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## Counselling Muslims: A Culture-Infused Antidiscriminatory Approach Musulmans en counseling : une approche anti- discriminatoire tenant compte des références culturelles

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### ABSTRACT

There are approximately 1.57 billion Muslims in the world, with approximately 940,000 living in Canada. Furthermore, the population of Muslims living in Canada is expected to grow to about 2.7 million by 2030. Despite the high numbers and anticipated growth of this population, there still exists a dearth of research on the worldviews and intracultural differences of Muslims. Understanding the worldviews and intracultural differences of Muslims is essential if counsellors and psychologists intend to practice in an antidiscriminatory and culturally competent manner, especially given the increased awareness of the psychosocial needs of Muslims in the decade or so that followed the 9/11 attacks. However, if counsellors and psychologists are unwilling to challenge existing biases and stereotypes in their own minds, or are unaware of how to do it, then they may unintentionally engage in unethical prejudicial and discriminatory practices. The authors aim to encourage counsellors and psychologists to apply an aspirational level of ethical practice when working with nondominant populations in general and Muslims in particular. In the article, ethical obligations are mentioned first, followed by an in-depth exploration of the major sources of discrimination. The authors then discuss several theoretical models of the development of bias. Subsequently an exploration into the use of Arthur and Collins' culture-infused counselling framework for working with Muslims in Canada is put forth. The example of Muslim women wearing the religious veil known as hijab is used to highlight these points and allows readers to explore their own level of cultural competency in working with Muslim clients.

### RÉSUMÉ

Il y a environ 1,57 milliard de musulmans dans le monde, avec environ 940 000 vivant au Canada. En outre, la population des musulmans vivant au Canada est censée croître à environ 2,7 millions par 2030. Malgré le nombre élevé et la croissance prévue de cette population, il existe encore une pénurie de recherches sur les différences intraculturelles et les visions du monde des musulmans. Comprendre les différences intraculturelles et les visions du monde des musulmans est indispensable si les conseillers et les psychologues ont l'intention de pratiquer d'une manière anti-discriminatoire culturellement compétente, surtout compte tenu de la prise de conscience accrue des besoins psychosociaux des musulmans dans la décennie qui a suivi les attaques du 11/9. Toutefois, si les conseillers et les psychologues ne sont pas disposés à remettre en question les préjugés et les stéréo-

types existants dans leurs propres esprits, ou ne savent pas comment le faire, ils peuvent involontairement s'engager dans des pratiques préjudiciables et discriminatoires contraires à l'éthique. Les auteurs visent à encourager les conseillers et les psychologues à appliquer un niveau ambitieux de pratique éthique quand ils travaillent avec des populations non dominantes en général et des musulmans en particulier. Dans cet article, les obligations éthiques sont mentionnées en premier lieu suivi d'une exploration en profondeur des principales sources de discrimination. Les auteurs discutent ensuite plusieurs modèles théoriques du développement du biais. Suit une présentation de l'utilisation du cadre de conseil tenant compte des références culturelles d'Arthur et Collins pour travailler avec des musulmans au Canada. L'exemple des femmes musulmanes qui portent le voile religieux connu sous le nom « hijab » est utilisé pour mettre en évidence ces points et permettre aux lecteurs d'explorer leur propre niveau de compétence culturelle dans le travail avec les clients musulmans.

According to a worldwide study by the Pew Research Center (2009), there are approximately 1.57 billion Muslims in the world, totalling approximately 23% of the world population. In particular, there are about 940,000 Muslims living in Canada, making up approximately 2.8% of the Canadian population (Pew Research Center, 2011). Based on Statistics Canada (2003a) estimates, the Canadian Muslim population increased from 253,300 in 1991 to 579,600 in 2001. Furthermore, according to the Pew Research Center's (2011) research on the global mapping of Muslims, there is an expectation that the number of Muslims will nearly triple within 20 years. Despite these numbers and despite the backlash against Muslims after the attacks on September 11, 2001, there still exists a dearth of research on the intracultural differences and worldview of Muslims, and only a few studies are available on Canadian-Muslims.

The impact of the 9/11 attacks has had numerous destructive and even deadly impacts on identifiable Muslims all over the world, triggering a need for counselors and psychologists to actively engage with Muslims. In 2002, the Council on American-Islamic Relations documented 1,500 reported incidents of attack and discrimination against American Muslims (Kwan, 2008). According to Kwan, "These incidents include 12 killings, firebomb and arson attacks on Muslim properties (mosques or businesses) and homes, physical assaults with fists, knives or guns, a hate rape, and work place discrimination" (p. 656). With respect to younger populations, aside from the well-known issues that adolescents generally face such as personal identities and relationships, young Muslims have also had to deal with the negative biases and stereotypes against Islam and Muslims (Sirin & Fine, 2007).

It was clear that more Muslims were in need of counselling after the attacks. According to one study, some Muslims in the USA who experienced discrimination did receive counselling, but not through professional counsellors. Islamic clergy (imams) usually play the role of counsellor in most Muslim communities around the world. Ali, Milstein, and Marzuk (2005) conducted a quantitative study highlighting the role Islamic clergy play in meeting the therapeutic needs of their communities. In this study, although only 62 out of the 730 self-report questionnaires that were sent to mosques all across the United States were returned,

the imams who responded reported that they had not received formal counselling training. Furthermore, the imams stated that the need to counsel members of their congregation for being discriminated against had greatly increased since 9/11. Those who were discriminated against were mainly Muslims who were Arab American, South-Asian American, and African American.

In the Canadian context, despite the possibility that Canadian-Muslims may require more support from the professional community of counsellors and psychologists, there is a lack of academic resources to inform culturally competent practice with Muslims. According to Sheu and Sedlacek (2009), culturally competent practice should develop through a foundation of empirically based research that explores culture beyond race and ethnicity, gives a high importance to intracultural differences, and avoids ambiguity in establishing a research plan. Practitioners who know very little about their Muslim clients will thus be faced with difficulty, as little research on this group exists.

By way of example, the PsycINFO database, a resource commonly accessed by psychologists and counsellors, included 2,488 journal titles in April 2010, including the *Canadian Journal of Counselling* and the *Journal of Muslim Mental Health*. However, a search for the term “Canadian Muslim” in those journals retrieved only 18 articles. Muslims constitute one fifth of the world’s population and continue to grow (Pew Research Center, 2009), yet research on Muslims makes up only a fraction of one percent in the PsycINFO database. The word “Muslim” retrieved 1,641 results, “Muslim women” provided 403 results, “Canadian Muslims” provided 18 results, and “counselling Canadian Muslims” yielded 1 result.

Aside from being underrepresented, Muslims are also misrepresented in the literature. Sheridan and North (2004) stated that the majority of articles they examined were neutral, rather than positive or negative. However, what is of note is that 99 abstracts were deemed to be negative. The abstract for an article by DeMause (2002) states:

Children who grow up to be Islamic terrorists are products of a misogynist, fundamentalist system that often segregates the family into two separate areas: the men’s area and the women’s area. As girls grow up in these families, they are usually treated as polluted beings. Often battered and mutilated, these women make less than ideal mothers, reinflicting their own miseries upon their children. From childhood, then, Islamist terrorists have been taught to kill the part of themselves—and by projection, others—that is selfish and wants personal pleasures and freedoms. (as cited in Sheridan & North, 2004, pp. 153–154)

Although in this article we do not intend to challenge the negative claims against Muslims, we want to remind the reader that such negative claims are usually based on biases that have been unchallenged and evolved into preconceived notions. It leads us to conclude that, even as we read one of the few peer-reviewed articles on Muslims, we must do so with an extremely cautious and critical eye.

With respect to working with Muslims, it is problematic that peer-reviewed academic journals do not provide adequate sources for a counsellor or psycholo-

gist to obtain the necessary cultural knowledge about this specific population. As a result, the counsellor may unintentionally generalize and/or extrapolate information based on other similar populations, running the risk of assuming homogeneity and stereotyping clients. The counsellor may also justify using the client as a major source of information, and thus the client becomes a benefit to the counsellor rather than receiving the help the client requires. In either case, such practices can be unethical.

This article opens a critical dialogue on the need for an antidiscriminatory culturally competent approach to counselling nondominant populations in general and Muslims in particular. The foundation for this dialogue is rooted in Arthur and Collins's (2010) culture-infused counselling framework.

First, we review the ethical obligation counsellors have to not engage in discriminatory practice. We then explore the construct of discrimination by analyzing prejudice from three different theoretical orientations: namely belief congruence theory (Rokeach, Smith, & Evans, 1960), disassociation theory (Devine, 1989), and the integrated threat theory (Stephan, Stephan, Demittrakis, Yamada, & Clason, 2000). Finally, we explain how prejudice can be counteracted by applying Arthur and Collins's (2010) culture-infused counselling framework when working with Muslim clients.

#### ETHICAL OBLIGATIONS

Counsellors and psychologists are held accountable for unethical practice through their respective regulating bodies and professional organizations. For example, a counselling psychologist in Alberta, Canada, could be disciplined by the College of Alberta Psychologists (CAP, 2010) for discriminatory practices. The first guideline to contemplate in providing ethical services with nondominant populations would be consideration of the "power differential between oneself and others in order to diminish the difference and to use the power for the advantage of others rather than unwittingly to abuse it" (CAP, 1998, p. 3). Not considering this power imbalance can result in unfair treatment of clients and subsequent disciplinary action for the counsellor, even if these actions are unintentional. Furthermore, the *Code of Ethics* of the Canadian Counselling and Psychotherapy Association (Sheppard & Schultz, 2007) states that

[t]he Code reflects such values as integrity, competence, responsibility, and an understanding of and respect for the cultural diversity of society. It is part of a social contract, based on attitudes of mutual respect and trust by which society supports the autonomy of the profession in return for the commitment of its members to act ethically in the provision of professional services. (p. 1)

The *Canadian Code of Ethics for Psychologists* by the Canadian Psychological Association (CPA, 2000) mentions nondiscriminatory practice under the ethical standard of respecting the dignity of the person and states that psychologists must not engage in any form of unjust discrimination, must act to remedy any

unjustly discriminatory practices, and must aim to design practices that are fair and inclusive to “those who are vulnerable or might be disadvantaged” (p. 10).

Because of the power imbalance between counsellor/psychologist and client, counsellors and psychologists must first take various steps in identifying whether they are practicing—intentionally or unintentionally—in an unjustifiably discriminatory manner. If they are, they must act to correct such practices. Furthermore, designing practices to ensure that clients are not treated in a prejudicial or discriminatory manner is an area that needs further exploration with respect to working with Muslims, due to the lack of academic publications on this population and the probable increase in the number of Muslims requiring professional counselling. We believe that utilizing Arthur and Collins’s (2010) culture-infused counselling framework is one feasible and practical approach to working in an antidiscriminatory fashion with Muslim clients.

#### DISCRIMINATION

While many different definitions of discrimination exist, the Supreme Court of Canada has ruled on this matter. In the case of *Andrews v. the Law Society of British Columbia* (1989), the court held that differentiating between people in society based on personal characteristics of the individual or a group, whether intentional or not, is considered discrimination. An act of discrimination is one that “withholds or limits access to opportunities, benefits, and advantages available to other members of society” (p. 34).

Furthermore, various international, national, and provincial lawmaking frameworks require that organizations attend to the matter of equity and accessibility of services to all citizens and residents. Some of these frameworks include but are not limited to the International Convention on the Elimination of All Forms of Racial Discrimination; the United Nations International Convention on Economic, Social, and Cultural Rights; the Canadian Charter of Rights and Freedoms; the Canadian Human Rights Act; the Canadian Multiculturalism Act; the Canadian Citizenship Act; the Immigration and Refugee Protection Act; the Employment and Equity Act; and various provincial/territorial human rights legislation (Van Ngo, 2008). However, despite such safeguards, about 1.6 million members of nondominant groups (also known as minorities) in Canada have still experienced various forms of discrimination (Reitz & Banerjee, 2007).

Applying in particular to psychologists, the *Canadian Code of Ethics for Psychologists* (CPA, 2000) utilizes the terms “unjust discrimination” or “unjustly discriminatory” to mean “activities that are prejudicial or promote prejudice to persons because of their culture, nationality, ethnicity, colour, race, religion ... or any other preference or personal characteristic, condition, or status” (p. 6). The *Code of Ethics* of the Canadian Counselling and Psychotherapy Association (Sheppard & Schultz, 2007) states that within counselling relationships, counsellors who aim to respect diversity should not only prevent discrimination based on analogous grounds but also should “actively work to understand the diverse

cultural background of the clients with whom they work” (p. 9). The notion of actively working to understand the cultural background of the client is at the heart of understanding the worldview of the Muslim client. However, this is hindered greatly if the counsellor or psychologist is intentionally or unintentionally engaging in prejudicial thoughts based on biases and stereotypes and/or is unwilling or unable to identify biases and prejudices they may have against Muslims. Thus the focus now turns to understanding prejudice and bias in an attempt to contribute to decreasing and preventing discriminatory practice with nondominant populations in general and with Muslims in particular.

#### PREJUDICE

Allport's (1979) definition of ethnic prejudice has been widely used in the extant literature. He states that prejudice is “an antipathy based upon a faulty and inflexible generalization” (p. 9). Prejudice can also be referred to as “biased and usually negative attitudes toward social groups and their members” (Dion, 2003, p. 507). Although no consensus exists on the exact definition of prejudice despite several theories and models available to fully explain the concept, the position taken in this article is that prejudice may lead to discriminatory behaviour. Therefore, in order to prevent discrimination, the prejudicial thoughts behind the behaviour need to be addressed. In particular, in order to prevent discriminatory practice with Muslim clients, the prejudice that may be present in the minds of counsellors and psychologists must be explored. Thus the first step in working from a culturally competent standpoint with Muslims is to contemplate the notion of prejudice against Muslims in general and if and how that may arise in therapy.

All of the many theories and definitions available to explain stereotypes and prejudice involve some form of negative attitude toward a certain group. Usually there needs to be some form of context that initiates the process of people developing biases and prejudice against a certain group. One particular context relevant to the perception of Muslims by outgroup members is media. Evidence exists to demonstrate that negative media attention against an identifiable group can create biased thoughts and prejudicial attitudes against that group (Persson & Musher-Eizenman, 2005).

The accessibility principle can be used to explain this mental process. The accessibility principle holds that repeated and recurring exposure to a certain thought or mental picture causes that thought or mental picture to be more available in the future (Shrum, 2002). Most mainstream media outlets in northern European and North American nations have continued to reinforce many stereotypes and biased information against Muslims since 9/11 (Poynting & Mason, 2006). Thus one area of self-exploration counsellors or psychologists can utilize in understanding their own possible prejudice against Muslims is an examination of what mental and emotional processes occur when they view Muslims in the media, especially in relation to terrorism and anti-Western sentiment following the September 11 attacks.

The construct of prejudice has been researched extensively, and several perspectives, theories, and models have emerged (Dion, 2003). These include but are not limited to belief congruence theory (Rokeach et al., 1960), disassociation theory (Devine, 1989), and the integrative threat theory (Stephan et al., 2000). These theories could be helpful in guiding counsellors and psychologists to understand the development of prejudice as a first step in their efforts to prevent discriminatory practice with nondominant population clients in general and with Muslims in particular.

### *Belief Congruence Theory*

Rokeach and colleagues (1960) applied the work done on the connection people make between similarity and attraction in establishing their belief congruence theory (BCT). They concluded that people tend to like those who hold their beliefs and dislike those who do not. Ultimately, if a prejudice exists, it is based on the perception of incongruent beliefs. Other theorists such as Cox, Smith, and Insko (1996) drew on BCT and compared it to other theories; one in particular was Fiske and Neuberg's (1990) temporal-continuum model of impression formation. This model posits that the individual perceiving the nondominant group member starts off with only categorical information about the person (e.g., ethnicity, age, gender). However, if the context is supportive, the perceiver will then go through a process of obtaining unique information related to the beliefs of the person. If the beliefs are viewed as dissimilar, the perceiver will engage in prejudicial thinking. In short, incongruence in beliefs between two culturally different individuals could lead to prejudicial thinking.

The terrorist attacks of September 11, 2001, with the destruction of the World Trade Center in New York and other attacks against the Pentagon, had an intense impact on the world. The United States government subsequently declared that the persons behind the attack were of Arab and Islamic descent. This resulted in widespread negative attitudes against Islam and Muslims that led to a negative backlash against Muslims that continues to this day (Hildebrandt, 2010).

According to the belief congruence theory, individuals who engaged in discriminatory acts against Muslims can be assumed to have had negative biases prior to 9/11, which could have then led them to believe in an apparent incongruence in beliefs. This belief would then activate prejudicial attitudes and possibly lead to discrimination (Rokeach et al., 1960). If this theory holds true, then counsellors or psychologists working with Muslims will benefit from comparing their beliefs with those of their clients in order to bring forward any incongruence and address it prior to continuing counselling with the client.

### *Disassociation Theory*

Aside from viewing the source of prejudice from the perspective of beliefs and value differences, which can be a daunting task, Devine (1989) posited a disassociation model of exploring prejudice. According to this model, it is important to first understand the difference between automatic and controlled

cognitive processing. Automatic thinking is an involuntary thought process that is also unconscious. Devine posits that stereotypes are unintentionally activated in the same way as automatic thoughts. When the proper trigger is present (real or symbolic), the stereotype is then activated. On the contrary, controlled thought processing is “intentional, effortful, and goal-directed processing of information that is assumed to be under the person’s awareness and control but subject to limitation by cognitive capacity (e.g., attentional limits)” (Devine, 1989, p. 516).

Likewise, prejudice is also intentional and under the control of the perceiver: people who choose to engage in prejudicial thinking will do so. Based on this theory, in order to prevent prejudice, biased attitudes and actions need to be replaced with cognitive processes more consistent with an open-minded worldview. One practical suggestion that counsellors and psychologists can easily engage in is to simply monitor their own immediate cognitive and emotional reactions to news or shows that negatively portray Muslims. This can be a feasible starting point to understanding if a hidden or overt bias exists. If a counsellor or psychologist has any uncontrolled negative thoughts or emotions about Muslims after being exposed to something negative about Muslims, this should then serve as a warning sign, and further exploration into the reasons for thinking or feeling this way is essential. The next step in developing cultural competence and preventing various forms of prejudice would be an active process of controlling their thinking and focusing on avoiding overgeneralizations.

### *Integrated Threat Theory*

Stephan and colleagues (2000) have also posited a perspective on the roots of prejudice called the integrated threat theory. These writers suggest that understanding how individuals perceive various threats are essential to understanding and forecasting prejudice. They have identified such threats as falling under one of four categories: realistic threats, symbolic threats, intergroup anxiety, and stereotyping. Realistic threats are threats to the welfare of an individual (and his or her ingroup) by outgroup members. Symbolic threats are perceived to threaten the ingroup member’s way of life. These could include differences in beliefs, rules, and normal ways of behaving. Intergroup anxiety is the uneasiness felt by a person when interacting with another group. Stereotypes can also be viewed as another category of threat. If stereotypes are negative, then the expectations that the individual has of the outgroup members will also be negative, which would constitute prejudice. In working with the Muslim client, it is important to identify which perceived threats may be present. The notion of Islamophobia is important to discuss here, as it can provide irrational justifications for the counsellor or psychologist to perceive various forms of threats that can lead to prejudice. According to the Commission on British Muslims and Islamophobia (as cited in Martino and Rezai-Rashti, 2008), Islamophobia occurs when Islam is viewed as a culture that is

monolithic, separate, and other without any common values with other cultures and as being essentially barbaric and sexist. Muslims are therefore essentialized,



otherized, and imagined as being fundamentally uncivilized and unwilling to conform to the values of the West. (p. 414)

According to Stephan et al.'s integrated threat theory (2000), during the period where Islamophobia was on the rise, Muslims would have been very likely to trigger all four categories of threat (i.e., realistic threats, symbolic threats, intergroup anxiety, and stereotyping) in members of Western society. In a recent poll of 1,522 Canadians focusing on attitudes toward religions, multiculturalism, and sources of racism commissioned by the Montreal-based Association for Canadian Studies and the Toronto-based Canadian Race Relations Foundation, about 52% of Canadians stated they had little or no trust at all for Muslims. Not only did more than half of the participants display a sense of mistrust toward Muslims, but 42% of respondents also rationalized that discrimination against Muslims is mainly their own fault (Canadian Race Relations Foundation, 2012). Such distrust could be attributed to any of the aforementioned theories. Although one could argue that this poll is not an accurate representation of all Canadians, it does bring to light the attitudes of many toward Muslims.

The authors of this article are not aware of any polls or research done on psychologists or counsellors regarding their attitudes and thoughts towards Muslims. Nonetheless, the research on media portrayals promoting negative views of Muslims is one that counsellors and psychologists should consider while taking steps toward overcoming biases, stereotypes, and prejudices in order to prevent unjustifiable discrimination in working with Muslim clients. Ethical practice would have counsellors asking themselves how they were impacted by the Western media attention that portrayed Muslims as representative of all four categories of threat (Stephan et al., 2000). Furthermore, counsellors and psychologists should actively engage in developing culturally competent practices with Muslims and understanding the experience of their Muslim clients in light of the backlash since 9/11. One such way is by infusing culture into the entire process, as discussed in the next section.

#### CULTURE-INFUSED COUNSELLING

According to Sue and Sue (2003), multicultural competence involves "the counsellor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds)" (p. 21). These authors, along with others (e.g., Ridley & Kleiner, 2003), have argued that being multiculturally competent is an essential component of professional competency. Although many models and frameworks of cultural competency have been put forth, Arthur and Collins (2010) provide a model that is both practical and situated directly in the Canadian context. Arthur and Collins propose a culture-infused approach to counselling, which means consciously inculcating knowledge and awareness of the client's culture into every step of the counselling process to achieve clear objectives.

According to Arthur and Collins (2010), cultural competency in the field of counselling can be broken down into three main domains. Each domain involves knowledge and a number of attitudes and skills. The first domain involves being aware of one's own biases and assumptions about the world. The second domain involves having accurate cultural knowledge of the client. The third domain demands that the counsellor strives toward establishing and maintaining a culturally sensitive working alliance. In each domain there are also various core competencies that have the ability to facilitate effective and ethical practice as well as to proactively prevent prejudices that lead to discrimination. The following sections describe these domains and applies them to working with Muslim clients with a focus on female Muslim clients who wear the religious veil known as *hijab*.

### *Domain I: Cultural Awareness of Self*

In the first domain of Arthur and Collins's (2010) cultural competency framework, the counsellor focuses on his or her own view of the world. A worldview is the perspective from which a person views the world and is an amalgamation of personal, cultural, contextual, and universal factors (Shebib, 2003). What counsellors have learned and stored in the past can inadvertently impact the counselling session. Thus it is essential for counsellors to know themselves prior to entering into a counselling relationship with someone from a different culture, especially if culture is a salient part of the presenting concern. For example, if a counsellor has a Muslim client, the counsellor who has never analyzed his or her own views of Muslims or Islam may engage in prejudicial thinking. According to the belief congruence theory (Rokeach et al., 1960) and integrated threat theory (Stephan et al., 2000), prejudice is very likely if incongruence in beliefs exists between the counsellor and his or her client. Thus, in order to systematically address any prejudicial notions and prevent discriminatory actions, it is important for the counsellor or psychologist to be aware of his or her own cultural identity (i.e., Arthur and Collins's core competency 1).

Assuming the practitioner has undergone some deep self-exploration on cultural identity, the next step is to be able to express and understand the differences between his or her cultural identities and the client's (i.e., core competency 2). With respect to counselling Muslims, it should be understood that Islam is viewed by Muslims as more than a religion, but rather a comprehensive way of life that informs all aspects of behaviour (Pridmore & Pasha, 2004). If this point is not explored and understood, it can lead to difficulties in establishing rapport and achieving progress in counselling. Many Muslims have been noted as preferring to be seen by Muslim service providers (Ali, Ming Liu, & Humedian, 2004; Hodge, 2002). An explanation for the sense of mistrust toward the non-Muslim practitioner is the assumption in the minds of Muslim clients that the counsellor will misunderstand the client and possibly even engage in discriminatory practices because of cultural and linguistic differences (Hodge, 2002; Inayat, 2007). Furthermore, Muslims may feel that the practitioner may neglect the myriad of intracultural differences between Muslims and instead adopt a homogeneous view

of what it means to be a Muslim. Thus the counsellor or psychologist should understand that an Islamic identity can be explored from many different facets with respect to the identity of the Muslim client. Any clashes between the practitioner and the client would need to be addressed immediately. Furthermore, the counsellor or psychologist will need to understand how culture has influenced the field of psychology and counselling and ultimately how counsellors and psychologists work (i.e., core competency 3 in Arthur and Collins, 2010).

With respect to the cultural influence on interventions, it is possible that the counsellor will utilize interventions that are not relevant or appropriate for the client, especially if they are solely based on Western perceptions and values. For example, promoting concepts of autonomy and self-actualization are considered constructive orientations in the West; however, some cultures adopt a more collectivist orientation and view individualism as a barrier to enlightenment (Sue & Sue, 2003). For many Muslims who adhere to Islamic values, collectivism is encouraged and social cohesion along with group needs outweigh the individual's aspirations for self-actualization (Hodge, 2002; Inayat, 2007).

Although one must be cautious not to assume all Muslims are the same with respect to perceptions and values, understanding that the efficacy of therapies with Western populations may not be the same with Muslim populations should be a point of analysis prior to utilizing therapeutic interventions. The next two core competencies suggest that the counsellor or psychologist should have an understanding of how the differences between dominant and nondominant groups have had an impact on the counsellor as a person and a professional (i.e., core competency 4), and be aware of his or her degree of cultural competence (i.e., core competency 5). One point of self-exploration could be for counsellors or psychologists to explore how much direct contact they have had with Muslims in the past in comparison to the media influences on their perception of Muslims.

It is not known whether professional counsellors working with Muslims have been impacted by the media or are effectively competent in dealing with Muslim clients. This remains a significant gap in the counselling research. Nonetheless, because professional practitioners are immersed in their own cultural context and are thus not immune to media images and other processes leading to prejudice, it is essential for them to be critical of their own biases and assumptions in order to prevent discriminatory practices. They must ensure that their beliefs, controlled thought processes, and feelings of threats do not manifest into discriminatory behaviour in or out of the counselling sessions.

### *Domain II: Cultural Awareness of the Client*

The second domain of Arthur and Collins's (2010) cultural competency framework involves being aware of and knowledgeable about the client's worldview. This would include having knowledge of the cultural identities of the client (i.e., core competency 1), being aware of how culture is related to health and well-being (i.e., core competency 2), and understanding how sociopolitical influences impact the life of the client and nondominant population members (i.e., core competency 3).

Although there are many ways of gaining knowledge about a client and his or her culture, the key concern for counsellors who ground their practice in the professional literature is the lack of information on Muslims in academic journals and databases. Thus, as Muslims are a large percentage of the world's population, it is important to acknowledge intracultural differences when trying to understand the identity of the client and not assume homogeneity. Williams (2005) has suggested that one major misconception regarding Muslims is the assumed homogeneity within the community. Even though Muslims in North America are mainly from North Africa, the Middle East, and South and Southeast Asia, North American Muslims come from up to 80 different countries, and 80% of them are not from Arab nations (Ali et al., 2004; Sirin & Balsano, 2007). In addition, the cultural application of Islam in the various countries from which Muslims come adds another level of diversity and complexity to this population.

The second core competency involves the counsellors' understanding of culture and well-being. In this section, we focus mainly on Muslim women who choose to wear the hijab and its impact on positive well-being to counteract the stereotype and prejudice that it is oppressive and problematic. Franks (2000) highlighted that the hijab had many positive factors that contribute to positive well-being for White British Muslim women. These factors include "a sense of security, a reminder of commitment, a sense of space, and the right of scrutiny" (Franks, 2000, p. 918). Franks also noted that there needs to be a distinction made between present-day liberal democracy, where there is a choice about wearing hijab, and many Islamic societies where hijab is mandatory and enforced by law. Franks concludes that in contrast to those who label Muslims who wear hijab as "passive victims, ... in order to wear Islamic dress in Britain today, they have to be bold and intrepid" (p. 920). Many Muslim respondents in Franks's study felt that the hijab empowered women in framing discussions with men; "by narrowing the area of the body open to exchange in the public arena to the 'face and brain,' the body can no longer be viewed as a series of 'more or less sexual sites or sights'" (p. 921). Franks's study also found that the Muslim women wearing hijab in Britain chose to wear the hijab as a personal choice and not because they were forced by family, local culture, or the state.

In another study, Hoodfar (2003) examines how many Quebec nationalists and feminists have advocated for a ban on the hijab in schools. The assumption held by anti-hijab advocates was that their families have forced the hijab upon these young women, thus the ban is a way to free these women from oppression. However, Hoodfar (2003) concluded that the Muslim women wore the hijab willingly out of personal religious convictions. This study also showed that these Muslim women who wore hijab did not feel that they had to compromise their Islamic faith or identities when engaging within the public sector of society. Moreover, they did not feel forced to embrace patriarchal values and roles that are common to some cultural traditions found in some Muslim communities.

Zine (2006) focused on Muslim girls who wear the hijab attending an Islamic school in Ontario. Zine noted that none of the girls were forced to wear the hijab

and many viewed it as a form of Islamic expression and modesty. When these girls attended public schools, they were taunted due to their hijab and felt socially isolated. Although these girls attended a gender-segregated Islamic school, they reported that they felt more segregated when attending public schools. Zine noted that the girls cited the feelings of not being accepted for their faith-centred lifestyle and religious dress as a source of feeling themselves to be victims of prejudice and discrimination. Furthermore, these girls indicated that they felt that wearing the hijab allowed them “to feel freer to shape their own identity without the peer pressure to conform to more popular and less modest norms of clothing, [and] they felt a greater sense of ‘fitting in’ to the school environment” (Zine, 2006, p. 248). Despite the biases and negative stereotypes associated with the hijab in society, it is essential for counsellors and psychologists not to engage in biased and prejudicial thought processes about their female Muslim clients who wear the hijab but rather to understand how sociopolitical issues regarding the hijab impact the life of the client.

The third core competency with respect to knowing the client involves understanding sociopolitical impacts on the life of the client. Bishop (2002) states, “all groups are stereotyped to some degree, but those with power cannot be hurt by them as much as those with less power” (p. 86). Those with less power can be referred to as nondominant populations. With respect to Muslims, the most identifiable members of this nondominant population are Muslim women who wear the hijab.

With the rapid increase in Islamophobia after 9/11, Muslim women were the recipients of many hate-motivated incidents. The media played a major role in producing the biases and stereotypes of Muslim women that would ultimately lead to prejudice and oppression as Islamophobia was allowed to thrive. The resulting biases and stereotypes associated with Muslim women who wear the hijab have been extremely damaging. Two consistent biases included the perception of Muslim women as being victimized and in need of being saved from oppression, as well as the appearance of being associated with terrorism (Jiwani, 2004; Martino & Rezai-Rashti, 2008). Such biases ultimately led to various psychological difficulties for Muslim women. In one study on Muslim women wearing hijabs post-9/11, Kwan (2008) found that Muslim women had become more afraid of being out alone. Abu-Ras and Suarez (2009) also conducted a study on Muslim women post-9/11 and concluded that Muslim women who wore the hijab “were more likely to express a reluctance to leave home” (p. 58). Furthermore, because these women felt they were easily identifiable as Muslims, they were also “easier targets for harassment” (p. 58). In many countries in the world, Muslim women who wear the hijab face great difficulty. France pushed for a ban on the hijab in both public institutions and private businesses (Fekete, 2004). In 2004, François Fillon, the Interior Minister of France, called for the “French nationality code to be revised so that the wearing of the hijab be reasonable grounds for the Conseil d’Etat to reject an application for citizenship” (Fekete, 2004, p. 26).

The increase of stress and mental disorder in Arab-Muslim woman in the United States was identified by Hassounah and Kulwicki (2007). They found that 77% of the women had reported experiencing emotional distress sometimes or most of the time during the incidents of discrimination. Various forms of discrimination were identified, ranging from being physically abused or threatened (10%), verbally abused or insulted (53%), and treated unfairly (57%). The key implication here is that the Muslim client who walks through the counsellor's door is likely to have experienced significant discrimination, and until the counsellor has an opportunity to begin building a positive working alliance, the Muslim client has no reason to assume that the counsellor won't contribute to that discrimination. The difficulty in integration coupled with the negative media attention to Muslims has resulted in a form of marginalization that comes with psychological correlates of "depression, anxiety, and psychosomatic complaints" (Sirin & Fine, 2007, p. 152).

If we have any illusions as Canadian counsellors and psychologists that discrimination is an American or European phenomenon, we should be aware that Muslim women wearing hijab have been victims of hatred in Canada as well. Persad and Lukas (2002) discovered that Muslim women who wear the hijab experience barriers and discrimination when applying for jobs in various sectors. They found that applicants who wore a hijab faced several barriers that non-hijab-wearing applicants did not face. These included being told that removal of the hijab was a prerequisite to employment, being denied work, and being harassed in the workplace. Of the 50 participants, 90.6% of the Muslim women who filled out the survey reported having had an employer make a reference about their hijab and 40.6% of these women were told that they must take off the hijab if they wanted a job.

Statistical evidence suggests that for many nondominant members of society, feeling out of place is common. According to Statistics Canada (2003b), about 1.8 million Canadians feel out of place some of the time, whereas about 330,000 people feel out of place most or all of the time because of one or more aspects of their culture. It is safe to say that many Muslim women will feel out of place due to their hijab. The difficulty in integration coupled with the negative media attention to Muslims has promoted the marginalization of Muslims, thus further activating the need for counsellors and psychologists to know the sociopolitical impacts on their potential Muslim clients. In particular, women who wear the hijab can face many challenges due to discrimination and prejudice. However, it should be noted that not all Muslim women face these challenges. It is important for counsellors and psychologists to understand the combination of our own feelings about and reactions to the hijab, and not to place blame on the client's choice to wear the hijab, but to assist the client in overcoming the discrimination in society.

In order to prevent discriminatory practice, counsellors should be willing and able to understand the dynamics and complexity of the cultural identities of their clients (Arthur & Collins, 2010, core competency 1). They must also understand the link between culture and well-being of the clients rather than assuming culture is the problem behind their problems. Moreover, since sociopolitical influences

have been shown to have an extreme impact on the lives of nondominant populations, especially in the wake of 9/11, a counsellor must be able to demonstrate that he or she is aware of such influences and practice accordingly (i.e., core competency 3). In light of the correlation between wearing the hijab and the well-being of the Muslim female client, counsellors and psychologists need to be cautious not to overlook the positive impacts of the hijab or engage in irrational stereotypes associated with the hijab. Ideally, this question of experienced discrimination might form the basis for the initial development of the working alliance. Placing any unspoken fears of discrimination as an explicit part of the engagement process may serve to facilitate a positive working alliance.

### *Domain III: Culturally Sensitive Working Alliance*

In order to work effectively with Muslims and facilitate positive therapeutic outcomes, a culturally sensitive working alliance is necessary. According to a meta-analysis conducted by Martin, Garske, and Davis (2000), a significant direct relationship exists between the strength of the working alliance and the outcome of counselling. According to Bordin (1979), strong working alliances are formed when there is an agreement between the counsellor and the client on the counselling goals, the tasks that need to be accomplished in order for those goals to be achieved, and mutual respect and trust. All of these components of the working alliance may be negatively affected by the counsellor's own experience, biases, prejudice, or exposure to the widespread negative views of Muslims in general. Furthermore, the lack of research on Canadian Muslims does not help counsellors working with Muslim clients to resolve or challenge any negative stereotypes and the possible resulting prejudices. Therefore, counsellors and psychologists need to monitor any personal prejudices they may have. A counsellor needs to establish a culturally sensitive working alliance, which requires above all else a strong relationship of mutual trust and respect. This may not be possible if the counsellor does not acknowledge the client's cultural identity; therefore, awareness of the client's culture is an important factor to establishing the relationship (i.e., core competency 1). Furthermore, counsellors should work together with their clients to identify and set mutually agreeable and culturally appropriate goals (i.e., core competency 2) and tasks to achieve those goals (i.e., core competency 3) (Arthur & Collins, 2010).

In establishing goals, it is crucial to allow the client to lead the discussion. When working with a Muslim who has experienced discrimination, focusing on empowering the client is a feasible goal that can promote positive well-being and help to overcome the impacts of marginalization. According to Maglio (2009), promoting the psycho-spiritual realm of the client is often a neglected form of empowerment. Therefore, the counsellor or psychologist aiming to work in a culturally competent manner should be capable of investigating and incorporating spiritual and religious realms into the goals and tasks of counselling.

The tasks of therapy involve the actions that will serve to achieve the agreed-upon goals. The level of agreement on the tasks also serves as a measure of the

strength of the working alliance (Horvath & Symonds, 1991; Martin et al., 2000). However, without a culture-infused approach to establishing tasks, it is possible that the counsellor will utilize interventions that are not relevant or appropriate for the client, especially if they are solely based on Western perceptions and values. Rather, the counsellor and client should work collaboratively in formulating relevant interventions for the posing problem (Arthur & Collins, 2010). Thus, to influence positive outcomes in counselling, conscious awareness of the client's culture should guide the process of establishing goals and tasks that are culturally appropriate.

Ideally, counsellors are both aware of and culturally responsive to the myriad religious and cultural beliefs held by diverse Muslim clients (Ali et al., 2004; Inayat, 2007). Assuming homogeneity among Muslim clients is a practice that could lead to discrimination and should be avoided at all times. Genuine curiosity and asking Muslim clients about how they view their way of life are key in all cases and especially when establishing the goals and tasks of counselling, and can assist in building strong bonds with the clients. By being culturally empathic, the counsellor would be contributing to the positive outcome in counselling by building bonds with the client (the word "bonds" refers to the interpersonal connection between the client and the counsellor throughout the counselling process). Strong bonds are based on mutual trust and respect, and they contribute to the strength of the working alliance (Bordin, 1979). However, by adhering to the counsellor's own frame of reference or rigidly applying a preferred treatment model not culturally appropriate or relevant to the client, such inflexibility would go against the notion of the working alliance and potentially result in a rupture in the relationship (Safran, Muran, Samstag, & Stevens, 2001).

A rupture in the relationship has been defined as a "breakdown in the collaborative process, periods of poor quality of relatedness between patient and therapist, deterioration in the communicative situation, or a failure to develop a collaborative process from the outset" (Safran & Muran, 2006, p. 288). Thus cultural competency and appropriate communication at this stage of counselling is not only important in order to avoid rupturing the relationship, but also essential in enhancing the entire working alliance.

#### SUMMARY AND CONCLUSIONS

Counsellors and psychologists have an ethical obligation to ensure that their practice includes cultural awareness and competence. Today's social and political climate leaves Muslim Canadians with a number of difficulties in the form of discrimination and prejudice. The tendency to view large cultural and religious groups as monolithic, often defining the whole by the words and deeds of a few, leaves practitioners in the difficult position of not being easily able to develop the necessary understanding to work with a client group such as Muslims. Several theories on the development of discrimination, including belief congruence theory (Rokeach et al., 1960), disassociation theory (Devine, 1989), and integrative



threat theory (Stephan et al., 2000), may provide a framework for a counsellor to understand discrimination. Counsellors who work with their own incongruence of beliefs and actions will inhibit discriminatory practice (belief congruence theory). Counsellors who adopt a worldview that is congruent with principles of justice, equality, and equity will support their own development with the aim of being more in line with nonprejudicial and antidiscriminatory worldviews. When feeling threatened becomes a source of prejudice (integrated threat theory), counsellors are encouraged to be confident in their own cultural identities and to be able to eradicate any feelings of threat from their culturally different clients and prevent prejudice. These recommendations toward nondiscriminatory practice feed into the framework of being a culturally competent counsellor. Consciously working from a culturally infused counselling framework as described by Arthur and Collins (2010) satisfies our ethical obligation as well as opening the potential for nondiscriminatory practice when working with Muslim clients.

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