we have a limited amount of control and power."

Major theme #3 – **Qada' and Qadar (acceptance of God's predetermined will)**
"We only have so much control in some cases over our circumstances and conditions and there is time where we might allow ourselves to let go of our distraught feelings and lack of power and you just give the power to God" and "When you think very deeply, you figure there must be something else in control, I think fate is written. The fate may be already prescribed for us. And like it is said in the Qur'an, the pen has been lifted and the ink has dried.."

Major theme #4 – **Mindfulness of God**
"When you are a Muslim everything is done with God in mind. Just the thought of God, the word God just doesn't leave your mind. God is just there and involved in all things, because He is." And "Qur'an is practical, logical advice which goes along with our own natural thoughts."

Major theme #5 – **Putting trust In God**
"All I could do in that case, after giving the practical emergency shot and hoping for him to be revived, was to scream out God's name, to scream out, "There is not God but one God, God help, please help". And then leave it up to God and there is some type of release for a heart," and "God will have mercy and forgiveness for all of us who sin, like all humans do. But we turn to Him in forgiveness and He will be merciful as long as we depend on His mercy, believe in His mercy."

Major theme #6 – **Utilization of other resources in addition to religious coping**
"And of course anybody else would use all practical means. If it's illness for the body we can drink soup and take all the recommended natural remedies and also doctor's advice, if it's medications or rest or whatever else that's recommended" And "We are humans, we are physical beings, material beings living on Earth, so we do have to do what is practical."

Major theme #7 – **Perception of counseling**
"Of course that is a very, very necessary and important field of practice, because emotion is one aspect, right? One aspect of our daily lives. It's how we wake up, how we sleep, what's our mood, attitude, feeling; just like the maintenance of every other part of us. We go to a general doctor for maintenance of our physical health and every six months dental care, we go for maintenance. I think we also need mental maintenance as well. Most people say there's a stigma, but there shouldn't be; this is modern day, we all need some boost, assistance, or help. That's very important."

Major theme #8 – **Characteristics of a counselor**
"A person in that field, first of all I think, first would have to care about the subjects; he would have to have some care. And if he cares, I guess that would mean to have – you have to have a good background, a good education on the different cultures and their mental states. And maybe they forget that part, but now the psychologists, they may forget cultures and how different cultures have affected them and the different little subcultures inside of America. Because what is an American? The combination of, but with many mixed ancestry and heritages, no matter how far you look back in the history of America", "Not necessarily does a counselor have to be the same religion. Just as long as they understand with an open mind, a very objective mind", "At least basic knowledge of a particular religion and more knowledge of precepts would be helpful to the client" and "You give total trust to the counselor and you are emotionally naked – you feel exposed. The counselor may not be equipped to handle your case or may not be interested in your case so he refers you to someone else after months of exposing yourself, after months of shedding emotional layers and it feels like a total rejection, a new wound. If a counselor feels a need to refer the client to another professional, it is better if he do it in first session"

Major theme #9 – **Imam-Counselor liaison**
"So not necessarily would that be a primary reason I would go to a counselor, just because an Imam recommended it, because the Imam too is a person, and people are not very perfect. You'd have to have a great reputation, I may have to know him personally or know about him from other people. That wouldn't be a primary reason that I would choose one counselor" and "I would listen to his [Imam's] advice. And if it didn't work I would leave it and try on my own personal and I would do that before I would go to a mental health professional."

Major theme #10 – **Perception of mental illness/causes of distress**

"When you start to lose some of the optimism or become more negative than positive or neutral, then a person would need help", "Sometimes it might sound ridiculous, but an outside person's bad opinion or suspicion about or lack of understanding about our – seems like we're taking this out of a newspaper or something, about the values, principles, and ideals, and our religion or such would cause a great deal of anger and that would cause coping problems. Maybe it's an outside voice that could be very important sometimes", "I think today, unlike in the past, maybe individual personalities are not so accepted, where people just want to put a name and a title and put you into a category and treat each one and make a solution so that everybody becomes just one way. I don't want to say integrated; integrated is too positive for that. Maybe with that is prescribed and the treatment prescribed it would cause somebody to lose his uniqueness and lose personality. I think it should be reserved for people, like I said before, who has more negative in their lives than positive. Not necessarily because they have an odd personality or an unusual personality or some weirdness to them. That's okay and acceptable. As long as it's not hurting anybody it shouldn't be altered and changed, and even a little adversity should be dealt with and maybe advised only with words. Like simple words a person can deal with and strengthen and build those type of muscles, the emotional muscles" and "Well, it's good to rule out those things [referring to the possession of jinn, sihr, or evil eye]. And personal things do think of your own behavior, sins, what you've done wrong. You can weigh and evaluate and judge to a certain point, but again, God's in control and He's all-knowing and we may not know those things and what caused our problems exactly. Exactly. But it wouldn't hurt to try to rule out those things by saying some of those supplications and turning to the Qur'an. But I wouldn't go so far as to seek out help from a sheikh or healer."

Major theme #11 – **Support system**

"Sometimes a support system is just my own toughness, not a lot of support from others. I've got God, and on myself, got to learn discipline. Calling on discipline whatever mental toughness I have", "Okay, so the other people, because of the way how they knew you, your view as a religious person, they acted in a way that didn't allow you to reach your peak, as you said. And all because of a little hat. Like my daughter says, 'All because of a little hat they don't like'. They don't like the hat. If it wasn't the hat you'd have your beliefs, they say keep 'em inside yourself, just don't show us the hat" and "Because of religion. Just because of my religion I have been stopped and prevented from reaching my peak and goals and severely discriminated against, not only from the people nearby me, even like my father, who doesn't accept conversion. It is not what is on your head but what is in your head."

Appendix W: List of Emerging Themes from Case Study of Ulfeta

- Praying as main coping strategy
- Du'a/supplication
- Asking friends to make du'a for her
- Accepting God's will
- Asking God for guidance
- Learning about Islam
- Support from Muslim friends is helpful
- Support from family and non-Muslim friends helpful in non-religious matters
- Spousal support is helpful
- Not knowing Muslim community well
- Attempting to become involved in the Muslim community
- Unsuccessful experience with counseling for parenting issue
- Counselor characteristics – what matters is success rate rather than counselor's background due to unsuccessful experience
- Positive perception of counseling
- Counseling is an avenue for relieving contemporary daily stress
- Psycho-educational component beneficial

- Counseling is needed
- Eliminating stigma about counseling is needed
- Informing community about availability of counseling is needed
- Poor coping with daily stress can lead to serious mental issues
- Imam's recommendation important
- Asking Imam for a help in religious matters
- Imam-counselor cooperation should go hand in hand
- Interpersonal interactions are important
- Treating others in a good manner important (what comes around, goes around)
- Belief important in steering behavior
- Having hope that God will help
- Everything that happens is God's will being fulfilled
- Causes of distress as explained religiously (possession of jinn, sihr, influence of shaytan, the evil eye) not that familiar but
- Islamically approved indigenous treatment methods would be considered if needed

*Major theme #1 – **Religious coping strategies***
"My main coping strategy mostly is praying. When I feel like I'm in a difficult situation or facing something difficult, whatever. Well I pray normally but I think that makes me pray more than before. Pray for a solution or an answer to the situation that I'm in, that I'm going through. And I think that put me at peace and give me a peace of mind and comfort things for me."

*Major theme #2 – **Qada' and Qadar (accepting God's predetermined will)***
"Because I know His will is automatically going to be done and I just – I don't know what his will is. I'm just praying that He would give me the vision or give me the guidance of His will and stuff like that and to place it for me, the blessing that he's going to bestow upon me" and "I say whatever happen to you is God's will being fulfilled."

*Major theme #3 – **Support system***
"And I think also some of the support from friends. The few friends that I have and know me and the situation that I feel comfortable to open or whatever to explain the situation to them. And the advice that they give me- that's also helpful along with the prayer and stuff like that. And also to ask for their prayer for me and stuff like that for the situation that I'm going through", "I'm the only one in my family that's a Muslim and stuff like that so and I have friends Muslims but I convert over but the majority of my friends are not. So I have different aspects and different – it's like I said, it's complicated but I have to know who I'm talking to and stuff like that. They're gonna understand me Islamically or they not going to understand Islamic and what I'm going through, my beliefs. So that's like a tough situation to be in but you have to distinguish the different religious aspects and are they going to be able to understand you and accept what your beliefs and stuff are as far as the support. But so far it has been positive. But as far as – if it's a general problem or general situation, I could go to both sides, my family and my Muslim friends. But if it's something that's religion issue, I really can't go to my family because they really won't be able to understand. And I have some support in my husband– he's always there, he's a Muslim. He converted a long time ago. So, and he understand both aspects like that so he's a good tutor to talk to and get advice and get support from" and "I'm not too familiar with the Muslim community and stuff like that. Like I said I been a Muslim for almost three years and stuff like that, so I have met some sisters and stuff in religion and stuff like that and I feel learning, I'm still trying to figure out things and learn where the community is. How to get involved in the community so I'm still doing that aspect and I know all the areas and stuff like that so that's something new to me."

*Major theme #4 – **Interpersonal relationships***
"How you treat people and the things that you do and say and stuff like that, how – I think that makes your life good and bad in some ways. And I think if you have a bad demeanor or bad way that you talk to people, if you do see a person who's scheming and conniving I think eventually bad things will happen to you because you always scheming and conniving" and "I think it's how much faith and belief you have and what you do for yourself in regards to your faith and how you treat other, what's going to come back to you, and the blessing that you're going to get from Allah."

*Major theme #5 – **Perception of counseling***
"And I think the counseling is just an avenue that you should use for your sanity, for your peace of mind. For the little support and stuff like that to deal with the stress of the situation that we're living in, the times that we're living in. What's going on in your life, provide for your kids, your family, the community, the neighborhood. The world. All that. And all that affect us in so many ways. And I think counseling should be sought out by anyone just for the pleasure of keeping you sane and peaceful" and "It [Counselor] could be a woman, white, black. I don't think it would matter this time and stuff like that. But it would be something to see what their percent, what their statistic and approval rating and stuff like that, more now than saying that he would need a black man to counsel him."

*Major theme #6 – **Perception of mental illness/distress***
"And a lot of people are breaking down and using their own methods to release that stress the they're under and stuff like that. And I feel if they had counseling, if they had people to talk to where they could find positive ways and positive solution to relive that stress and all the pressure that they're under, that they feel pounding on them and stuff like that.
And I feel if they know that the mental health or the counselors are out there to seek and stuff like that, I think the situation would – some of the situations, some of the problems that we're having with children and adults and stuff like that – I don't think we would have the same outcome that we having now if people would try to seek counseling and take the mental health for their own mental stability before it gets to this point that you just have to explode it and it get violent."

*Major theme #7 – **Imam-counselor liaison***
"Whoever the Imam is going to refer you to, I think he probably have confidence and faith in that person that he would assist you to the best of his education and abilities. So, if the Imam was to refer you someone that's not of the religion favor as a counselor for, because Imam would probably talk to you whatever the issue is regards religion-wise, but if it's not something that's religion he help you as far as he could but he feel that you still need counseling and stuff like that, and he was to refer you to someone I think I would strongly agree. Because he has the confidence and the faith in this person to refer you to that person. So I think the collaboration and stuff should go – work it out together, should go hand in hand. I think it should work hand in hand and stuff like that, so the same way. And the person should refer to – because he feel okay

well this not my business, not my realm, and stuff like that. Let me recommend you refer you to somebody that could probably help you. If he refer to Imam I think the person should be – like I say he have the same confidence and same faith in this person that he's going to steer you in the right direction and give you advice that would be helpful to you. So that's why I say it should be hand in hand. Each one helping, because they all looking for the same results in the end. And how can we help this person to achieve and to be the best both mentally, physically, financial, whatever the situation is – socially and stuff like that. We all try to come to the same results. To the same end. We want to see this person bloom. To simply be the best that he can and we have to – if this is what we have to do to achieve that, if it's the Imam or another counselor he refer to, I think it all work together because you're looking for the same results. To get that person mind together, mind right and stuff like that, so he could be of benefit to himself, his family, and the community."

- Taking wudu'
- Performing two rakahs of voluntary prayer
- Saying 99 names of Allah
- Doing istigfar/asking Allah for forgiveness
- Making du'as/supplication
- Asking Allah to help her
- Asking Allah to give what is better for her
- Thanking Allah
- Being patient
- Asking Allah to give her patience
- Asking Allah to increase her belief
- Importance of remembering that this life is short and at the end we all return to Allah
- Allah is all knowing
- Reciting and reading Qur'an
- Praying istikhara prayer when wanting to make a decision
- Reading Qur'an improves mood
- Belief in Allah is important
- Allah will help
- Being alone and isolated in times of distress is not good
- Support from friends
- No family in the U.S.
- Talking with family is helpful
- Limited support from Muslim community
- Importance of accepting and helping mentally ill people
- Accepting Allah's will
- Lack of belief is a cause of distress
- Withdrawing from people and not having someone to talk to is a cause of distress/mental illness
- Importance of having someone to rely on in times of distress
- No experience with counseling in the U.S.
- Reflection on counseling in the country of origin and the U.S.
- Would not seek counseling on her own
- Would use counseling if requested, for instance, school counseling for her children
- Preference given to Imam if counseling/consultation needed
- Seek professional counseling if the issue is not resolved and the Imam recommends it
- There is no specific counselor's characteristic preference as long as counselor helps
- Cure for distress caused by jinns, sihr, or the evil eye is in the Qur'an

Major theme #1- **Dkihr/glorification of Allah**

"Then I try to say the names of Allah, the 99 names of Allah, which is also istigfar. When I finish this I do not feel bad, I ask Allah to help me. And when I do this, I feel comfortable. That's most of the time that's what I do. The result is not immediate, yet, but when I do it I feel all comfortable in my body, so that's what most of the time I do."

Major theme #2- **Prayer**

"Okay, most of the time I have some problems, the most thing that I do, I go and do my wudu', I come, I do two raka'ahs. I finish the dhikr, the names of Allah, I come with my prayer. When I finish I do a lot of du'as" and "If I was in a difficult situation I would take wudu' I just pray. I do two raka'ah. But if I want to take a decision, I want to know something, I don't know really which would be good for me and how to choose between two things, I do istikhara, I ask Allah to show me which one is better for me, which one is better for me."

Major theme #3- **Reading Qur'an**

"I take my Qur'an, I read Qur'an. If I read the Qur'an, I take a translation, or I go on computer to see what I want to know, if I can afford a solution there. But most of the time I do my raka'ah or I take my Qur'an and I read the Qur'an. I read one or two surahs and I feel good that day and activity."

Major theme #4- **Trust in Allah**

"I ask Allah for help, He's the only one who can help me, He's the only one who knows the situation that I was now, so I ask Him for help. It is this situation that I was, it was better for me. I pray Allah, I thanks Allah. I pray Him to choose for me what is better for me, that's what I do. And always when I pray I ask Him to give me a patience in my life. To give me a patience. If we are patient, everything in this world can come and can go" and "To be patient in my life, and everything in this world to not be in my heart. To not say I like this and that, because I know I'm not going to leave with this. So I just want Allah to give me patience in my life and to increase my believing in Him."

Major theme #5 - **Importance of believing in Allah**

"It just helps to believe. Believe. Everything is in your head. Everything that Allah allows. Just believe in Him. I don't know really how to explain, but just believe in Him. If you believe in Him, He's there. If you have a problem, ask Him. He will help you. If you have a problem and you didn't ask Him, He can't help you. If you have a problem, you don't know how to resolve this problem, you stay in your room, nobody can help you. Nobody can know that you are with this problem. But if you have a problem, just ask Him, He will help you. He is always there, He is always there, so you just have to ask His help" and "Because all problems that we have, if you believe, it's better for you. It's better for you. Because if you believe, by praying, something gets better."

Major theme #6 - **Qada' and Qadar (accepting Allah's predetermined will)**

"If you pray Him to give you the patience, and pray Him to show you a good way that you have to take, he will show you this good way. And always you have to ask Him to choose what is better for us, not what you like. Because sometimes what you like is not better for us. You just like it, but it's not better for us. He's the only one who knows. The things we cannot see. He's the only one who knows your future. He's the only one who knows everything who's high for us in the future, so we have to ask Him to choose for us what is better for us, to ask Him to be patient in this life, to ask him to increase our Iman."

Major theme #7 - **Support system**

"If we have stress, you can't stay alone, that's not good. You can't stay alone. So I have some friends. I can call them. Sometimes I can visit them so we can talk with them, that would be good, not to stay always alone. Because with people you learn much. If there is something I don't know, I can ask."

Major theme #8- **Perception of counseling**

"It's a good thing, because it can help people. Because sometimes you make something and it's not good, or you don't know if it's good or not, you have someone else who can help you, you know? Always you have to have someone else that can help you. You can't take all decisions by yourself. But sometimes you need to ask for some opinion, that's why", "If the school, they asked me, if I really need it, I can get it, but not on my own", "If I have all this kind of problem, I'd rather go to the imam because he knows more than me about my religion, and I want him to give me a solution about what my religion tells me is better for me, that's what I think, not to go to the counselor. Maybe if I try it, if it's something that he can't help me, if it's something that I need in medicine or medical help. At this moment I would not go, I wouldn't go to counselor. The first time I would choose to go to see first the Imam, it would be better for me", "I would do it if the imam recommends it, I will do it, because it's better for me to solve a problem than to not solve these problems. But first I will ask about him if he recommends me to go to see a counselor, I will do it" and "It doesn't matter who is counselor if they can help. Our intention is important."

Major theme #9- **Perception of mental illness/distress**

"It is so difficult to see someone else who has a mental problem. As Muslim, that's what I have to say is I just have to help them and not reject them. You have to help them. Allah chooses this person to be in this situation, but he didn't ask by himself to be in this situation. So everything that's happened for someone else, put in your mind that one day maybe it could happen for you. So for this you don't have to reject them, you have to help them, to make them everything if you can do it, make them comfortable, you have to do it", "And some people who have some

problems that they don't know how to resolve it, and they don't believe to Allah. If you have something in your mind, someone else, it helps to talk with him. With times it will be a problem for you. He don't have someone to talk, he has not have to talk, that's not good. For me all this can be a cause", "All the jinns, Shaitan, all, Allah made us, created us, so for this problem, I like to ask a solution in the Qur'an. So I think it's better to use this Surah and this power Allah gives us to try to resolve this problem. It's better. That's what I think" and "Allah gives solution for everything in the Qur'an and the Sunnah but people do not read."

Vita

Mevlida Turkes-Habibovic was born and raised in Tesanj, Bosnia and Herzegovina. She graduated from "Musa Cazim Catic" High school/Gymnasium in 1997. In December 2001, she earned a bachelor's degree majoring in psychology at University of Sarajevo, Faculty of Philosophy. For several months, Mevlida worked as a psychologist in the Mental Health Center at General Hospital in Tesanj. In July 2002, she married and moved to the United States, to the greater New Orleans area, which she considered as her hometown in the United States. After hurricane Katrina, she and her family moved to Mississippi, where she earned a master's of science in marriage and family counseling from a CACREP-accredited program in May 2009. She and her family then moved back to the greater New Orleans area so that she could pursue her doctoral studies. She worked as a graduate assistant for the UNO Department of Educational Leadership, Counseling, and Foundations, where she gained firsthand experience as an in-training counselor educator. She is a National Certified Counselor (NCC).