

Therapeutic Group Intervention for Muslim Women Surviving Domestic Violence

Tamara Alshoweat, MSW

Talshoweat@luc.edu

IASWG Handout

Summary:

Muslim women are often underrepresented in the therapeutic setting. This poster addresses the lack of representation of Muslim women in therapy. This poster will also touch on the need for more research on groups for Muslim women and the most effective way to set groups for Muslim women. This poster will mention the group process, therapeutic factors, gaps in literature and suggestions for further groups.

Introduction:

This poster highlights the importance of having more literature on Muslim women in group therapy to better serve Muslim women. It also highlights the best way to implement evidence-based therapy and past practices when working with Muslim women. The hope for this poster is to spread awareness and encourage many professionals to expand the literature and utilize best practices to serve Muslim women in group therapy.

Gaps in Literature:

The Muslim population represents 4–6 million people (about twice the population of Arkansas) in the United States, however it is significantly underrepresented in therapeutic literature. The Muslim population has been a particularly “under-represented population” (Carolan et al. 2000). While being underrepresented in literature, there has also been a concern with effective therapeutic services provided to Muslims. The reason many Muslim women who are domestic violence survivors are not provided effective group therapy is due to the gap in the literature and lack of understanding of Islam by professionals. By advocating for more literature on this topic, Muslim women will be able to receive proper assistance.

Westernized vs. Non-Westernized:

“Theorists and researchers considering cultural issues within therapy have highlighted the challenge of engagement with people whose perspective is not consistent with the dominant “Western Academic Scientific Psychology”(Weatherhead & Daiches 2015). Many professionals are taught in a westernized manner causing a lack of understanding of diverse ethnicities and religions. There are many ways to challenge a westernized thought process. Professionals must set aside their own views in order to assist individuals who have a different background or view than them. By taking away your view, professionals will be able to keep their personal biases away from the client. Through this process, many professionals will be able to see the importance of understanding westernized and non-Westernized points of view. As professionals, we must take the extra step needed to ensure that we are helping our clients the way they need it. Muslim women don’t receive the fair treatment through therapy due to the lack of understanding of their religion and culture.

History of Group Work and Islam:

Group work has been a large part of Islam in the past. One article stated, “Major group processes include group cohesion; group reality testing; identification with therapist, religious guide and other good Muslims in the group; group pressure; ventilation and catharsis; and activation of Islamic values and standards” (Al-Radi & Al-Mahdy 1989). After learning this, the question would be how professionals can implement this strategy with Muslim women in America. Providers must be culturally and religiously sensitive when working with Muslim women (Al-Krenawi & Graham 2000). They must be able to accommodate to the Muslim

client's needs. To be able to provide services to Muslim women, professionals must have a deeper understanding of Islam and diverse cultural backgrounds. (Carter & Rashidi 2003). Having that understanding will be beneficial to both the professional and the clients because a greater bond will be built. Muslim women will feel more comfortable, and professionals will be able to gain their trust.

Best Evidence Based Practices:

There are many forms of evidence-based practices that can be used in group work with Muslim women experiencing domestic violence. Cognitive behavioral therapy (CBT), narrative therapy, and Acceptance and commitment therapy (ACT) would all be beneficial in groups for Muslim women. ACT would be beneficial because, "According to Tanhan (2014) and Yavuz (2016), there are a few shared characteristics between the fundamental ideas of ACT and Islam, which may make ACT a fitting choice for helping Muslim clients" (Bahattab & AlHadi 2021). Acceptance and commitment therapy (ACT therapy) is a type of mindful psychotherapy that helps you stay focused on the present moment and accept thoughts and feelings without judgment. It aims to help you move forward through difficult emotions so you can put your energy into healing instead of dwelling on the negative. Most cognitive-behavioral therapy approaches focus on aversive symptoms and problematic behaviors. This emphasis can limit the attention that's paid to experiences that focus on growth and prosperity, such as a client's culture and faith. Acceptance and commitment therapy, however, has a marked focus on values-based living, which aims to increase functionality by using values as a compass to do so. For many clients, one of the most important areas of values-based life is religious belief systems. "Similarities between ACT and Islam appear much greater than their differences, and

because of the broad conceptual overlap, an Islamic approach has the potential to make significant contributions to ACT and contextual behavioral science. Being aware of these similarities can help religious leaders and counselors support Muslim clients in using ACT as an evidence-based psychotherapy” (Pekcan 2013).

References:

- Al-Krenawi, A., & Graham, J. (2000a). Culturally sensitive social work practice with Arab clients in mental health settings. *Health & Social Work, 25*(1), 9–22.
- Al-Radi, O. M., & Al-Mahdy, M. A. (1989). Group therapy: An Islamic approach. *Transcultural Psychiatric Research Review, 26*(4), 273–276.
- Bahattab, M., & AlHadi, A. N. (2021). Acceptance and commitment group therapy among Saudi Muslim females with mental health disorders. *Journal of Contextual Behavioral Science, 19*, 86-91.
- Carolan, M. T., Bagherinia, G., Juhari, R., Himelright, J., & Mouton-Sanders, M. (2000). Contemporary Muslim families: Research and practice. *Contemporary Family Therapy, 22*(1), 67-79.
- Carter, D. J., & Rashidi, A. (2003). Theoretical model of psychotherapy: Eastern Asian-Islamic women with mental illness. *Healthcare for Women International, 24*, 399–413.
- Pekcan, U. (2013). *El edebü'l müfred*. (Imam al-Bukhari, trans. 2013). Istanbul: Serhat Kitabevi Press.
- Weatherhead, S., & Daiches, A. (2015). Key issues to consider in therapy with Muslim families. *Journal of religion and health, 54*(6), 2398-2411.