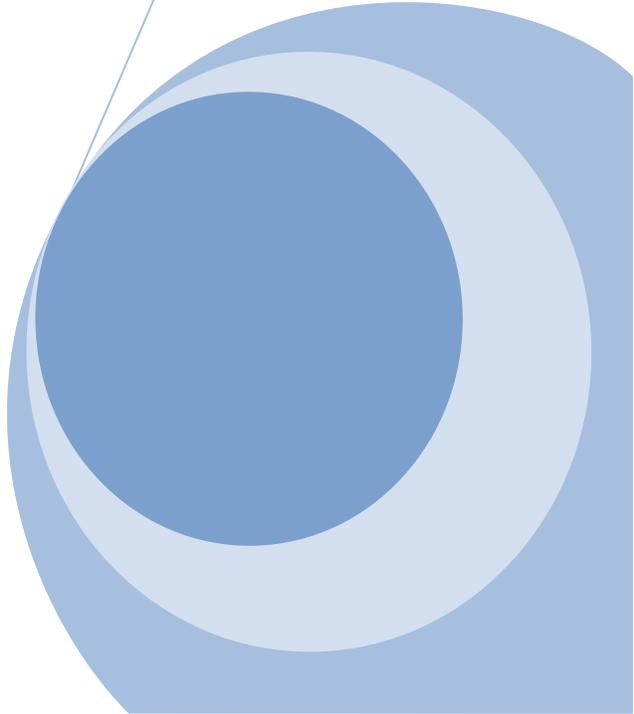


# Couple Therapy with Muslims: Challenges and Opportunities

*This Chapter is an attempt to identify, discuss and clarify some important issues for mental health professionals working with Muslim immigrant couples using hermeneutic approaches and postmodernist perspectives. The main goal is to provide guidance and insights which can assist clinicians in working with this immigrant group apart from their ethnic backgrounds. Several clinical case examples will highlight strategies for approaching and helping Muslim couples.*

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According to the U.S. State Department, Islam is one of the country's fastest growing religions and by 2010 Muslims will surpass the Jewish population as the country's second largest religion (Al-Krenawi & Graham, 2005). The latest statistics claim that the Muslim population in the United States is about eight million of which 12.4% are Arab, 42% are African American, 24.4% are Asian, and 21% are "other" (Dadabhoy, 2004; Holms-Eber, 1997) with immigrants making up two-thirds to three-quarters (Al-Krenawi & Graham, 2005; Dadabhoy, 2004). Furthermore, immigration to the United States from the Middle East has been heavy in recent years. This increase is expected to continue at such high levels that it is likely to have significant political and social implications. The number of Middle Eastern immigrants in the United States has grown from fewer than 200,000 in 1970 to almost 1.5 million in 2000. The portions who are Muslims have jumped from 15 percent in 1970 to 73 percent in 2000 (Census Data, 2000).

There has been a very small but growing literature (Daneshpour, 1998; Hedayat-Diba, 2000) that considers therapy with Muslim families. Of this growing literature, many consider clinical work with Arab (Abdudabbeh & Aseel, 1999; Al-Krenawi & Graham, 1997, 2000, 2005; Chaleby, 1992) and Arab Muslim families (Eleftheriadou, 1997) but there is no comprehensive literature regarding couple therapy with Muslim immigrant families. This chapter is an attempt to identify, discuss and clarify some important issues for mental health professionals working with Muslim immigrant couples using hermeneutic approaches and postmodernist perspectives. The main goal is to provide guidance and insights which can assist clinicians in working with this immigrant group apart from their ethnic backgrounds. Several case examples will highlight strategies for approaching and helping Muslim couples. It is important to note that this chapter focuses on just one portion of Western Islam, namely those Muslims who live in the United

States and who are either immigrants or their descendants (hereafter referred to as "Muslim immigrants"). It does not deal with the other major component, the converts; nor does it deal with other Western countries. Also, even though there are numerous Shi'i, Sunni, Sufi, and African American institutions and organizations operating in America, as a minority, the Muslim "sameness" is greater than that of their "differences," providing them with a sense of community, which in turn is an essential source of solace and support (Hedayat –Dyba, 2000). It is also important to note that I have an insider perspective on Islamic ideology and culture as a native of Iran and a member of the Shi'i sect of Islam. I am also a licensed marriage and family therapist and have been working with immigrant Muslim couples from all different sects and countries for many years. A major component of my teaching, presentations, and research projects also revolve around this population.

#### Postmodernism Perspectives

Postmodernism embraces the contradictions and complexities of postmodern life, envisions non-dichotomous possibilities, challenges cultural constructions of sex and gender, and ultimately reclaims, and redefines couples' relationships by assuming that grand utopias are impossible (DeReus, Few & Blume, 2004). It accepts that reality is fragmented and that personal identity is an unstable quantity transmitted by a variety of cultural factors (Flax, 1990). Postmodernism rejects grand narratives and favors "mini-narratives," stories that explain small interactions, rather than large-scale universal or global concepts. In this view, culture and cultural differences are not trans-historical entities (Sandoval, 2000), nor are they homogenous (Grewal & Kaplan, 2002). Each culture is crisscrossed by internal class, religious, ethnic and regional divisions. Therefore, even though Muslim "sameness" is greater than that of its "differences," each Muslim country is impacted by sociopolitical changes in many different ways and each

Muslim couple's relationship is impacted by systemic issues such as gender, power, extended family support, education, class, and age in many different ways as well.

Thus, the guidelines proposed in this chapter are an attempt to create some sense of "sameness" for Muslim couples so therapists can gain understanding regarding the Muslim populations living in America. In any specific situation, however, the postmodernist's perspective should be used to understand Muslim couples' own "mini-narratives" to help them repair their relationships.

### Hermeneutics

Hermeneutics is concerned with the process of interpretation (Qureshi, 2005; Gadamer, 1997; Risser, 1997). Philosophical hermeneutics shows promise as a theoretically grounded approach to multiculturalism in psychology (Qureshi, 2005). The focus on relationship and interpretation make hermeneutics particularly apt for working with Muslim couples. The hermeneutically conscious therapist recognizes that her socio-historical situatedness and relationality is central to being human and that the therapist-client relationship is dialogical and reciprocally effecting. From the perspective of philosophical hermeneutics, race and culture, amongst other identity domains, are implicated in psychotherapy and therefore all psychotherapy is multicultural (Sue, Ivey, & Pederson, 1996). As such, any therapeutic endeavor must engage with the client's socio-historical situatedness, experience, perspectives, and so forth, simply because they are elemental in forming the "who" of the client and psychotherapist. For these reasons, a hermeneutically sensitive therapist will dialogically apply her cultural knowledge, all the while recognizing that this knowledge is itself subject to her own prejudices as well as those of the source of the knowledge. It is up to the hermeneutically sensitive psychotherapist to be open to her client such that she can learn the client's particular style, and on that basis formulate an appropriate response predicated her usual therapeutic approach without interpreting the client's experience

from her cultural vantage point. This next section will discuss some common clinical issues for Muslim couples with several case examples highlighting the use of postmodern and hermeneutic approaches.

### Common Clinical Issues

#### *Depression and Somatization*

Non-European populations including Middle Eastern people display many more somatic and quasi-somatic symptoms which include disturbances of sleep, appetite, energy, body sensation, and motor functioning as opposed to depressive symptoms including feelings of guilt, self depreciation, suicidal ideas, and despair (Marsella, et al., 1985). Physical symptoms are accepted as a way of dealing with emotional pain. Therefore, extreme fatigue, and other psychomotor symptoms will be interpreted physically and will not be interpreted as having depressive symptoms. Thus, when approached for treatment, Muslim clients consider relational issues and its impact on depressive symptoms as unimportant. Muslim clients like many other easterners usually will seek a cure, usually of a medial nature and will be reluctant to discuss their personal or interpersonal concerns or difficulties.

#### *Case Example*

Mrs. J. was referred to me by her internist who was concerned about her emotional state and was contemplating to prescribe an antidepressant for her. Her complaints included lack of appetite, sleeplessness, and crying spells but she viewed her symptoms as signs of physical fatigue due to working hard at home and at her job. She was much more comfortable discussing her physical symptoms than any of her personal or relationship issues. Using the hermeneutics approach, her interpretation was validated while she was reminded of the importance of the mind-body connection. She was asked to describe her relationship with her husband and her children, followed by the possible contributing factors to her sleeplessness, lack of appetite and lack of

concentration. She was able to describe her hopelessness with regards to many bad memories of the past. She claimed that her husband married her against his parents' wishes and they had to live with them for several years after they were married. His parents were very critical of her and she believed that her husband did not care about her suffering enough to challenge them and protect her. She had built up resentments against him from the past which was preventing her from having a meaningful and positive relationship with him now. However, she was not able to see a connection between her interpersonal difficulties and her depressive symptoms. After several sessions, she was able to understand that her husband is an active character in her life story and perhaps can help her construe some of his own family dynamics or at least help her at home with her daily chores to alleviate some of her daily stresses. During a couple therapy session, to her surprise, her husband discussed his frustrations about those years and was able to understand the power dynamics between his mother and his wife. He was even able to own his part of not standing up against his parents and pretending that things were fine. She, in turn, was able to have a better understanding about his relationship to his parents as he talked about being the second born and not getting enough attention from his mother as a child and his need to please her. He promised to write a letter to his parents and resolve some of his own childhood issues as well as the problem with their treatment of his wife. She eventually decided to let go of some of the past resentment issues to concentrate on the present and the future. After several sessions with her husband and deeper conversations about their life together, she reported that her depressive symptoms were slightly better but she admitted that there is a long history of non-treated and not-recognized depression in her family of origin and her mother also suffered from many similar symptoms. Both Mrs. J. and her mother were referred to a psychiatrist. Mrs. J. was also able to better understand the connection between her emotional state and her physical symptoms. From the

postmodern and hermeneutics perspectives, Mr. J. and Mrs. J. felt that their “mini-narratives” were heard and got interpreted in a way that could help their relationship dynamics while Mrs. J. received the appropriate help for her depressive symptoms.

### *Anxiety Symptoms*

There are many immigrant Muslims dealing with anxiety symptoms due to war, family misplacements, witnessing traumatic events, not having a supportive system of care, and most importantly being misunderstood by their host culture. It is important for clinicians to view these symptoms as part of the coping mechanism for clients and understand that acute anxiety was needed for survival but chronic anxiety needs to be processed with lots of support and care. Like depression, anxiety symptoms will also be dealt with on a physical level rather than a psychological and they need to be treated with great care and understanding.

### *Case Example*

Mr. and Mrs. H. were referred to me by Mrs. H’s gynecologist. She was six months pregnant and was suffering from anxiety attacks. She described her symptoms as having stomach aches not related to ulcers or stomach flu and painful heart aches. She claimed that her thoughts were racing all the time, then she would start breathing faster and would have difficulty breathing. She was not in favor of psychotherapy but had lots of respect for her medical doctor and since I was another doctor and also Muslim, she agreed to see me. A few months before the appointment, her husband was badly beaten while she helplessly witnessed the attack. The attack was racially and religiously motivated and the perpetrator confessed in court that he was upset about her head cover or *hijab*. Her husband ended up with severe head injury and the person responsible was sentenced to only 25 hours of community service. She was outraged and was feeling extremely guilty because she believed that her *hijab* was the biggest contributing factor to the incident and also felt that the judge did not fairly punish the

attacker because she and her husband were from the Middle East. During the initial interview she indicated that they did not need therapy but they needed justice and wanted me to find the attacker's address so she could find him and somehow take revenge. She was insisting that the only way she could have the symptoms relieved was by confronting him. It became very clear later on that her anxiety symptoms were related to the fear that the attacker would find and hurt them again. Her perception of the event were validated and supported. Her husband, on the other hand, felt embarrassed and humiliated by the event. He was blaming himself for her anxiety symptoms because he was not strong enough to protect his family on the night of the incident. Both were stuck in a vicious cycle of not even being able to validate each other's perspectives and were completely disconnected from each other. Both were finally convinced that even though their situation was very unfair and the court system did not treat them well, they needed to at least talk to each other about their feelings and try to continue on with life. She saw a psychiatrist and a psychotropic medication was prescribed to help in relieving her acute and emotionally related symptoms. Eventually with the support of the Muslim community and using the Koran as a source of support that teaches forgiveness, both were able to reconnect and feel better. Also using postmodernist and hermeneutics approaches helped a great deal in changing their perceptions of the situation. She was able to become closer to her husband and relieve her guilt and emotional pain. Mr. H also reevaluated his perspective and was able to reinterpret the situation to see himself as a victim of a senseless crime instead of a helpless husband who could not prevent the incident and protect his wife. Both were able to notice the attacker's contribution to their own marital disengagement and decided to unite against him and redefine their relationship.

### *Family Problems*

Family is the most important source of support and connection for Muslim

couples. Thus, it is very confusing and challenging when family members are having difficulty getting along or the couples' boundaries, their roles and rules have been disrespected either by adult family members or by the younger generation. Also, it is very important to recognize that many immigrant Muslim couples deal with the same issues that other couples have to deal with. From the power dynamics in the couple's relationship to parent-child conflict to financial difficulties, they may have similar patterns and dynamics. The key differences are the way couples discuss and portray their difficulties and the way family therapists are reacting to it that make it a challenge from the cross cultural perspective.

#### *Case Example*

Mr. and Mrs. A were referred to me from another Euro-American therapist who conducted three sessions with them and felt that their situation needed more cultural understanding than she could offer. Both spouses were reluctant to see me. The wife was worried that other Muslim families who work with me might come to my office before or after their appointment and know that they were seeking help. They were also reluctant because they felt that their previous therapist was doing a good job and they were happy with their progress. Their presenting problem was related to finances which had a strong impact on their relationships, their family of origin, and their children. The husband was a highly educated man with a prestigious and successful career. His wife had also been employed for many years and had serious issues with the way her husband was handling their finances. She did not feel that they needed as much savings and wanted to spend her money as she pleased. He, on the other hand, was worried about their retirement years and insisted that she always give him her entire paycheck. They had been married for 30 years and had three fully grown children who appeared to be much closer and more loyal to their mother- a very typical Middle Eastern pattern observed when the husband is more powerful or is more involved with his own family of

origin. She was presenting him with the threat of leaving him to stay with their oldest son. He, in turn, was feeling betrayed by both her and his children and did not understand the “new paradigm shift” in his wife’s thinking. He was claiming that she used to be way more docile and understanding and felt that her close friends might have influenced her and may be responsible for her new way of thinking. The wife, however, believed that developmentally they were both at a different stage in their lives, and she was demanding the same level of respect in decision making from him as he was demanding from her. Apparently, Mr. A. came to the U.S. as a young man and after finishing his education went back to his country of origin, met her through his own family, and subsequent to a very brief stay brought her to the United States. He knew the language well and was very familiar with the host culture. She, on the other hand, had to work hard for years to learn the language and adjust to living in the U.S.

Couple therapy revolved around their somehow renewed sense of couplehood at a more equal base and his strong ambivalence related to holding on to his traditional beliefs about his wife’s unconditional respect and obedience on one hand, and believing in equality in work outside home, on the other. Also, we discussed her ambivalence regarding him being the protector and provider without expecting her financial contribution according to traditional and cultural family systems while wanting the freedom to make decisions regarding her own finances. Once we were able to use their “mini-narratives” from their individual perspectives to reinterpret and reevaluate life cycle transitional issues related to her paradigm shift, resolve the ambivalence related to loyalty to the culture of origin and also to the host culture, and discuss the need for letting go of the power difference in their relationship, they were able to move beyond their conflict and negotiate new rules and boundaries.

#### *Intergenerational Issues*

Generational differences and living in a culture that does not value hierarchical

family relationship, the younger generation challenges the older generation even in terms of Islamic values. Many Muslim immigrant couples often use what is purely cultural as the inherent definition of Islamic values. They often do this to control their children and to refrain from losing them to the host culture. Teenagers, however, do not hesitate to call them out on this misconception. Other conflictual issues might be related to choice of school, dating, Islamic dress codes and cultural assimilation. Each of these topics are important and need to be addressed cautiously using postmodernist and hermeneutics perspectives accompanied by understanding and nonjudgmental perceptions and attitudes.

#### *Case Example*

Mr. and Mrs. M. came to see me after my presentation in the mosque discussing the topic of raising confident children in a culturally dissimilar society. They had high level of conflict in their marital relationship related to raising their children in Western society. Mr. M. felt that he was losing his connection with his two sons and only daughter. His sons, ages 17 and 14, along with his daughter of 15, were frustrated with him and his use of their country of origin's culture as a way of teaching them right from wrong. He wanted them to continue going to an Islamic school and had a tendency to allow his sons to explore "life" more than his daughter. There was also a double standard related to dress code for his daughter that was considerably more conservative than his sons. Mrs. M. was not in agreement with her husband and after years of being silent she was openly challenging him in front of their children. She perceived him as a very strict and rigid person and believed that she was also suffering from his authoritarian conduct. It was apparent that the more they challenged his way of thinking, the more rigid he became. We discussed his children's developmental stage regardless of their gender; separating cultural issues from generic Islamic values, and accepting the existence of a generational gap between him and his children. We also discussed his

wife's frustration with him that was being channeled through their children and the inherent need for separating these issues. Postmodern perspective helped all of us to listen to him and understand his frame of reference. He believed that it was his Islamic duty to keep everyone on the right path and his treatment of his wife and his daughter as second class citizens was in line with the Islamic teaching he received in his home country. Family of origin examination proved that his father was also very strict and had the same authoritarian dictatorial attitude and as a young boy he did not appreciate his father's interactions with him, his siblings or even his mother. After validating the fact that his interaction with his family members were based on what he had learned from his father, he was challenged to look into some research based Islamic literature about the prophet Mohammed's treatment of women and also his teachings about the treatment of children. It was also important to help this family understand the importance of a meaningful balance between valuing superior aspects of their culture of origin and also valuing the good aspects of the host culture. In addition, the inappropriate and unfair use of double standards and how they have contributed to a host of problems in families were discussed. The couple was able to discuss ways they could challenge these double standards in their own home, so they can enjoy a better family connection. Through his own research, Mr. M. became convinced that Prophet Mohammed wanted his followers to love one another and become the source of comfort for each other and he indeed respected women. Mrs. M. was also able to understand that her husband's behavior was based on what he had learned from his own father who depicted strong men as detached and authoritarian. Once they all felt that their perspectives were validated, the family was able to negotiate a new set of rules and expectations more suitable to their own family dynamics.

#### *Gender and Power Dynamic Issues*

Over the past few years, the U.S. media have had a tendency to deeply influence

the public's view about gender equality. The issue of gender equality all around the globe is systemic, complex and contextual and cannot be perceived as linear with cause and effect relationship. Middle Easterners and Asians women like many other easterners may not be comfortable with or seek the kinds of gender equity that most Euro-American therapists are familiar with (Moghaddam, 2000). Gender equity within this community may be more equated with being respected in the position role that they have chosen which may or may not include homemaker, mother, or employee. Many Middle Eastern women believe that Euro-American women working both inside and outside the home are greatly oppressed and Euro-American men are not responsible or accountable enough to their families.

So, while being alert and attentive to all of these issues, therapists need to understand each couple's "mini-narratives". This includes paying more attention to the specific presenting problem and doing some one-on-one therapy with each members of the couple to increase one's understanding of the individuals. In addition this provides an opportunity for women partners to address concerns that may be difficult to raise within the couple session. This approach might be helpful for many cases regardless of client's cultural background. In particular, Muslim women, like many other new immigrant families, may be in a vulnerable position if there is any form of violence in their homes, as they may have few resources of support. Muslim wives may be dependent on their husbands financially and/or on their husband's sponsors to maintain their position in the United States as immigrants or international visitors.

#### *Case Example*

Mrs. B. was referred to me by her friend. She did not want her husband to be aware of her discussing their relationship difficulties with anyone, including a therapist. Mr. B. was a famous physician with a high status both in his workplace and also in the Muslim community. Mrs. B. was an educated young woman from an upper class family.

She described her marriage as one that was very loving and committed in the beginning but that changed completely subsequent to the death of her father-in-law and the addition of her mother-in-law to their home. This transition demanded much of her husband's devotion and unconditional attention shifted to his mother. Mrs. B. was angry, and reluctant to be flexible with the new dynamics in her home and had several serious fights with her husband and mother-in-law. In retaliation, Mr. B. decided to leave their bedroom and over time, stopped talking to her completely. The couple had two small children and due to both her immigration status (still non-resident) and their very comfortable life style did not want to leave the relationship while not wanting to live with the existing problems either. She was afraid to include her husband or mother-in-law in any of our conversations for fear of their retaliation and solely wanted to figure out what she could do to improve her marriage. It was apparent that there were very powerful gender and generational dynamics present in her marriage. As a woman, she had significantly less power than her husband but viewed her mother-in-law as much more powerful than her husband. So, even though the gender hierarchy was an important issue, the generational hierarchy was more serious. Therapy concentrated on teaching her new ways of communication both with her husband and her mother-in-law. She was able to stop the pursuing-distancing cycle with her husband because the more she was pursuing him the more he was distancing himself. In addition, she was able to utilize her mother-in-law as an ally. After much coaching she was able to convince her mother-in-law that as a younger woman she required the support of her elder female generation who has had more experience with men. Over time, she was able to utilize her mother-in-law as a support system and reconnect with her husband by using the family's gender and generational dynamics in place of fighting against it.

#### *Intergenerational and Extended Family Issues*

Both Koran and the Islamic teaching advocate strongly for the recognition of

elderly wisdom and also the importance of elderly care. Older people are highly valued regardless of gender and their permissions are often needed before the younger generation can make any independent decisions. Extended family also has high significance for Eastern and Middle Eastern families. Their opinion is important and family members in therapy might mention them frequently even though they are not even living in the United States.

### *Case Example*

Mr. and Mrs. S. had been married for 17 years. Mr. S. was from one of the Middle Eastern countries and Mrs. S. was American. Mr. S's family immigrated to the United States five years ago. Mr. S's mother had been dealing with health issues for many years and even though she was living with her youngest son and her daughter in law, Mr. S. needed to be involved with her care almost on a daily basis. This created a great amount of tension in his marriage. When this couple began therapy, Mr. S's mother needed more care than was available at home due to recent surgeries she had undergone. However, placing his mother in a senior citizen home was a very difficult decision for Mr. S. The couple sought therapy due to high level of conflict in their relationship related to Mr. S. strong feelings of shame and guilt for not doing his best to care for his mother. He was getting long letters and emails from his uncle and other extended family members from overseas, reprimanding him and his siblings for not providing the best care. He was feeling overwhelmed and pressured because he felt that their criticisms were valid even though he did not know what else to do. Mrs. S. on the other hand, was pressuring Mr. S. to leave his mother at a nursing home and stop being what she perceived as "too over-involved with her." This conflict illustrates the core of their individualistic versus collectivistic value differences with regards to family relationships and care giving. While he viewed caring for his mother at his home as his responsibility, she felt that this was a sign of "over-involvement" on his part. After several

couple therapy sessions spent on validating his pain and guilt and her confusion and helplessness, we began looking for ways to change the dynamics of the situation for better results. First, given the extended family's involvements it seemed essential to invite Mr. S.'s siblings to one family therapy session. They each talked about their overwhelming responsibilities toward their mother. They also talked about being afraid that if they did not take good care of their mother at home God would not reward them or help them in their old age. The session revolved around the importance of elderly care and providing it in the best possible way. At the same time, they were challenged on their interpretation of providing the "best care" when their homes were not equipped to provide the necessary care. Second, Mr. S. was encouraged to write a letter to his uncle explaining the medical condition while thanking him for his support and care. He also explained different ways that they try to be more supportive to their mother and asked him for some feedback. In this way, he was respecting his elders and also getting more support from them instead of criticism. Finally, in couple therapy sessions he was also able to talk to his wife explaining the cultural aspect of his "over-involvement." It was apparent that he was caught between the demands of two cultures. One was pressuring him to let go and the other wanted him to do considerably more than he was capable of. Eventually, Mr. S. was able to place his mother in a culturally sensitive nursing home. He also received help from the Muslim community for visiting her more often and was finally able to let go of his extensive guilt after being convinced that he is providing the "best care." Both Mr. and Mrs. S. were able to reconnect with each other while Mr. S. succeeded in keeping his ties with his extended family that lived overseas.

#### Clinical Implications

Most mental health professionals have little familiarity with Muslim couples. Their "otherness" status prevents many therapists to notice their "sameness." Many of the relationship issues for Muslim couples are similar to many other religious groups in

this country who are more widely understood, known, and accepted. Muslim couples like all other couples struggle with familiar issues around division of labor, parenting, finances, juggling roles and responsibilities, communication related to dynamics of the relationship, and decision-making issues. Furthermore, Muslim couples esteem and respect their parents and extended family members similar to many other ethnic national and international groups. Cultural competency for therapists should stress knowledge and awareness about similarities rather than differences.

At the same time, therapists working with Muslim couples must first be informed about the specific culture from which the family has emerged and how the culture has had an impact on the practice and application of the Muslim couple's belief system. Therapists can use postmodernist and hermeneutics perspectives to embrace a nonjudgmental, curious stance and to ask the Muslim couples to provide them with information about their beliefs and attitudes. Furthermore, they should keep in mind that Muslim couples like any other group might use culture/religion as a mask so they do not have to deal with many issues. Finally, it is essential to attend to cross-cultural and acculturation issues for Muslim couples who are newly and recently arrived in the United States. In addition to the challenges that most international or immigrant families face with cultural and ethnic adaptations, Muslim couples must cope with the dominance of Judeo-Christian values and beliefs in the United States. This is often a surprising and difficult adaptation for those from countries where the institutionalized religion is Islam and the day to day rhythms (prayer times, holidays, foods) are in accordance with Muslim beliefs and traditions.

Mental health professionals should be mindful of the importance of the family and the extended family in the lives of Muslim couples and strive to respect and be attentive to family hierarchies that are in place. They should consider inviting members of the extended family into sessions after checking with and ascertaining from the presenting

couple whether this might be helpful. They also should approach the joining process as central to the therapeutic process and pace themselves in accordance with the pace with which their clients are comfortable.

From the hermeneutics and postmodernist approach, an essential part of the therapist's self-education when working with the Islamic religion is to understand commonly held stereotypes and prejudices regarding the American culture and be able to process that well. Equally important is the therapist's willingness to reflect about one's own stereotypic views of Islam and decide how it will impact the process of joining and establishing rapport as well as helping families with their challenging issues.

#### Conclusion

As our society moves away from the melting-pot ideal and toward that of cultural and religious pluralism and a belief in a post-modern way of thinking, so must psychotherapy and couple therapy move from a secular assimilationist perspective back to more conventional and conformist ideologies in order to meet the varied needs of multicultural communities. Therefore, couples therapy should use the hermeneutics perspectives to include the interpretations of religious, cultural, social and personal experiences of these couples. As a result, couple therapy can become holistic, rather than fragmented into body, mind, and social environment.

Further, Muslim couples may share a universal religion but they come from a diverse range of ethnic and racial heritage. In addition to an understanding of Muslim religious beliefs, it may be necessary to become familiar with the cultural expectations of the broader family system (Berg & Jaya, 1993; Carolan, Bagherinia, Juhari, Himelright & Mounon-Sanders, 2000). At the same time, it is important not to lose sight of the individuality of the persons within the system (Berg & Miller, 1992; Carolan et al). Contemporary wisdom advises the family professional to balance ethnic understanding and sensitivity with awareness of the commonality of human characteristics. This may

require extending the time for joining with a Muslim couple in order to become more familiar and sensitive to their uniqueness—as a preliminary step to moving toward universal experiences. The information presented in this chapter will hopefully assist researchers, supervisors, educators, and practitioners using postmodernist and hermeneutics philosophies for understanding contemporary Muslim couple's relationships and challenges practitioners to rethink and reinterpret their own assumptions about Muslim couple's relationships. It will be extremely helpful for educators and supervisors to encourage students and supervisees to learn more about this population using postmodernist and hermeneutics philosophy.

#### Experiential Exercises, Questions and Topics for Reflection

- What are some stereotypes about Muslim immigrant families? What is their basis, and what is the reality?
- What is similar about the experiences of Middle Eastern Muslim immigrants and other minorities?
- How do different conditions such as occupation, language, religion, and life cycle affect Muslim immigrant couples' adjustment in the United States?
- What is the effect of the U.S. politics in the Middle East on Muslim immigrants—the families, marriages, and the community?
- Compare the role of religion in the Muslim immigrant family to that in the Mormon and Lutheran families. How are they similar and different?

#### Additional Resources

##### *Readings*

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