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Therapy With Immigrant Muslim Couples: Applying Culturally Appropriate Interventions and Strategies

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Abstract

Despite the steady increase of Muslims in America, there is a scarcity of research for mental health professionals who wish to work with Muslim couples. The goal of this article is to provide mental health therapists the common features of Muslim marriages and how they are influenced by the religious and social context, with clinical implications for couples therapy interventions being discussed.

Keywords: Muslim couples, Islam and Islamic faith, Muslim marriage

Introduction

About 6 million Muslims, followers of Islam, live in America today (Kobeisy, 2004). Of those, 25% are American born (mostly African American), and the remaining three-fourths are immigrants from around the world (Rashad, Osman, & Roudi-Fahimi, 2009). The American Muslim community is a mosaic of many different nations and includes Muslims from Indonesia, Turkey, Pakistan, India, Egypt, Nigeria, Morocco, Afghanistan, Iraq, and even Iran (Al-Krenawi & Graham, 2005). With such cultural diversity, immigrant Muslims vary considerably in how Islam influences their marriages (Krenawi & Graham, 2005). Therapists who possess a working knowledge of Islam will be best prepared to work with Muslim couples (Springer, Abbott, & Reisbig, 2009)

For many Muslims, Islam is the guiding force behind mate selection, marriage, parenting, decision making, gender roles, leisure activities, and sexual interaction (Hall & Livingston, 2006; Haneef, 1996). However, for Muslim immigrants, homeland culture interacts with Islam in a variety of ways. For example, a therapist who works with a couple from Pakistan, Yemen, or Afghanistan may assume that Muslim marriages are extremely patriarchal, but in reality there is great variation in the power and gender roles among Muslim couples (Barise, 2005; Chaleby, 1989). Approaching each Muslim couple as unique is recommended (Carolan, Bagherinia, Juhari, Himelright, & Mouton-Sanders, 2000; Rippin, 2005).

While noting diversity in culture and religion influences Muslim marriages, there are common characteristics of Muslim immigrant marriages such as arranged marriage, patriarchal leadership, distinct gender roles, conservative sexual standards, and an emphasis on honor and shame that regulates family interactions (Abudabbeh, 1998). Such cultural and religious practices often conflict with Western values of equality and personal autonomy and may contribute to the marital problems for some Muslim immigrants (Nassar-McMillan & Hakim-Larson, 2003).

Muslim couples with marital difficulties may not readily seek professional counseling. Some are worried that therapists lack understanding of their religion and culture, and would be incapable of contextualizing their marital difficulties and struggles consistently with their beliefs (Daneshpour, 1998). As a result, immigrant Muslims are more likely to seek advice and support from family members or religious clerics (Al-Krenawi & Graham, 1999). Some Muslims may be fearful that the therapist may unconsciously stigmatize the couples' belief system based upon negative stereotypes (Nassar-McMillan, 2003).

Like fear of insensitivity to one's culture, many Muslim couples may be hesitant to search out outside help because they do not want to contribute to the negative stereotypes about Islam. The authors encourage therapists to further their understanding of local Muslim issues by developing relationships with religious leaders as a means to gain a greater understanding of the Islamic faith and to develop trust within the Muslim community. If the imam, the leader of the local mosque, encourages the couple to seek secular therapy, his recommendation will be seriously considered.

The purpose of this article is to help therapists understand how immigrant Muslim marriages are influenced by the religious and social context. Implications for psychotherapeutic interventions will be articulated.

Similarities and Differences

Most immigrant Muslims come from a culture that is dramatically different from Western societies. Despite these differences, there are many similari-

ties between Muslims, Christians, and Jews in interpersonal dynamics. For example, traditional Jews, Christians, and Muslims believe in premarital chastity and marital fidelity. All believe in (a) doing good to one's neighbor, (b) repentance for sins and wrong-doing, (c) giving charity to the poor, and (d) honoring and taking care of aged parents.

Yet, differences are often accentuated (Berry, 2005). For example, in America most women are expected to work, even those with very young children. In most Islamic societies, mothers stay home with young children—even though women have an Islamic right to work (Berry, 2005). A well-educated modern couple immigrating from Turkey or Kuwait where the wife was employed may function quite differently from an illiterate, conservative couple from Afghanistan where the woman was confined to the home. Therefore, understanding how cultural factors interplay with Islamic beliefs is essential for effective therapy (Barise, 2005). For example, in Islamic teachings, it is inappropriate for a woman to be alone with a man who is not a family member even if that man is a doctor, teacher, or counselor (Barise, 2005). Similarly, some Muslim couples may be very uncomfortable discussing sexual problems openly with a therapist even if it is for treatment purposes.

Common Features of Muslim Marriage with Clinical Implications

Marriage and family life form the central focus of most Muslim families. Muhammad, the Muslim prophet, said in a *hadith* (i.e., a collection of sayings or teachings of Muhammad) that "Marriage is half of one's religion." Thus, for the Muslim believer, getting married and having children represent a major task of adulthood (Barise, 2005). Solidarity, loyalty, and respect for traditional ways of doing things are characteristic of Muslim families across the world (Abdul-Rauf, 2007). Ultimately, marriage is the scaffolding upon which Muslim men and women build their lives (Haddad, Moore, & Smith, 2006). Muslim couples feel a social and religious responsibility to preserve their marriage at all costs, especially when children are involved.

One challenge for the therapist is to be able to understand the difference between how Islamic beliefs and country of origin practices influence the marriage. For example, a practice often attributed to Islam is arranged marriages. In some cultures, arranged marriages need the consent of both parties, while in other instances individuals may be forced into an arranged marriage (Yasan & Gurgen, 2009). However, this custom is more related to sociocultural characteristics than to religion. Arranged marriages are the norm in the Gulf States (e.g., Oman, Yemen, Saudi Arabia, Kuwait) but less common in Turkey and Egypt.

Another example of the clash between religion and culture is the treatment of women in Muslim countries (Husseini, 2009). Oppressive practices against

women are common in some countries such as Afghanistan and Pakistan but are mostly rejected in many Muslim countries in North Africa (Denny, 1994). Like traditions within many cultures, it is often assumed that a particular practice is religious when in fact it is more cultural. To help distinguish between Islamic and cultural practices, therapists are encouraged to ask clients about what Islam teaches regarding the marital issue and what they learned about this problem in their country of origin (Allen & Barber, 1994).

Patriarchal Structure and Gender Roles

Muslim families are typically structured around patriarchal authority, in which the husband has responsibility for and control over the family. But there is wide variation in how patriarchy is played out in Muslim marriages, with some men abusing their authority, while other husbands act kindly and benevolently to their wives and children. In some cases, the father or husband is the final and unchallenged decision maker, while in other families the fathers may counsel with his wife and children when making decisions (Kobeisy, 2004).

Traditional Islamic teaching further supports patriarchal authority by requiring complementary gender roles (Haneef, 1996). The scope of these gender roles suggests that the man is responsible for providing financial support to the family and protecting them from harm. The husband is also responsible for protecting family honor and being a good example of faith and right living for his wife and children.

Women, on the other hand, are to be homemakers and mothers (Al-Krenawi & Graham, 1999; Hussaini, 1996). It is important to clarify that, according to Islamic mandates, a Muslim woman is a free individual who has rights to manage many aspects of her life without interference from her husband. This includes owning property and spending her wages as she chooses (Roald, 2001). Women are also strongly encouraged in most Muslim cultures to get an education and learn useful skills (Abi-Hashem, 2008). Her rights, however, are often compromised by specific cultural norms and practices. For example, the Taliban Muslims in Afghanistan forbid girls and women from schooling and working outside the home (Abi-Hashem, 2008).

Clinical Implications of Patriarchal Structures

Therapists working with immigrant Muslim couples need to be aware of their own biases regarding gender roles and patriarchal authority. A Western-mainstream therapist may view the traditional gender role as oppressive and/or archaic; however, Muslim couples view these roles quite differently. Consequently, an ineffective goal of therapy may be to challenge these values and advocate for more shared roles in the relationship. For example, a therapist may ask the couple how their roles in the relationship allow them to show one an-

other love. This would allow them to explain to the therapist that the roles they fill in the family are part of the important responsibility they feel they have. If the unhealthy dynamics in the relationship are related to oppression, condescension, and/or degradation, these unhealthy interactions can be addressed from within their beliefs about family roles, without urging them to abandon their cultural structure (Quadr, De Silva, Martin, & Murad, 2005).

Because the husband is the gatekeeper to the family, therapists need to work within the context of his authority. This is particularly true during the beginning phases of building a therapeutic relationship with the couple. Suggestions for the engagement phase of therapy are to explicitly acknowledge the husband's position of authority, and continuously show respect to the husband. Avoid confrontation with the father at least initially and consult with him on treatment decisions. Furthermore, Krenawi and Graham (2005) suggest that issues of leadership should be addressed at the beginning of treatment. In other words, who will lead the marital therapy process? This will serve to avoid competition among therapist and husband, and allow the husband to realize that his authority is not being threatened.

Because the husband is the family leader and has the final say about whether they will attend therapy in the future, Muslim women are in an ongoing process of negotiating the patriarchal culture of the family with the norms of the dominant American society (Haj, 1992). While in America a woman can appeal to the courts for protection from abuse and petition the court for a divorce even without her husband's permission, many immigrant Muslim families are used to only clerics having this level of authority. Working closely with a Muslim cleric (an imam or sheik) may create leverage to encourage the husband to attend therapy and comply with therapeutic suggestions (Chaleby, 1989).

Finally, because of the Quranic injunction that authorizes husbands to discipline "disobedient" wives, there is a risk of increased physical violence in some of these marriages (Ali, 2002). Therapists need to be cognizant of this risk and look for the subtle signs of domestic violence (Cohen & Savaya, 2003). If signs are detected, a therapist may propose meeting with the husband and wife individually. Within some Muslim cultures a male therapist may not be able to meet with a female client alone. In such cases, a trusted female colleague or member of the wife's support network should be invited to participate in the individual session.

Motherhood

Understanding the status of motherhood is often paradoxical to the gender-based messages about power and influence. It is important to remember that roles are about "who does what" in the family, not about level of deserved respect or honor. For example, according to Muslim theology, a woman who marries and bears children becomes a partner with God in creation and as such

is to be honored by all (Abdul-Rauf, 2007). In fact, by Allah's decree a mother in Islam has a higher status with God than does the father (Tarazi, 2001, p. 58). This point is well illustrated in the *hadith* (i.e., the writings of Mohammed) in which Muhammad said that "heaven lies at the feet of the mother."

As a result, once a woman becomes a mother, caring for her children becomes her main focus in life. According to Islamic belief, a mother is not under obligation to work or to provide financial support for their children, freeing her time to focus on childrearing (Hussaini, 1996). While some Muslim women work, either by necessity or by choice, it is understood between the couple that this is not her responsibility.

While motherhood is seen as one of the most important things a woman could do, women are not restricted to domesticity. In fact, it is understood in *Sharia* law (i.e., the legal system in many Muslim countries) that community needs, at times, take precedence over individual needs. This principle is known as *fard kifayah* (i.e., community obligation), which requires that some women work in the *ummah* (i.e., the Muslim community) to protect the dignity, modesty, and privacy of other women. Such jobs include women doctors, nurses, teachers, social workers, and dressmakers (Tarazi, 2001, p. 60). Therefore, a wife may be entitled to gainful employment, and since this service is for the good of the community at large, she is entitled to keep all of her earnings (Hussaini, 1996). An important historic Muslim example of this was Muhammad's first wife, Khadijah bint Khuwaylid, who owned a camel caravan and was a successful trader.

Clinical Implications Related to Motherhood

Since the majority of immigrant Muslim women believe that their greatest calling is in the home, many feel little frustration in this being their primary responsibility. In other instances, depending on country of origin and level of religiosity, a Muslim woman may choose to have a career, even after having a child. For some immigrant Muslim couples a wife's employment when she has small children can be a source of tension and possibly shame, especially for the husband. According to Islam, a man is charged with the responsibility to provide for all the physical necessities of his family. The Muslim wife may also feel frustrated because she has to work, fearing failure in her role as a mother. This may lead to marital conflict. For a therapist to provide culturally appropriate treatment, he or she would help the couple not to abandon their beliefs but rather to help them function within those beliefs in which they now live.

If conflict within the couple is related to motherhood and work, it can be challenging for the therapist to distinguish between Muslim ideology and unhealthy relational dynamics. A simple way therapists can make sure they are not encouraging relational changes that are in conflict with Muslim beliefs is

to have each member of the couple clearly describe their beliefs about the responsibilities and roles of motherhood and fatherhood. These descriptions can then be used in helping address relational dynamics that are inconsistent with those beliefs. This intervention is also important because it lets them know you are invested in helping them stay consistent with their cultural and religious beliefs.

As discussed earlier, Islam encourages women to get a good education and even to work to fulfill community obligations. However, depending on the country of origin (not the Islamic doctrine), women may not be permitted by their husbands to work. The decision by the husband can also be related to his responsibility of protecting his wife's honor. Most workplaces in Western culture are mixed-gender environments, so husbands may feel that their wives are at risk of being disrespected or harassed by other men. This is especially true of recent immigrant Muslims, but less so in American Muslim marriages (i.e., often African American), where women often work at least until the birth of the first child (Curtis, 2009).

Extended Family

The collectivistic nature of Islamic families is almost universal (Rippin, 2005). A couple does not exist as a separate independent unit as is often the case in American marriages. The wife in some Muslim cultures is even expected to accept influence from the husband's father, mother, brothers, and sisters. In many ways, the relatives can have significant input into the couple's relationship. Quite often, an immigrant couple moving to the United States will settle in the same city as their relatives. Consequently, boundaries between families are often difficult to distinguish, and what happens in the marriage is often known throughout the entire family system. If marital problems are known to be occurring, there can be tremendous pressure on the couple, especially from kin, to keep a marriage intact.

Clinical Implications for Extended Family

Consistent with the systemic treatment theories, it is important to find ways to include extended family in the couple treatment. This is especially important because of the tremendous influence that extended family members play in a couple's relationships.

While it may not always be possible to have those family members participate in therapy, their voices or influences need to be included. One way to do this is by asking the couple what advice or counsel their family members have given them. Open questions can allow the couple to have a dialogue about how they are experiencing the extended family interactions and how it impacts their relationship. Maintaining fidelity to the importance of extended family input, a

therapist can help the couple develop strategies for how to address concerns in a way that maintains respect toward their loved ones.

The balance a couple must have between respect for parents and the couple's private life is complex and may be an area where therapists can help couples process the context and determine the most effective way to respond to other family members. A strong therapeutic alliance with the couple will be an important foundation to navigate the process of setting goals that respect extended family and yet protect against interference.

Sexual Interaction

Physical intimacy within a marriage is defined in large measure by the principles of Islam (Bouhdiba & Sheridan, 2006). However, sexual standards in Islam are often paradoxical, because on one hand, they allow for the exercise of sexuality, but also discriminate between male and female sexuality (Dialmy, 2010). This combination of paradoxical standards often leads to the confusion of sexual practices with Muslims between repression and openness (Dialmy, 2010). Despite these mixed messages originating from radical or modern views of Islam, it is clear that within marriage sexual intimacy is fully endorsed. In fact, there are four important characteristics of intimacy in Muslim marriage that are important for therapists to recognize. First, sex between husband and wife is a good and glorious thing, approved by Allah. Islamic teachings are interested in satisfying human sexual needs in ways that are sound and healthy and invites couples to be very open about how they can meet each other's needs. For example, the husband is charged by the prophet Muhammad to include tender foreplay (kissing and fondling) for the wife and to satisfy her sexually (Ali & Mills, 2010).

Second, the marriage contract requires that both spouses be willing and available to have sex when requested by their spouse (c.f., Qur'an Chapter 2, verse 223). There is an expectation within Muslim marriages, especially for the women, to be available even when they are not interested or may be inconvenienced to have sex, unless they are sick or menstruating. As can be expected, this may be a source of frustration and resentment in a marriage (Yasan & Gurgen, 2009).

Third, the sexual practices of Muslim couples vary among countries, sects, and *Sharia* law (i.e., Islamic jurisprudence). Consequently, therapists need to be cautious in assuming that all Muslims adhere to certain forms of intimate behaviors in their marriage (Dialmy, 2010). For example, depending upon which school of Islamic jurisprudence one adheres to, sexual behaviors such as oral and/or anal sex may be permissible, forbidden, or tolerated but not encouraged. Many Muslims believe that sexual matters are best decided by the couple after seeking guidance from Allah.

Fourth and finally, one of the characteristics of sex within Muslim couples that therapists need to be cautious of is the limitations of discussing sex-

ual intimacy with someone outside the marriage. Most Muslims are taught that it is forbidden for spouses to disclose their sexual experiences to outside parties. While sharing the secrets of the couple's sexual relationship with others is not acceptable in Islam, it is encouraged for treatment purposes, as it will benefit both spouses to get help for the sexual difficulties they may be experiencing. Generally, these discussions are with the couple's religious leader. If approached correctly, the role of helping the couple with their marital intimacy can be extended to a therapist.

Clinical Implications

Possibly because Muslim couples often do not talk about sex publicly, there is an incorrect perception that sexuality does not have the same importance that it does for Western couples. However, Islam encourages married couples to enjoy sex, and to be sensitive to one another's needs. As result, when couples are experiencing sexual difficulties, this can have a negative impact on their relationship satisfaction. Due to the variation among Muslim cultural practices, therapists need to be sensitive in how they address this topic. Therapists must also be aware of prejudices they may hold about the sexual oppression of women due to false notions regarding arranged marriage, veiling, honor killings, and patriarchy (Fernandez, 2009).

Therapists may start with a general discussion about sex and move to specifics carefully. Because of this variation among Muslim cultures with how sex is discussed within the family, it is possible that some Muslim immigrants have had little, if any, sex education during their formative years. For couples who have received little education (e.g., from home, school, or religious leaders), it is not uncommon for Muslim spouses to feel frustrated or even unsatisfied with marital sex (Haddad et al., 2006). Even though Islamic teachings strongly encourage spouses to discuss sexual issues together, many couples may feel unable to do so because of embarrassment or shyness. We suggest that instead of talking specifically about the couple's sex life, it may be beneficial to provide basic sex education to the couple. There are several resources available written by Muslim professionals on how to present this information including presenting diagrams or worksheets (c.f., Widad Naser Lutah, *Top Secret: Sexual Guidance for Married Couples*).

Unlike Western couples, the topic of sexual intimacy can often most effectively be addressed indirectly and with great care. Therapists can build a firm therapeutic relationship with the couple by explicitly conveying an investment in helping them build their relationship on the teachings of Islam. Once this relationship is established, therapists can then ask for permission to discuss sexuality with the couple; making sure to describe the parameters of respect that will be taken to protect the sacred nature of this part of their relationship.

Mediation of Marital Conflict

Distressed Muslim couples are instructed by the Qur'an to first seek reconciliation by consulting one or more relatives from each side of the family. The two mediators get together and try to help the couple. Thus, within-family mediation is the first line of defense against separation and divorce, not professional counseling (Abdul-Rauf, 2007). This is one reason why Muslims may not feel the need for professional therapy (Springer et al., 2009).

Clinical Implications

The informed therapist needs to ask the couple if interfamily mediation has taken place and what were the results. With permission of the couple the mediators may be invited to one or more therapy sessions as they may have valuable information about the couple not previously disclosed. In essence, the session becomes more like family therapy than couple therapy. In many cases of new immigrant couples, family mediators may not be available unless the couple travels back to their home country.

Conclusion

Since 9/11, Muslims and their faith have faced more scrutiny and discrimination. In fact, the Council on American Islamic Relations (CAIR) has reported that civil rights complaints among Muslims continue to rise (CAIR, 2007). This continued discrimination may lead more immigrant Muslims to seek mental health services to cope with fear, anxiety, and marital distress (Akhtar, 2006). However, many mental health therapists are at a disadvantage to assist these couples because they lack the basic understanding of Islam and Muslim family life.

Also, many Muslims have the impression that they are looked down upon by American medical and mental health professionals as being ignorant and backward. Thus, Muslims may not seek therapeutic help because they assume the counselor may have negative attitudes about Muslims. The mental health fields in general needs to be more proactive in communicating in conferences, articles, books, speeches, and positional statements that Muslims are not a threat to society and that their beliefs and practices are valued. Therapists can come to understand the similarities and unique aspects of Muslims beliefs and practices so that competent intercultural counseling can occur.

With that in mind, immigrant Muslim couples face unique challenges that many counselors and therapists are not well trained to address. For many Muslim couples, the religion of Islam, and the cultural values and traditions from their home country, seem to clash with American values. Muslims coming from

various countries can be quite different in how they manage their marriages and families. For first-generation Muslim immigrants, marriage and family life in America can be challenging, because basic Western values, beliefs, and customs are so different. Muslim immigrants will also find that their traditional beliefs will be challenged by the entertainment media, schools, and the community at large. Immigrant Muslim couples may attempt to hold on to cherished cultural values and beliefs in a community that is suspicious of and uneducated about Muslims and the Islamic faith. Unfortunately, this isolation can create tremendous stress and anxiety in a marriage.

The basic understanding provided here cannot reflect the possible variations in the themes discussed. This article was not intended to be a one-size-fits-all understanding of Muslim couples; it was intended to outline several themes that can serve as starting points for treatment approaches (Sayed, 2003). It may be necessary that mental health providers take a "not-knowing" perspective toward Muslim couples, and be willing to intervene through the client's cultural lens (Springer, Abbott & Reisbig, 2009). Doing so allows a therapist to honor cultural diversity and provides a safe haven where religious views are appreciated and respected.

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