Spiritual Strength: The use of Acceptance and Commitment Therapy (ACT) with Muslim Clients

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or


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SPIRITUAL STRENGTH: THE USE OF ACCEPTANCE

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Abstract

The Muslim population is increasing in the U.S., yet this population has been marginalized due to three main factors: Misinformation or disinformation by the media, the lack of factual understanding regarding Islamic spiritual and religious practice on the part of counseling professionals, and the acts of a very small number of radicals. Thus Muslims avoid being assertive in seeking and staying in counseling due to overt and unintentional discrimination. It is the counseling profession's responsibility to extent its knowledge base and understanding about the issues and concerns of the Muslim community, including the religious and spiritual tenets of Islam.

The author has three main goals in this paper. The first one is to cultivate awareness of multicultural and spiritual aspects and their role in the counseling process for Muslim clients. The next one is to enumerate particular tenets of Islam to increase awareness of Muslim spiritual practices and to provide a basic framework for understanding Islam, thus enabling counselors to be culturally and religiously sensitive with their Muslim clients. The final goal of this thesis is to explain the basics of Acceptance and Commitment Therapy (ACT) and how it is congruent and effective with the tenets of Islam. It provides this information through a literature review and with two Muslim case studies from a spiritual strength and ACT perspective, thus enabling the reader to provide cultural/religious sensitive counseling services to Muslim clients.
Spiritual Strength: The use of Acceptance and Commitment Therapy (ACT)

with Muslim Clients

Culture has an important role in individuals’ lives, and increasing our awareness of our clients’ cultures enables us to better understand their issues and their expectations of their treatment process (Padela, Killawi, Forman, DeMonner, & Heisler, 2012). Padela et al. (2012) express that religious beliefs, practices, and values are vitally important and are primary factors of the treatment process for numerous cultural groups; they include American Muslims as being one of these groups. The Muslim population in the US is estimated to be 2.75 million which is 0.8% of the population making it the third largest religious group in the United States (Pew Forum, 2011); however, the Council on American-Islamic Relations (CAIR) estimates the number of Muslims to be seven million (2012). All population data indicates that the number of Muslims in the Western countries is increasing; therefore, understanding this group is becoming more important. Roysircar (2003) has expressed that awareness of cross-cultural and multi-cultural counseling sensitivity has improved; however, Muslim Americans and immigrant Muslims are still widely misunderstood.

Exclusion and harassment toward Muslims in the United States have increased significantly since 9/11, to the point that many Muslim Americans have changed aspects of their cultural and religious life styles. These changes include: Muslim women no longer wearing their hijabs in public, Muslims avoiding cultural activities and community functions, and Muslims refraining from attending religious services at the local mosques just to avoid overt discrimination (Inayat, 2002). Chaudhry and Li (2011) point out that Muslims are more likely to have mental health issues than other minority groups. Unfortunately, Muslims tend not to seek help from mental health providers (Padela et al., 2012; McAulife, 2013); if they do, they tend not
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to continue because their counselors often have a lack of understanding of the role of their faith in their life. For example, a male Muslim college student asked the author to help him for his lack of motivation, academic success, and attention. The student had a belief that the main reason behind his issues was sorcery/witchcraft. The author recommended him to visit the university counseling center. The student responded with a moderate negative attitude and expressed that he was unwilling to see a counselor for this issues. However, he later did choose to visit the counseling center to get help for his issues. The center, after the first session, referred him to a psychiatrist, and the psychiatrist prescribed antidepressant medication – no one even attempted to address the role of his belief and sorcery within the Muslim tradition. Later, the student expressed to the author how the counselor and psychiatrist assumed he has some delusions or hallucinations. The student reported that they were unhelpful and untrustworthy because he was concerned that such information would go on his record. He stopped seeking counseling and taking prescribed medication after a short time and sought some other traditional solutions, such as visiting a sheikh, to come over his difficulties. Another example is a male Muslim international graduate student who could not pay attention in his classes. He felt bad about this and asked the author to help him since the student was a friend of the author. The author listened to him, provided enough information and recommended him to visit the university counseling center. The student showed an extreme negative response to that suggestion. He become very sad, saying he was not crazy and asking what the author meant by suggesting a counselor. He asked the author whether something was wrong with him. However, three weeks later, the student told the author that he had visited the counseling center and found it extremely helpful. He reported that the counselor listened to him, was curious about his culture and how it was for him in his back country, and also referred him to psychiatrist for Adult Attention Deficit
Disorder (ADD). He ended up getting a diagnosis for ADD. The important thing to note is that the way the counselor and psychiatrist addressed the issue helped him accept the treatment. He said that he came to know himself much better; ADD became a part of him, he said. The student then continued seeing his counselor for seven sessions. These two brief examples show how the students initially had a negative attitude – in other words, stigma – toward seeking counseling, but also how both of them later on visited the counseling centers. The way the counselors and other health providers treated them played a crucial role in either repelling or retaining them as clients.

**Spiritual or Religious Aspects in Case Conceptualization**

It is important to understand clients from a biopsychosocial perspective that will provide an integral picture of clients in order to understand what is going on with them and then what kinds of interventions could be implemented. However, research by Cashwell and others (2013) shows many counselors and counseling settings do not pay enough attention to spiritual/religious aspect of clients in initial interviews, case conceptualization, and counseling sessions (Cashwell et al., 2013). They conducted a study that consisted of 30 items to see how counselors rank the importance of spiritual/religious aspects and how much they integrate these aspects in their sessions. The result showed there was a disparity, for almost all 30 items, between how they rank the importance of spiritual/religious aspects for clients and how often those counselors integrate these aspects in counseling process. While the participant counselors have ranked the importance of these aspects high, they stated that they do not pay attention to spiritual or religious aspects as much as they see these aspects important. One of the main themes of the study was that counselors tended not to explicitly address these aspects. The authors also explained how explicitly addressing the way clients perceive both their spiritual and religious aspects might
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strengthen the therapeutic relationship. The authors asked the important question of how these counselors are able to come with a holistic case conceptualization while they rank spirituality/religiosity as important aspects but listen less frequently for spiritual/religious themes and do not actively use informal and formal assessments to understand the role of these in clients’ life. The authors stated the importance of understanding this gap or inconsistency and coming up with clinical interventions to promote the utilization of spiritual and religious aspects of clients. The authors also reported that some of the counselors might be hostile to religions concepts; therefore, how could they be able to work with highly spiritual/religious clients? It is important to be aware that Muslims in general do not make a separation or differentiation between spirituality and religiosity and neither a separation between their daily life and their belief. Muslims see spirituality, religion, and daily life as a single integrated concept instead of different concepts. Another important point is that most of the Muslims will not identify themselves as religious; though, their belief is embedded into their lives and they pay utmost attention to practice their religion throughout their days. Considering all of the above mentioned reasons that Cashwell et al. (2013) stated is important because Islam has an important effect on most Muslims, and some Muslim clients (whether they express this explicitly or implicitly) will want to use their belief system to get over their issues. The author of this thesis explains, later in the paper, how the two Muslim clients held a strong belief and were trying to put it into practice in their daily life and also in the counseling sessions.

In order to explain how not addressing spiritual/religious issues might be counterproductive, the author of this paper states one of his experiences with his tape supervisor and site supervisor while he was doing his practicum at a county correctional facility. The author was conducting a process group in the correctional facility and had an African American male
client who would just sit in the group and would not say anything, as if in protest against the group. The client kept being silent for two weeks, but within the third week the client learned that the author is Muslim. This occurred when the author had to pray in the jail and asked his site supervisor if he knew the direction for prayer. Muslims turn to Mecca while praying their daily prayers (salah, in Arabic, as they are commonly called), and the author had to ask someone to help him learn the direction since nobody was allowed to use any electronic equipment inside the facility. The site supervisor first told the author to just sit or stand at a corner and use a chair to pray. The site supervisor did not know anything about how Muslims pray, and then he said he did not know the direction and said that he knew a Muslim client. He called the African American client who was silent in the group. The site supervisor and the author asked him for the direction and the Muslim client showed a clearly wrong direction. However, the author/counselor was able to learn that his African American client was Muslim. The client later approached the author/counselor and said that he was Muslim and wanted to learn more about Islam and asked whether the counselor could teach him about Islam. The counselor talked to his site supervisor about this request and provided more information about the client, and the counselor started to provide individual counseling to the client. Through the individual and group counseling sessions, the author learned that the client had converted to Islam in the jail. The client reported that he had asked the site supervisor to provide Islamic services or a Muslim chaplain since there were some other religious chaplains and services in the jail; however, the client did not get any positive response from the site supervisor and felt angry toward counseling services and therefore took on a quiet/protesting attitude. The site supervisor was always busy because much was going on and he therefore did not have enough time to pay attention to this particular client. The author also realized that the site supervisor did not know the basics of Islam besides
knowing that it is a religion, has a book, and its believers pray. The author continued seeing the client both in individual and groups counseling, and the client became much more willing to talk about himself. The client was interested in how he could increase his knowledge of his belief and practice it in his life. The author elaborates on this case further in the case studies section later in this paper. The important point to note with regards to this section is that the site supervisor, after a few sessions, told to the counselor that “the client is now open and engaged, that was/is good to use his belief to involve him; however, it is now more appropriate to start talking less about religion and focus on clinical work” (personal communication, February 12, 2013). The tape supervisor of the counselor also expressed almost the same thing after she had attended two sessions for live supervision. The tape supervisor suggested having two sessions with the client, the agenda of the first being discussion about Islam and the agenda of the second being about clinical work rather than about Islam. Based on that idea, the counselor began providing two individual counseling sessions, the first one in the morning and the other in the afternoon. In the first one the author/counselor would provided space for the client to talk about his belief since the client strongly would want to learn and practice his belief in his life. As for the second session, the counselor and the client would focus on other issues besides his belief. The author found this clear separation helpful because he also found that it was difficult to work with such a client. From time to time the author struggled with identifying his role, trying to consolidate between whether he was a counselor or a kind of teacher who was helping the client increase his knowledge. However, after a few sessions the counselor did not find the two-session format helpful because it was not possible for this client to separate sessions and topics. From this experience the author realized how his site and tape supervisors did not even have basic knowledge of Islam and how they were not aware of how Islam is embedded in the daily life of a
Muslim. This experience supports what Cashwell et al. (2013) found and stressed in their study regarding the importance of paying attention to spiritual/religious issues and addressing them throughout the counseling process. It is critical to pay attention to how counselors and other health care providers perceive Islam and their Muslim clients and increase their knowledge regarding this topic when they come across Muslim clients.

Another important and positive experience regarding spiritual/religious aspects with Muslim clients happened while the author was performing his internship at another setting that is a comprehensive health care, counseling, social work, referral, as well as educational and recreational services facility. The author started to provide counseling to a Muslim college female student who was trying to practice her religion and gave great value to this aspect of her life. The author asked his site supervisor how he could work with her and whether he could and should invest time in spiritual/religious issues and topics if she brought them up. The site supervisor stated that he does not know a lot about Islam, but it is certainly necessary to address spiritual/religious issues when the clients bring them up. The site supervisor also shared the study of Assay and Lambert (1999) to show how it is important to pay attention to other client factors, not just sessions, to create wellness. The initial interview case conceptualization form at the setting also included a few questions regarding spiritual/religious aspects. The counselor worked with this client for nearly a year and addressed spiritual/religious aspects from time to time since they had central effects on the client’s life. The author also elaborates this case later in this paper. This experience, like the first case mentioned above, shows how it is crucial to be sensitive to spiritual/religious aspects while working with Muslim clients and especially with Muslim clients who try to practice their beliefs and prefer to identify themselves as Muslim in
social life. This case also shows how counselor educators need to be careful to provide the best supervision regarding spiritual/religious issues.

Padela et al. (2012) conducted a study in Michigan to explore Muslim perceptions on healing. They found out that Muslims’ belief has a central role in the healing process, both directly through recitation of the Qur’an and supplication and indirectly through human agents (e.g., imams, health care providers, family, friends, and community). Studies also stress the importance of understanding Muslim clients’ spirituality/religion and also not to stereotype them with the community they live in (Williams, 2005; Ibrahim & Dykeman, 2011). Ibrahim and Dykeman (2011) suggest that a cultural, spiritual/religious, worldview, and acculturation assessment could make working with Muslim clients easier and more productive. The key factors are how Muslims see their belief system as a resource to get over both physical and psychological issues and to what degree counselors are aware of that and integrate it into the treatment.

These studies indicate that counselors and other health providers have a responsibility to increase their awareness, sensitivity, knowledge of Muslims, and skills to integrate their beliefs into treatment process. Likewise, it is crucial to find therapeutic approaches and other interventions that correspond with Islamic belief systems to assist Muslim clients in utilizing their faith and religion as a strength. The author argues that Acceptance and Commitment Therapy and numerous aspects of Islam match at a foundational level. Therefore, utilizing ACT with Muslim clients provides cultural and spiritual sensitivity that will increase the efficacy of the counseling process and improve the therapeutic relationship.
What Islam and Muslim Mean

Based on the studies discussed above, it is necessary for counselors to have basic knowledge of Islam and its components.

The word “Islam” is Arabic and comes from the root word “silm,” which means “peace” and “submission”. Therefore, Islam means submission or surrender of one’s will to Allah (God); anyone who does so is identified as a Muslim. One of the important points to understand is that Islam is not a new religion rather it is the last revelation from the Divine. According to Islam, Prophet Adam is the first prophet and Prophet Muhammad is the last one, and the Qur’an (holy book) is the last Holy Book from Allah Therefore, the religion/message of Prophet Adam, Noah, Abraham, Jacob, Solomon, David, Moses, Jesus, and all other prophets is Islam as it has been mentioned in Qur’an many times, and these prophets are Muslim. This is an important point because non-Muslims are not aware of the fact that Muslims accept all of these prophets and divine messages that have been sent to them through miracles and Holy books like the Psalms, Torah, and Bible. It is important to know these pieces of information because these all have an important place in Muslims’ lives, and having respect for and belief in all of them is a requirement in order to be Muslim. However, it is also crucial to know that Muslims believe that the messages that had been sent to previous prophets, with the exception of the final prophet, Prophet Muhammad, had been changed by people through history. According to Muslims, the final message, the Qur’an, will not be changed since God has stated that he will reserve it until the last day.

In order to provide a brief and clear summary to make it easy to understand the foundations of Islam, it might be useful to look at the following table and brief descriptions of each concept. This thesis might seem too detailed in its information about Islam, but the rationale
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and need behind this might become clearer once one learns how Islam affects Muslim clients’ daily lives and how much counselors and other health providers are lacking this knowledge.

Table 1
Foundations of Islam

<table>
<thead>
<tr>
<th>Primary Sources</th>
<th>Five pillars of Islam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quran</td>
<td>1. Declaration of Faith (Shahada)</td>
</tr>
<tr>
<td>Sunnah</td>
<td>2. Prayer (Salah)</td>
</tr>
<tr>
<td></td>
<td>3. Obligatory Charity (Zakah)</td>
</tr>
<tr>
<td>Secondary Sources</td>
<td>4. Fasting (Sawm)</td>
</tr>
<tr>
<td>Ijma</td>
<td>5. Pilgrimage (Hajj)</td>
</tr>
<tr>
<td>Qiyas (or aql)</td>
<td>Faith in six principles</td>
</tr>
<tr>
<td></td>
<td>1. Allah</td>
</tr>
<tr>
<td></td>
<td>2. Allah’s angels</td>
</tr>
<tr>
<td></td>
<td>3. Allah’s books</td>
</tr>
<tr>
<td></td>
<td>4. Allah’s prophets</td>
</tr>
<tr>
<td></td>
<td>5. The Hereafter</td>
</tr>
<tr>
<td></td>
<td>6. The Divine Decree and Destiny</td>
</tr>
</tbody>
</table>

The Qur’an is the last holy book according to Islam. The word, Qur’an, literally means “the recitation.” It is the main and primary resource for Islam. The Qur’an was revealed to Prophet Muhammad in 610 AD in Mecca. It consists of 114 chapters and 6236 verses; though, some scholars may come with a little different number of verses since they count in a different way. In the original language of the Qur’an is Arabic, and Muslims recite it in Arabic in their
prayers. The first verses revealed to Prophet Muhammad are "Read, in the name of your Lord who created (1) Created man from a clinging substance (2). Read, and your Lord is the Most Generous (3) Who taught by the pen (4) Taught man, what they knew not" (Qur’an 96:1-5). It is important to know these verses because they are very important to Muslims, stressing the importance of reading. However, the chapter of these verses is not the first chapter in the Qur’an when one opens it. The first chapter in the Qur’an is Al-Fatiha – in English, The Opening – because this chapter is the first that was revealed at one time as a whole, and Muslims read this chapter at least 17 times a day in their daily prayer. The chapter is very important for Muslims since it carries many key messages, though it is very short. It consists of seven verses, the first being “ In the name of Allah, the Entirely Merciful, the Especially Merciful” (Quran, 1:1). It is important to know Muslims view reciting and understanding Qur’an as a direct way to receive healing from Allah (Padela et al., 2012), and this is mentioned in Qur’an many times. “Quran is the essential core of Islam and the source of doctrine, law, knowledge, and spiritual experiences of Muslims across the globe” (Hedayat-Diba, 2000, p. 291).

The second primary resource is the Sunnah, which is the saying and actions of Prophet Muhammad. The Sunnah is the second primary source after Qur’an, and it has a crucial role for Muslims.

Secondary sources are Ijma and Qiyas (some sects of Islam may name Qiyas as Aql). The former means the consensus of qualified scholars who possess the wisdom and knowledge to derive Islamic rule from Quran and Sunnah. The latter one means to derive a solution for something, which is not clearly established in the Quran and the Sunnah, by means of an established rule that shares a commonality.
As shown in the table, the five pillars of Islam are: The declaration of Faith (Shada), prescribed prayers (salah), obligatory charity (zakah), fasting (sawm), and (if a Muslim can afford to go) pilgrimage (hajj). It could be very helpful to briefly look at each of them and how they affect the Muslims’ lives.

Declaration of Faith (shahada) is the first pillar of Islam, and it is acknowledging that there is no deity worthy of worship except Allah and that Prophet Muhammad is His servant and messenger. This pillar is so comprehensive that it includes the six Faith principles including faith in Allah, Allah’s angels, Allah’s books, Allah’s Prophets, the hereafter, and the divine decree and destiny.

The second pillar of Islam is the prescribed prayer (salah). Muslims have to practice these prescribed prayers five times a day. In addition to that, Muslim males have to pray Friday Prayer with the congregation. This concept will be elaborated on further later in this paper because of its important role in Muslims’ lives.

The next pillar of Islam is Purification of Wealth (Zakah), which is giving of alms (2.5% of one’s wealth) to needy people if one has sufficient wealth. Islamic law explains what constitutes sufficient wealth.

The fourth pillar is fasting (sawm), which is to abstain from food, drink, sexual activity, and bad actions (such as lying, insulting, etc) from dawn to sunset during the month of Ramadan, the ninth month of the Islamic lunar calendar. The last pillar is pilgrimage (hajj) to Mecca at least once in a lifetime if one can afford it.

It is important to have this basic knowledge of the pillars of Islam and more importantly how they are embedded in the daily lives of Muslims who practice their religion. It would be a
mistake to assume that Muslims’ beliefs are something that is practiced once a week, month, or a year; it is practiced throughout each and every day.

**Servanthood and Healing through Prayers**

Servanthood is an important concept in Islam and it is repeated hundreds of times in Qur’an and Sunnah. In Islam, any good intentions and actions are counted as prayer and good deeds, as the verses stress it many times throughout Qur’an. However, daily prayers, known as salah, are obligatory and have a specific place in the belief. “So whoever does an atom's weight of good will see it…and establish prayer… O you who have believed, seek help through patience and prayer…” (Qur’an, 99:7; 2:110; 2:153). Prescribed daily prayers have an important place in Islam, as this is the second pillar after the declaration of faith. Therefore, it is important to be aware of how Muslims practice daily prayers throughout the day so that counselors can acknowledge and facilitate this aspect in their clients. The author of this paper has come across many counselors in training, counselors, site supervisors, and counselor educators who assumed that the prescribed prayer of Muslims was similar to that of Jews and Christians. They found it difficult to understand until they learned more. Considering this, it might be useful to look at the prescribed prayers in detail and see how they play an important function in the lives of Muslims.

There are five prescribed daily prayers, and each Muslim is required to perform them during their appointed times. In order to pray, Muslims must first have their bodies clean to certain standard legislated by Islam for prayer; they must be in a state of ritual purity. A main prerequisite of this is that they must clean their genital areas with water after they use the restroom. Hence, it is necessary to provide watering cans, as you can see from the following picture, in restrooms when one has Muslim clients. It is also important to note that though cleaning with water is a requirement for Muslims, many non-Muslim people from the Middle
East and some other cultures use water in restrooms to clean their genital areas after using the restroom. Therefore, the multicultural part of this concept is also important, and providing water by watering cans or otherwise will better the relationship of Muslim clients to the setting and counselor since this is a sign of respect and consideration. For example, the author expressed this need for his Muslim female client at his internship setting, and the setting provided the watering can. The Muslim female client provided positive feedback as soon as she saw the setting had provided the watering cans in the restrooms. The setting did not only provide watering cans for the restrooms in the counseling department but also in some other departments as well since they had some Muslim patients at other departments. The author himself also found this consideration very helpful since he also practices his belief. Such consideration and actions might create or increase the positive attitude of Muslim clients, influencing them to stay in counseling. The author conducted a semi-formal survey among Muslim students at the University of Rochester to see how many Muslim college students viewed not having watering cans as a main issue for them. The result showed over 90% of the students reported that it has been a serious issue for them, and not having watering cans in the restrooms has been affecting them in a very negative way. Based on this research, the author with some other students through Graduate and Undergraduate Muslim Student Associations at his university expressed the issue to officials and the interfaith chapel, University Health Center, and a few other departments in the university. The institutions, though some were resistant and made a big deal out of this, put some watering cans in the restrooms to make life easier for their Muslim students. The students’ feedback was very positive following this improvement. Considering all of these, providing watering cans in the restrooms either by providing watering cans or providing water through some other more systematic ways, which could be discussed with architects and engineers as both ways have been
used in Muslim countries, such as Turkey, at counseling settings might be very helpful to build and improve the therapeutic relationship and trust between counselor and Muslim client and to cultivate a positive attitude toward seeking counseling.

Figure 1: Watering can to put in the restroom

**Ablution and Prescribed Prayers**

After the body is clean from impurities, a Muslim needs to take ablution (wudoo) to reach ritual purity. This means washing hands, face, arms, partially wetting the head, and washing the feet; in this order. It is important to keep in mind that many Muslims see ablution as a way to relax since Prophet Muhammad has recommended Muslims to perform ablution when they feel angry or distressed. Therefore, it might be useful to keep this in mind and suggest or remind this to Muslim clients as a technique. The two Muslim clients in the case example stated that taking ablution for prayers was very helpful to them.

After taking ablution, a Muslim can pray. There are five daily prescribed prayers (salah) including morning (Fajr), noon (Dhuhr), afternoon (Asr), evening (Maghrib), and late evening (Isha). Muslims turn toward the Kaaba in Mecca when they pray these prayers. The prayers consist of different body postures including standing, bowing and prostrating, as shown in the following picture. Another important point to note is that the time for each prayer changes slightly each day since it depends on the timing of the sun’s positions, which changes throughout the year. It is also necessary to know this so that one can better facilitate life for Muslim clients
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when necessary. For example, the Muslim female client reported that some professors would
lecture for two to three hours straight with no breaks, and that she had to leave the class each
time to go pray. She would get disturbed due to missing content when leaving the class for five
to ten minutes each time. The author of this paper also had the same issue with his classes and
talked to his professors. Some of them arranged a break accordingly so he could pray during the
break. The author of this paper conducted a semi-formal survey and asked 30 Muslim students if
they also have the same issue; 22 of them reported they pray daily and have had this difficulty
every day they have had classes. Therefore, understanding how prayer times change daily and
getting in touch with Muslim students to make appropriate changes is crucial. One may
understand prayers and how times change from the following table.

<table>
<thead>
<tr>
<th>May 2014</th>
<th>Fajr (I)</th>
<th>Sunrise</th>
<th>Dhuhr (II)</th>
<th>Asr (III)</th>
<th>Magrib (IV)</th>
<th>Isha (V)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4:31</td>
<td>6:02</td>
<td>1:08</td>
<td>5:03</td>
<td>8:13</td>
<td>9:44</td>
</tr>
<tr>
<td>15</td>
<td>4:10</td>
<td>5:46</td>
<td>1:07</td>
<td>5:07</td>
<td>8:28</td>
<td>10:05</td>
</tr>
<tr>
<td>31</td>
<td>3:50</td>
<td>5:34</td>
<td>1:09</td>
<td>5:12</td>
<td>8:43</td>
<td>10:27</td>
</tr>
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<tr>
<th>How many</th>
<th>Fajr (I)</th>
<th>Sunrise</th>
<th>Dhuhr (II)</th>
<th>Asr (III)</th>
<th>Magrib (IV)</th>
<th>Isha (V)</th>
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<tbody>
<tr>
<td>2 Fard (obligatory)</td>
<td>4:31</td>
<td>6:02</td>
<td>1:08</td>
<td>5:03</td>
<td>8:13</td>
<td>9:44</td>
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<tr>
<td>2 Sunnah (optional)</td>
<td>4:10</td>
<td>5:46</td>
<td>1:07</td>
<td>5:07</td>
<td>8:28</td>
<td>10:05</td>
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<tr>
<td>2 optional</td>
<td>3:50</td>
<td>5:34</td>
<td>1:09</td>
<td>5:12</td>
<td>8:43</td>
<td>10:27</td>
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<th>Sunrise</th>
<th>Dhuhr (II)</th>
<th>Asr (III)</th>
<th>Magrib (IV)</th>
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In a day - total: obligatory 17 & optional 25 = 52 rakats/actions

Time for Rochester, NY
Figure 2: Performing ablution

Physical and Mindfulness Exercises and Prayers

After the prayers, there are some optional rituals that Prophet Muhammad has recommended. Ablution, prayers, and rituals such as supplication carry some aspects of physical and mindfulness exercises. Therefore, it is important for a counselor to be aware of and acknowledging ablution, prayer, and rituals. Ivey and Ivey state in one of the American Counseling Association podcasts that one of the previous American Psychiatrist Association (APA) presidents would say that it is unethical if a psychiatrist prescribes medication but not physical exercises (ACA, 2010). The importance of daily physical exercises is becoming more central to the practice of counseling. Besides that, mindfulness exercises are also receiving more attention in counseling research. The research body that supports physical and mindfulness exercises is paramount. Therefore, it is important to consider these aspects since Muslims who practice their religion are practicing a lot of both physical and mindfulness exercises throughout the day, which is very important in terms of continuity to get the utmost benefit. From the following picture one can see how one rakat (unit of prayer) is practiced during prescribed
prayer, and Muslims who practice daily-prescribed prayers practice this action at least 17 times (obligatory ones) throughout the day. Many Muslims practice this action 52 times (optional) throughout the day. Being aware of such physical and mindful exercises and acknowledging these, if a Muslim client performs daily prayers, with Muslim clients might be productive so that they might be empowered and encouraged.

Figure 3: A rakat (unit) in prayer

Perceptions of Illness and Healing for Muslims

It is important to pay attention to how Muslim clients explain illness and healing. According to Islam and its primary resources, Allah (God) is the one who controls both health and illness and God is the ultimate doctor (Padela et al., 2012). There are many verses and hadiths that stress how all issues or illness at the biopsychosocial level could be a test.

For example, Allah (God) says in Qur’an (2: 155-156)
And certainly, We shall test you with something of fear, hunger, loss of wealth, lives, and
fruit, but give glad tidings to the patient, who when disaster strikes them, say, “Indeed we
belong to Allah, and indeed to him we will return.”

In addition to many verses that indicate all kinds of issues could be a kind of a test, there
are many hadiths (documented statements of Prophet Muhammad) that indicate the same
message, such as;

Prophet Muhammad said,
No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim,
even if it were the prick he receives from a thorn, but that Allah expiates some of his sins
for that. (University of Southern California-Muslim Student Association [USC-MSA],
n.d.a, vol. 7, book 70, #545)

However, it is important to keep in mind what cultural diversity, lack of education, and
individual differences might bring into the room. As Kobeisy (2006) says, it is not enough to
know some general information about Islam to treat Muslims (p. 59). Psychosocial elements like
age, class, education, and citizenship status have a crucial role in Muslims’ experience of Islam
and their understandings of mental health.

It is important to know and be aware that many Muslims might see their illnesses or
difficult issues as a result of lack of faith or weak faith due to not having enough knowledge
about their religion due to strong cultural factors or lack of education. Thus, they could see
illnesses or other difficult issues as personal faults that could bring shame to them and their
families. As a result, a stigma could emerge from having difficult issues and seeking treatment
from outside of their families and belief (Aloud & Rathur, 2009). Having an illness or other
difficult issues might occur at the same time as a lack of faith or weak faith, but a lack of faith or
weak faith are not counted as the real reasons for having issues according to the belief. Furthermore, most of the time these illnesses or issues are a test for Muslims, as stated in the Qur’an and Sunnah, which are the primary resources of Islam. As mentioned above, the Qur’an, hadiths, lives of prophets including Prophet Muhammad, and lives of great scholars in Islam show that the prophets and scholars are the ones who have gone through the most difficult times and situations. And it is the prophets and the scholars who have the best of faith. Therefore, it is important to pay attention to whether Muslim clients and the people around them tend to have this stigma toward those who seek treatment for difficult issues. If they do, it might be helpful to clarify/challenge that with them in a therapeutic way so that they will not feel guilty or blame themselves for facing some issues and seeking counseling. Unfortunately, it is very common to see this pattern of stigma among Muslims, like “I am Muslim, praise be to Allah, and Muslims do not feel depressed and do not go to counseling.”

Padela et al. (2012) explain how Muslims believe God has a direct role to heal through their worship (prayers, reciting Qur’an, invocation, etc.). It is important to know, besides daily prayers, any good deed done for the pleasure of Allah is an act of worship in Islam. In addition, the authors state that God has a role to provide healing through getting help from health care providers, imams or scholars, family, family members, and friends. The authors mention how Muslims see all illnesses as related to spiritual aspects and religious practices (prayers, rituals, etc.).

Aloud and Rathur (2009) found some important key factors that keep Arab Muslims away from seeking help through formal mental health care. These factors include counselors not taking into account some critical cultural and religious concepts when they conceptualize mental health issues, as well as their lack of reaching out to this population to provide information about
counseling services. On the Arab Muslim end, some other factors include not: Being familiar with the western culture’s acceptance of seeking help, having negative attitudes and lack of confidence toward receiving help from counselors, primarily preferring other informal-indigenous resources, and having some financial difficulties.

Another key point is paying attention to cross-sex issues while a counselor is helping Muslim clients. In Islam, individuals of the opposite sex are not supposed to stay alone in a closed area together – unless they are married or unmarriageable (siblings, parents, grandparents, uncles, aunts…) – nor should they communicate a lot if it is not necessary. In this case, a Muslim client may want to see a same sex counselor for counseling, and if it is not possible, may talk or have some concerns about this in the sessions. Therefore, it is important to acknowledge this and validate their concerns. However, it is totally acceptable in Islam to see the opposite sex for treatment when it is not possible to have the same sex counselor to get over the issues. Cross-sex touching, including handshaking, is not permissible in Islam unless it is necessary.

The recognition and incorporation of these aspects into the counseling process are crucial for the healing process. As the author mentioned earlier in this paper, the Muslim male students’ willingness to continue seeing their counselors was strongly linked to how their counselors and other health care providers treated them. Again, as the author will explain through two case studies later in this paper, Muslim clients’ esteem to seek and stay in counseling increases remarkably when they find it favorable.

**What to Do**

It can be summarized in a few sentences what counselors and other health care providers need to do in order to get over all of the factors that have been mentioned above and reach out to Muslim clients to provide counseling service to them.
Counselors and other health providers need to pay attention to public stigma, stigma of illness, and stigma of seeking help, and it might be productive to work with imams or other spiritual leaders and community organizations to break down these barriers (Khan, 2006; Soheilian & Inman, 2009; Amri & Bemak, 2013). The authors also stress the importance of improving health care providers’ competence toward Muslim clients. Almost all of these studies pinpoint the necessity of tailoring the mainstream counseling approaches to incorporate the needs of Muslims. It will be a great service if it is possible to improve a culturally sensitive approach that would incorporate all or most of the major tenets/aspect of Islam.

Based on what has been mentioned, the author of this paper proposes that Acceptance and Commitment Therapy (ACT) has many commonalities with the tenets of Islam and could be used effectively with Muslim clients. This could be an important point to counselors and other health providers since it is a gap in the literature and clinical work. In the next section of this paper, the author first briefly provides basic information for ACT to understand it better and then gives more detail about why and how it might be more appropriate to use while helping Muslim clients.

**Acceptance and Commitment Therapy (ACT)**

Acceptance and Commitment Therapy (ACT) was founded by Steven C. Hayes, and its roots go back to 1976 when he was studying with his first doctoral student, Zettle, about the role of language in life and especially in clinical conditions (Cullen, 2008). “ACT is always said as one word, not as individual letters” (Hayes, Wilson, & Strosahl, 2012, p. 10); their rationale behind this is that pronouncing ACT as one word creates a positive image and encouragement for engaging in life.
In order to understand ACT better and especially to make it easier to understand how it might be more productive to use with Muslims, this paper will provide some more information about ACT and its place in mainstream therapeutic approaches and traditions.

The founder of ACT, Hayes (2004), places ACT under the behavioral tradition among the third wave approaches like Dialectical Behavioral Therapy (DBT), Functional Analytic Psychotherapy (FAP), Integrative Behavioral Couples Therapy (IBCT), and Mindfulness-Based Cognitive Therapy (MBCBT) as one can see from the following table.

<table>
<thead>
<tr>
<th>First wave</th>
<th>Second wave</th>
<th>Third wave</th>
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<tr>
<td>Behavioral Therapy</td>
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In order to understand ACT in a better way, it might be helpful to explain briefly its main concepts. It has a strong and comprehensive foundation that is based on functional contextualism, relational frame theory (RFT), and psychological flexibility model (Hayes et al., 2012) as they have been shown in the following table.
Table 4

Foundations of ACT

<table>
<thead>
<tr>
<th>Functional Contextualism</th>
<th>Relational Frame Theory (RFT)</th>
<th>Psychological Flexibility Model</th>
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<td>A pragmatic philosophical worldview; what is workable/useful in life</td>
<td>Focus on the role of language and cognition to explain human success and suffering</td>
<td>A model of psychopathology, psychological health, and psychological intervention (Hayes et al., 2012)</td>
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Hayes et al. (2012) state that one has to know the psychological flexibility model to use ACT, but one does not necessarily have to know functional contextualism and relational frame theory. However, the authors stress it will be much more effective if the clinician knows more about all of them. Since focusing on the first two concepts is beyond the scope of this paper, it might be helpful to explain them briefly.

Hayes et al. (2012) identify functional contextualism as the philosophy behind ACT. Functional contextualism is a philosophical worldview that focuses on what is workable/useful in life/experience. It stresses the importance of interpreting, predicting, and influencing psychological processes in the whole context.

Relational frame theory (RFT) is a science that emphasizes the role of language and cognition to explain human success and suffering (Hayes et al., 2012). The authors give specific attention to RFT since they say words and language entangle humans into ineffective attempts to wage war against their own mood state. In a nutshell, words, language and cognitions could be at the heart of suffering. For example, from RFT perspective, if someone mentions any words like “water, paper, lemon, trauma, war, accident, etc.,” the mind immediately starts to focus on them.
as if they are present even though they are not present/real in the moment. Similarly, a client may be affected and start to live under what language and cognition tell them. Therefore, the authors recommend the clinicians to keep this in mind.

Psychological flexibility model is the third and most important component to understand to properly implement ACT. The model is based on functional contextualism and relational frame theory. Hayes et al. (2012) state that a clinician has to know the model in order to utilize ACT. They identify it as a model of psychopathology, psychological health, and psychological intervention.

The psychological flexibility model consists of psychological inflexibility (as a model of psychopathology) and psychological flexibility (as a model of human functioning) (Hayes et al., 2012). As one can see from the following hexagon-shaped figure, psychological inflexibility consists of/emerges from six core processes: inflexible attention, disruption of chosen values, inaction or impulsivity, attachment to a conceptualized self, cognitive fusion, and experiential avoidance. On the other hand, again as shown in the figure, the psychological flexibility model consists of six corresponding core processes: flexible attention to the present moment, chosen values, committed action, self-as-context, defusion, and acceptance.
Figure 4: Psychological inflexibility as a model of suffering

Figure 5: Psychological Flexibility as a model of functioning
In summary, ACT is a therapeutic approach that is based on the psychological flexibility model, which integrates mindfulness and acceptance processes (acceptance, defusion, self-as-context, and flexible attention to the present moment) and commitment and behavioral activation processes (values, committed action, self-as-context, and flexible attention to the present moment) that mean the six core processes to produce greater psychological flexibility (Hayes, 2010). In other words, ACT is about providing room for pain and helping clients to move forward toward chosen values to create a meaningful life.

Later in this paper, the focus is on how ACT explains suffering, these six core processes, and how they fit in with the tenets of Islam, making ACT very appropriate to use to provide counselling to Muslim clients.

**How and Why ACT might be a more Appropriate Approach for Muslim Clients**

There are some commonalities between the main concepts of ACT and Islam which makes ACT more appropriate to use when helping Muslim clients. This section of this paper focuses on some of the main commonalities that make ACT more appropriate.

The first commonality is about pain or unpleasant experiences. According to ACT, pain, difficulties, issues, and unpleasant experiences are natural parts and consequences of life and are inevitable, while many other approaches count the absence of pain or sadness as normal (Hayes et al., 2012). It is important to pay attention to how ACT differentiates between pain and suffering, as depicted in figure 6. Islam also acknowledges that pain or unpleasant experiences are normal, and the absence of sadness is not a measure for normal human psychology. There are many verses and hadiths that support this point, and some of them have been mentioned earlier in this paper. Another key idea shared by Islam and ACT is the way through which one deals with pain. In ACT, a client will become psychologically inflexible if they do not balance all of
the six core processes in the psychological inflexibility model, and will suffer because of the pain as a result. In the same way, pain or in other words difficulties are normal consequences that are a kind of test for Muslims. A person who has some pain could suffer if he or she acts extremely on at least one of the six core processes in the psychological inflexibility model. For example, losing one’s loved ones or having some difficulties with academic requirements could be a kind of a test for a Muslim; such things are inevitable, and one does not necessarily need to suffer from such experiences. However, avoiding looking at the situation, getting away from oneself and identifying oneself with the situation, rejecting looking at one’s values, and so on will create suffering. When a person is in a suffering position, ACT tries to address six core processes to create psychological flexibility.

Related to the first point, ACT and Islam stress the idea that there might be a gift in the pain or difficulty one faces, which means a client could get a chance to have a meaningful life through this pain if they look for it. Many verses in Qur’an, sayings of Prophet Muhammad (hadith), and scholars of Islam pinpoint how one’s pain or difficulties could be a chance to become purified and find a more meaningful life.
The second important point that makes ACT more appropriate is providing room for spirituality/religion in its theory. Unlike many other mainstream approaches, ACT addresses and acknowledges the role of spirituality and religion in being psychologically flexible (Hayes et al., 2012). The authors stress that the new skills a counsellor teaches a client could be anxiety-provoking, forgettable, and not practical; therefore, it might be helpful to utilize clients’ beliefs, but that should not be misused by promoting any significant belief systems. This point is important because the literature, as mentioned earlier, shows that the healing process for Muslims is embedded within their belief system. Hayes et al. (2012) underline the fact that many spiritual and religious traditions, similar to the six core psychological flexibility processes, naturally lead to compassion for the self and others, which creates a meaningful life. Thus, they
give an important place to spirituality and religion if the client has this aspect in his or her life. It is important to know that integration of spirituality/religion into counselling might be easy for a seasoned counsellor while it might be extremely difficult for a counsellor in training such as the case of the author of this paper while he was doing his practicum and internship. It might be of benefit to some counsellors, especially those in training and who are not familiar with spiritual and religious concepts, to learn and utilize such a comprehensive approach like ACT that addresses spirituality/religion instead of putting them into a position where they struggle to figure out how they could integrate spiritual/religious aspects into their counselling approaches and processes.

The third important common point is utilizing stories, metaphors, and some other creative methods instead of didactic or cognitive instructions. Both ACT and Islam use a lot of metaphors and stories to help the person move forward and live a meaningful life.

Another important point is practicality; whether something is working in real life is very important in Islam and ACT. If something is not helpful but has a great philosophical explanation, it is not worth attention according to ACT and Islam. This means, a counsellor should use some interventions that could foreseeably be helpful and understandable to the client.

The fourth point is that childhood is important in Islam and ACT, and Islam and ACT take it into account but the focus is on the here-and-now. What clients do to move closer toward their chosen values is of utmost importance for creating well-being in life. Unlike some psychodynamic approaches, Islam and ACT do not focus a lot on childhood to help the person, though they take it into consideration.

The next commonality is the position of counsellor. In ACT, the counsellor is an expert at their profession with warmth and humbleness. This positioning meshes well with how scholars
or spiritual leaders are positioned in Islam or Muslims’ culture. In Islam, knowledge and the owner of knowledge have an important place in society and are deserving of respect. Therefore, a counsellor who has such a position and acts with warmth and humbleness might be a good match for Muslim clients. However, as the author mentioned earlier in this paper from the literature, individual and cultural differences should be kept in mind.

The final and the most critical point is the commonality between how ACT targets a meaningful life through the six psychological flexibility core processes and the teachings and tenets of Islam. This next section will explain each of the six core processes (i.e., flexible attention to the present moment, self-as-context, defusion, acceptance, connecting with values, and committed action). This will help the reader better understand what ACT is, and it will provide more information about how each of the core processes contributes to making ACT a very appropriate technique for treating Muslim clients.

**Six Core Processes and their implementation in Muslims’ Life**

The six core processes in the psychological flexibility and psychological inflexibility models are interrelated as one can see from the connections in the hexagon figures, but some of them are more related to some others, and some are more central (Hayes et al., 2012). The intensity of one or more core processes in the psychological inflexibility model creates inflexibility and causes suffering; in other words, psychopathology. In order to help the client, the clinicians conduct some interventions, paying particular attention to using metaphors to create six psychological flexibility core processes to build psychological flexibility; in other words, a meaningful life. The daily practices of Muslims go well with the core processes of ACT. These practices could be used and acknowledged as skills when appropriate instead of trying to cultivate new skills that may not be acquired in the short term. More importantly, how
often and how long a client is likely to practice newly learned skills is uncertain. However, the skills already related to one’s values are more likely to be practiced, found meaningful, and strengthen the client, which goes well with the literature stating that healing for Muslims requires taking their belief into consideration. In the following lines, this paper focuses on the six core processes of psychological flexibility and how they go well with Muslims’ beliefs and practices. For example, the author of this paper has used the poem of Rumi, The Guest House (Barks, 2004, p.109), with his two Muslim clients since it is very appropriate to use as a metaphor to create some of these six core processes.

**Flexible Attention to the Present Moment**

The first core process is flexible attention to the present moment. It describes the ability to create space to be in the here-and-now in an open, receptive, and nonjudgmental mood (Hayes et al., 2012). Unlike flexible attention to the present moment, psychological inflexibility takes one to the past or future to solve the problems, although life is happening now (Hayes, 2010, DVD-3). None of the ACT core processes is superior to another; all are inter-related, especially the remaining five core processes to this process. Therefore, flexible attention to the present moment is a core process that has an important place in the model. There are many useful techniques in the cited book (Hayes et al., 2012), videos (Hayes, 2010), and the website (ACBS, 2014) to increase the ability to practice being in the here-and-now.

A clinician may call this technique mindfulness, breath exercises, improving attention, or any other name. It is important to pay attention to whether naming them differently will be helpful to Muslim clients since there might be a stigma toward one particular naming, particularly the word “meditation.” In this case it might be helpful to acknowledge this and explain to the client how it might help to increase attention and wellbeing. Practicing some of
these exercises in the counseling room might disturb Muslim clients, especially if the Muslim client and counselor are of opposite sexes, due to the reasons mentioned earlier in this paper. In this case, it is important to check for alternative methods such as keeping eyes open, providing recorded exercises to the client to practice at their convenience, or focusing on some other kinds of mindfulness techniques like breath exercises, mindful walking, and mindful eating, and so on. It is also important not to use music during mindfulness activities, except after checking with Muslim clients to see if it is ok for them since many Muslims consider it best not to listen to music. In addition to music, a gong or church bell sound also could disturb Muslim clients.

It is important to know that being in the moment has an important place in Islam. During the prayers, Muslims are instructed to focus on the prayer, and they demonstrate this attitude bodily by raising both hands to the ear level at the beginning of each prayer, demonstrating the putting aside of worldly matters during their meeting with God. Praying slowly with patience and paying attention to the meaning of the recited verses and other words throughout the prayer allows the client to be here in the moment and to get away from all other things. Similar to the case of mindfulness exercise techniques, Islamic scholars recommend that a Muslim who prays but loses their concentration not to judge themselves for this and come back to what they are reciting and doing. In addition to being mindful in the prayers, another opportunity for being in the moment is during the rituals after prayers. As it has been explained in the previous section, Muslims are recommended by Prophet Muhammad to practice some rituals after prayers such as uttering: astaghfirullah (I seek forgiveness from Allah) three times, subhanallah (Glorified is Allah) 33 times, alhamdulillah (praise/thanks to Allah) 33 times, and Allahuakbar (Allah is Great) 33 times – and these are some of the most common rituals done after prayer. Such rituals might help one to be present in the moment, relax, become connected with Allah and other
people, and become grounded since it is not uncommon to hear from Muslims how practicing prayers and these rituals are helpful. The two Muslim clients whose cases will be elaborated on at the end of the paper reported that the best time for them to stay with themselves, reflect on themselves, enjoy their time, and be in the moment is the morning prayer (fajr) and the time after it while practicing the rituals. This is especially true for the Muslim client in the correctional facility who reported that many times he did not have any quiet time for the rest of the day in the mod where he and the rest of the inmates were living, eating, bathing, and so on.

Another kind of mindfulness activity in the literature and on the website is body awareness. The author of this paper gave recorded mp3 mindfulness activities to his Muslim female client to see if they would be helpful to her. In one of the following sessions, she reported that she liked some of them and realized she could practice the “body awareness one” especially when she practices ablution a few times through the day for prescribed prayers. She reported later that it was beneficial and helpful for her to take ablution and to pay attention to her body.

In addition to these, mindful walking, eating, working, studying, observing and so on are also other kinds of mindfulness exercises in the literature. There are many verses in Qur’an about being mindful to the life and universe such as: like “don’t you observe, see, think the universe, its perfect balance, your life, your body, your faculty, etc.” Eating and drinking slowly while paying attention to the moment and saying “with the name of Allah” at the beginning of the meal and “thanks to Allah” at the end are examples of a mindfulness activities that Islam recommends and which could be utilized with Muslim clients who practice their religion. When Muslim clients mention these points, it is important to acknowledge and validate them since these activities are more likely to be practiced by them more often, for a longer period of time (if not the rest of their life), and with a great appreciation for their meaning.
Self-as-Context (Perspective Taking)

The second core process is self-as-context or, in other words, perspective-taking that means understanding/experiencing the self as a continuity of consciousness beyond one’s feelings, thoughts, sensations, experiences, etc. (Hayes et al., 2012). This concept stresses that there is a self/you/core beyond all that one does, experiences, thinks, and feels. The authors state that it is important for the client to be aware of their different aspects and perspectives without totally identifying himself or herself with one aspect. This is unlike the concept of self-as-context, in which one identifies oneself through whatever one lives or experiences.

Similarly, in Islam there is a self/you/core beyond a person’s faith, thoughts, feelings, sensations, deeds, or any other thing one can experience that decides, wishes, and chooses. That self/you/core is beyond everything -- it is the most unique and honorable position for a person to have, and that is being a caliph of Allah. Prayers, rituals, and some significant religious stories might facilitate contacting one’s diverse background, past, other people, a deeper meaning, and a different perspective of oneself that may help one become grounded and see oneself from other perspectives. In their studies, many Muslim scholars have used the concept of you/self/core beyond all of what one experiences. For example, the famous quote of Yunus Emre, who is a very well-known Muslim poet and lived in the 13th century, states that “there is an I within me, beyond and deeper than me,” (Emre, n.d.a). This is very famous, and it is similar to Hayes (2010) point when he says “there is a you beyond all that you experience.” Similar to Yunus Emre, great scholars such as Rumi – who also lived in the 13th century – and Bediuzzaman who lived in 20th century have used the same concept with metaphors in their studies when they explain how one could get over difficulties. For example, The Guest House poem by Rumi is a good tool to use to help a client perceive a distinction between oneself and the other issues they
are struggling with. It might be useful to bring some pieces from Muslim scholars to counseling sessions so that Muslim clients will feel their belief and healing process are integrated.

**Defusion**

The third core process is defusion, and it was coined by the authors. Defusion means “making closer contact with verbal events as they really are, not merely as what they say they are” (Hayes et al., 2012, p. 244). Springer (2012) identifies it as looking at thoughts from a neutral perspective, rather than receiving and responding as if they are literally true. Hayes (2010) also identifies this core process as “opening up to the process of thinking at the moment and less merged with the product of thinking or being aware of thinking without attachment to judgment or content.” The important point is to know that ACT does not create defusion through a cognitive or intellectual process but rather through metaphors and activities.

Muslims are recommended many times in the Qur’an not to stick to their thoughts, feelings, desires and to be cautious about what they know as better for them. One of the verses states “…but perhaps you hate a thing and it is good for you; and perhaps you love a thing and it is bad for you…” (Qur’an, 2:216). Unlike defusion, a fused mind makes oneself fused with something whether it is good or bad. Therefore, a Muslim’s prayers and rituals might help one to leave the fusion mood and enter into a new perspective; the prayers might remind the Muslim that as a person they have some good and bad deeds, strengths and weaknesses, and pleasures and displeasures rather than just being fused with something. The Guest House poem is again a great tool to create defusion. For instance, repeating astagfurullah, subhanallah, alhamdulillah, and Allahuakbar after the prayers might help construct defusion from “I am good or bad” fused stories and mindset if the client is exercising with a focus on meaning. Another example is the case of Wah-shee, one of the companions of Prophet Muhammad, who had brutally murdered the
Prophet’s uncle, Hamza. After a while, the Prophet sent him messages to become Muslim, but he said he could not due to what he had done to the Prophet’s beloved uncle, not only killing him, but also by the cruelty of his actions to the body of Hamza. Wah-shee was willing to become Muslim but could not get rid of the “I am such a bad and cruel person that cannot get rid of this fault.” However, the attitude of the Prophet and especially the verses Allah revealed in the Qur’an about Wah-shee helped Wah-shee to get out of this fused mindset and become Muslim and a good citizen in his society. Therefore, it is important to keep in mind that the concept of defusion in ACT complements Islam very well. Such verses, prayers, and rituals might facilitate defusion and leaving a fused mind to and look at thoughts, feelings, sensations as thoughts, feelings, and sensations and not as they are real or to be followed.

**Acceptance**

The third core process that creates psychological flexibility and thus a life of wellbeing is acceptance, and it is one of the most important concepts of ACT. Although all counseling approaches target to facilitate acceptance and help a client move forward, ACT is one of the few that explicitly address the concept of acceptance and its importance. Springer (2012) explains acceptance as “willingness to experience inner states, regardless of whether they are experienced as pleasant or unpleasant” (p. 206). Hayes (2010) identifies it as being willing to experience one’s experience without needless defense. He also focuses on how one’s experiences could be perceived as gifts and could help one become wiser and to move forward toward a more meaningful life. Additionally, in the psychological inflexibility model, experiential avoidance, unlike acceptance, means avoiding providing room for one’s experiences that then creates more suffering and psychological inflexibility (Hayes et al., 2012).
Acceptance is one of the most important concepts in Islam, and Muslims practice and literally utter it a lot throughout the day. The most common word that Muslims repeat whether they have a good or difficult situation is uttering alhamdulillah, which means praise and thanks be to Allah. Others include subhanallah, glorious is Allah who is away from deficiency, and Allahuakbar, Allah is Great. Muslims utter them during the prayers, the rituals after the prayers, and in social life. The Divine decree and destiny, one of the six pillars of faith, is all about acceptance since it means Muslims have to believe everything happens with permission of Allah, and they accept whatever they face and live through. In addition, many verses and hadiths stress acceptance and its importance. Allah states,

and We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits, but give good tidings to the patient. Who, when disaster strikes them, say, “Indeed we belong to Allah, and indeed to him we will return. (Qur’an, 2:155-156)

An important point here to pay attention to is some Muslim clients may utter the above mentioned words, verses, or hadiths, but their acceptance might be a kind of what ACT language explains as “passive acceptance.” At this point, it might be beneficial to be aware of the resources and beliefs that help the client move from a state of passive acceptance to an active and productive acceptance to create room to experience their experiences, sensations, feelings, and so on instead of just blocking them.

There are many examples from the life of Prophet Muhammad that he was living unpleasant moment, expressing them, and creating space to live in them. For example, many companions saw him sad and crying for his children, mother, some of his companions, and so on. His actions show that experiencing one’s feelings is appropriate rather than avoiding and
surpassing them. Like Prophet Muhammad, the lives of all other prophets and scholars show that they were open to experience their experiences, and they experienced them throughout their lives. Like ACT, displeasing or difficult experiences are similar to a gift to reach a more pleasant condition and this has been well-explained in a poetic way in Rumi’s studies, like Masnavi. The Guest House poem by Rumi again might be a good tool to improve the acceptance concept with Muslim clients.

**Connecting with Values**

The fifth concept that ACT explicitly focuses on is connecting with one’s values. Values are what one wants to be about and live for; they are meaningful and intrinsic (Hayes, 2010). Value is “clarifying what is important to the way one desires to live life” (Hayes et al., 1999; as cited in Springer, 2012, p. 207). Another definition for values is “values are freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself” (Hayes, 2012, p. 298). The authors stress the importance of how a client has learned and gained their values; whether they have been chosen freely or otherwise. Another point that they pay attention to is the difference between goals and values; values are not totally (100%) reachable and doable. This means there will always be a striving to reach one’s values while goals are reachable. On the flip side, unlike freely chosen values, disrupted values, dominance of pliant, fused or avoidant values create psychological inflexibility and suffering. Therefore, it is important to pay attention to how a client has learned and gained their values. Values are very important in the ACT model because the model seeks to create some actions and goals based on chosen values.
Similar to the ACT model, Islam always wants Muslims to think their actions and goals are related to what they want their life to stand for, which means to create their goals according to the big picture rather than haphazardly. Goals and actions based on chosen values have an important place in ACT, and this rationalization and explanation goes well with Islam. Hayes et al., (2012) provide some example questions to bring out and clarify clients’ values. Some of the examples are: what would you want to have written for your epitaph, what would you write for your epitaph, what would you want to hear if it were your funeral (Hayes et al., 2012)? Such questions and their styles go very well with the tenets of Islam.

An important point while working with Muslim clients is paying attention to their values and not creating a misunderstanding and misperception. Some Muslim clients may come with some disrupted values due to learning these values from nonauthentic resources and that could be one of the reasons for suffering. From an ACT perspective, it is the clinician’s responsibility to pay attention to these disrupted, avoidant, or fused values in order to help the client to explore these values and clarify them since values are important part of one’s life and are reinforcers for other actions.

**Committed Action**

The last core process is committed action. Hayes et al. (2012) identify it as “a value-based action that occurs at a particular moment in time and that is deliberately linked to creating a pattern of action that serves the values” (p. 328). Committed action “involves flexible moving toward goals that are consistent with one’s values” (Hayes et al., 1999; as cited in Springer, 2012, p. 207). The important point is creating some actions that will be based on clients’ values and will serve to reach the goals and the values. This core process also shows how ACT is placed in the behavioral tradition. In addition, in the psychological inflexibility model, inaction,
impulsivity, or avoidant persistence will create psychological inflexibility, which will engender suffering according to the ACT model.

The concept of committed action related to one’s goals and values is important in Islam. Islam also stresses the importance of actions just after the faith. In almost all verses that stress the faith, the following words stress doing good actions. For example, the verse “…who believe and do righteous deeds…” (Qur’an, 103:3) is repeated together following each other more than fifty times throughout the Qur’an. That shows how important the committed action is in Islam. Related to that, Prophet Muhammad has stressed many times that Allah does not judge people based on their physical appearance, but rather judges them based on their intentions and their actions. Therefore, ACT as an approach that stresses committed action based on one’s values might create a more effective therapeutic relationship for Muslim clients.

Based on what has been mentioned in previous sections, using the ACT model while working with Muslim clients might create a stronger therapeutic relationship and facilitate the process due to commonalities between ACT and Islam. Muslim clients might feel this consciously or unconsciously and might feel more relaxed and willing to work more in their sessions. As ACT recommends using concepts and metaphors that are familiar to clients, it may engender positive effects if clinicians come with more Islamic metaphors that will be more familiar to the clients and will facilitate an understanding of how they can get better.

**Case Studies**

In this section, two case studies will be presented discussing how these clients’ spirituality/religion had been used to empower them from an Acceptance and Commitment Therapy (ACT) perspective. These case examples also explain how being sensitive to clients’ spiritual aspects was a key point in helping them.
First Case Study from a Correctional Facility

Before beginning to elaborate on the case, it might be helpful to recall the context in which the case appeared. The author of this paper was doing his practicum during his master’s program and was a counselor intern at a correctional facility for one day a week. He was running a process group with another intern counselor and had about eight clients in the group. However, one of the clients was totally quiet and was not collaborative at all and had an attitude of protest against the group even though all clients had a choice to attend another group or activity. This client was an African American about 30-years-old. The author of this paper who was providing counseling in the group was practicing his religion, Islam, and had to pray. He had to pray inside the facility since leaving the facility and praying outside would have taken more than an hour; it was not practical to go outside a few times a day. Therefore, the counselor asked the staff and his site supervisor about the direction to face when praying because Muslims have to turn towards Kaaba in Mecca (55 NE for Rochester), as explained earlier. However, none of the staff knew the direction and also almost all of them including the site supervisor were confused about the prayer concept and its requirements. They were familiar with the concept of prayers in Christianity or Judaism but not the prescribed daily prayers in Islam. The counselor and other staff could not figure out the direction because no electronic equipment is allowed in the correctional facility. After the counselor had explained the requirements (i.e., direction, ablution, etc.) for prayers, the site supervisor said that he knew a Muslim client who prayed. Then, the site supervisor called the client, who was the quiet and protesting client in the group, and asked him about the direction. The client was somewhat shocked and ashamed and he showed a direction that was totally wrong. The client also asked a few questions to the counselor and the site supervisor, like why they were asking for the direction, what they knew about Islam, and so on.
A few hours later, the client came close to the author and asked if he could teach him about Islam. The counselor intern told him that they, the counselor and the client, needed to talk to the site supervisor first. The counselor and the client talked to the site supervisor about the issue, and the site supervisor approved that under the condition that the counselor and the client work in a counselor-and-client relationship so that the client could work on his issues as well. The counselor agreed to that since he did not want to be in a position different from what he was supposed to be in when doing his counseling practicum and improving his counseling experiences. From this point onward, the counselor intern and the client started to work together once a week with individual counseling for an hour and continued to have the process group as well.

The client started to change in terms of his collaboration and quietness overall both in group and individual counseling with the counselor, and even in other activities after he started to talk about his spiritual/religious issues. The client reported that he had converted to Islam in the jail through another inmate, but the other inmate had left since he was done serving his time; therefore, he did not have enough time to learn a lot from him. After that, the client said he had asked the site supervisor many times to get an Islamic service or chaplain since the religious services were able to accommodate different religious groups. However, for different reasons, the site supervisor was not able to provide him this service and the client developed a hostile attitude toward the counseling service. He said he could not voice his anger and disappointment toward the counseling service and the site supervisor because the client might have lost some of his good conditions like being in the mod and having a chance to attend different activities and groups, which are rare in correctional facilities. The counseling program and service was a program in the facility that was much better and relaxed compared to all other programs in the
correctional facility since there were some other departments where inmates did not have the same opportunities and had to stay in their cells most of the time. Therefore, the client was supposed to follow the rules and act accordingly; otherwise, he may have been removed from the program and sent to other programs and departments. The client had these concerns and said he did not keep asking for the Islamic service. He said he would get disturbed and somewhat angry each time the other religious services would come to serve. He became very happy that he was able to talk about these issues in the individual sessions, and he then had an opportunity to learn more about his belief. These experiences show how important one’s spiritual/religious aspects are in creating an effective therapeutic relationship.

The counselor and the client kept meeting for individual counseling. The client wanted to learn about Islam and was asking many questions about prayers and other aspects of the religion, and the counselor was giving homework and also providing information in a Socratic approach to help the client in these sessions. Through these sessions, the counselor’s site supervisor and tape supervisor each separately attended two sessions for live supervision. The site supervisor, after attending two sessions, from time to time would say it might be better to stop talking about religious issues and move on to clinical work like other issues and especially the issues that brought him to the correctional facility. The counselor also asked the tape supervisor about his position as a counselor versus a teacher, and tape supervisor recommended he have two separate sessions one (in the morning) focusing on clinical work and providing counseling and the second one (in the afternoon) focusing on providing some information about Islam since it was the client’s main request. This solution helped the counselor intern for two or three weeks, but then the counselor and the client realized that it did not work well and returned to have one session again. During all these processes, the counselor intern was looking for an approach that gives
room to spirituality/religion and acknowledges the role of religion in the healing process in order to provide a better service since, as a counselor intern, it was not easy for him to include spiritual/religious issues into counseling as a seasoned counselor could. Thus, he came to ACT and found that it is a good match for conceptualizing such a case and working with the client.

This case is an important example to understand what has been mentioned earlier in this paper about how to work with Muslim clients from a spiritual strength. The coming sections will focus on how the counselor used the six core processes with his spirituality/religious aspect since the client was insisting on learning more and using his religion in that counseling process.

The client was an African American about 30-years-old. He was born and raised in Rochester, NY. He had a daughter with his ex-girlfriend. He dropped out of college at the end of the first semester. He reported that he had converted to Islam in the jail after meeting another converted Muslim, but he did not have a chance to learn a lot and so he was insisting to learn more and wanted to stick to his religion and practice it more in his life. He had depression, substance abuse issues, anger management issues, and family issues. He also had an anxiety issue since he wanted to be sure his daughter was doing well and would also become a Muslim. He said he was reluctant and quiet to collaborate with the counseling service at the beginning due to not getting his request for an Islamic service. He also reported that he would get very bored and annoyed with inmates because of the noise in the mod where all of the inmates live, sleep, have their food, and so on. He would put himself down and have negative feelings and thoughts toward himself. Provided all this information, it might be good to look at how the counselor intern conceptualized and worked with him from the six core processes considering his religion aspect as well.
First, the counselor always kept in mind that ACT acknowledges and gives space to spirituality/religion, and it helped a lot in creating a positive therapeutic relationship within a short time frame. Reading about ACT also helped the counselor to feel comfortable with what he was doing and in explaining to the site supervisor what he was doing. The client wanted to learn about his religion; therefore, the counselor provided him with some books from the Islamic Center of Rochester (ICR) and the Muslim Student Association at the University of Rochester. The counselor intern followed a Socratic approach rather than a didactic one while providing him with information or answering some of his questions about Islam throughout the sessions. The counselor would ask if the client could read his books and then if he could not find the answers, the counselor would help him by searching together on the computer to get the information through the internet at the counseling center or otherwise. It is also important to realize that what the counselor did for the client was an issue of advocacy in counseling as well. Through the sessions, the client and counselor worked simultaneously on many issues that the client had from an ACT perspective, the counselor keeping in mind that the ACT model holds that all six core processes are interrelated and affect each other. In order to make it easy to understand for the client, the author tried to explain the case to him through six separate core processes.

Experiential avoidance versus acceptance: The client was concerned about whether he should express his feelings and experiences toward others including staff, inmates, and other people outside of the correctional facility. Sometimes, he would avoid talking about his past before accepting Islam because he did not want to talk about his displeasing experiences and memories. He said a few times that he was ashamed of being in jail and the correctional facility. He was also reluctant to express and show his emotions. The counselor brought some metaphors from the Qur’an, the life of Prophet Muhammad, and scholars to help the client become willing
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to experience what he had faced. For example, the client loved the poem by Rumi, The Guest House. The client reported that it was helpful to try to be more open and talk about what he was living. The client also liked and provided positive feedback when the counselor used some examples and metaphors from his religion in terms of acceptance.

Cognitive fusion versus defusion: The client was sometimes totally fused with his past, making him think of himself as a bad person, son, and boyfriend because he did many things that were difficult for him to think about. Sometimes he would be fused with the idea that he was a good person because he was now Muslim. He was fused with his thoughts and would say he was a failure and that he could not move forward in life due to his background (dropping out of college, crime, family, SES, etc.). The counselor realized that working on defusion from an ACT perspective and utilizing some metaphors and stories from Islam were very helpful to create defusion for the client.

Inflexible attention to present moment versus flexible attention: The client would feel stuck with his past and would become disturbed by that. He would get extremely preoccupied thinking about his daughter’s future and would mumble about what could he do with his daughter, what would he do if she went in a wrong direction and did not become a Muslim, and so on? He had started to practice daily prayers according to the amount he had learned, and he would report that he was getting angry with himself when he would find himself ruminating about his past or future during the prayers. In order to provide help for these issues, it was helpful to work on mindfulness and breath exercises. Toward the end of the sessions, the client would report on how much ablution, daily prayer, and other rituals after prayers were helpful in allowing him to be in the moment and feel better. He expressed that his favorite time was waking up for the morning (fajr) prayer since his mod (where he and almost 30 or 40 other inmates were
living) was never crowded at that time. He found that the morning prayers were helpful for waking up and enjoying the silence in the room when everybody else sleeping.

Self-as-content versus self-as-context: As one can see from the previous three core processes, the client tended to identify himself as a content, like “a miserable and failure father, boyfriend, son, etc.” Throughout the sessions, he was able to make a separation between himself and his experiences, feelings, sensation, emotions, and so on. Again, some metaphors (e.g., The Guest House poem, examples from the companions of Prophet Muhammad like Wah-shee and Omar) helped him to come to the point where he saw himself as the context rather than the content.

Disrupted, avoidant, fused values versus contact with values: The client had reported that he had not paid attention to what was important to him for years before he accepted Islam. The client reported that he was goal- and value-oriented until his first year of high school, and then he became far away from his values and goals and started to act impulsively for the moment and day, and most importantly, for more money. However, he stated that he started to feel the excitement and motivation that he had felt before high school to work and strive toward his values and goals after he accepted Islam. He said starting the individual counseling sessions helped him to get more motivated to move toward his values. The counselor and the client worked to clarify his values; some were that he wanted to be a good Muslim, take care of his daughter and be a part of her life, be a good son to his mother, and so on. The counselor intern helped him to read more to learn about his religion and clarify his values. The client expressed that talking about values was very helpful and motivating to him.

Inaction and impulsivity versus committed action: It was very clear that the client was putting a lot of effort into his sessions and was taking actions that would take him toward his
values. He was reading about and reflecting on his religion and asking about the points he could not understand, trying to benefit from all his counseling sessions and all other activities in the facility, and striving to learn the daily prayers better, especially the recitations. He practiced the prayers even whilst among all the other inmates, regardless of their looks and comments. He reported that he liked the idea of committed action that would serve his values. He agreed to get a mentor through the counseling service after serving his time to start searching to see if he would go back to college. He also agreed to get in touch with the Islamic Center of Rochester (ICR), the main center for Muslims in Rochester, to keep learning and practicing his belief, find a job, get support for himself and his family, and stay away from his old environment and other problem -creating situations when done with his sentence. He was concerned as to whether he would be able to do all of these things; therefore, the counselor gave him information about the ICR and how it could be helpful to him. By the end of the sessions, the client had improved his skills to take actions based on his goals and values instead of just acting impulsively.

Second Case Study from a Community Center

The second case is from a community center where the author conducted his internship as a counselor intern. The client was a 22-year-old American Muslim woman in college. Her parents had immigrated to the U.S., have been in touch with their cultural background and religion, and have tried to teach the same things to their children as well. The parents and the client preferred to acquire Islamic knowledge through local mosques and imams rather than researching by themselves. The client was a freshman at college. She first came with concerns regarding not being able to concentrate on her studies, readings, and some other daily tasks. She also experienced lack of motivation for her classes, as well as low grades. She was wondering whether she should actually pursue more education or quit. After the second session, she also
shared that she had broken up with her fiancé and feels alone. It was very easy to see that she had some obvious stigma toward counseling and was struggling with understanding the status of women and men in Islam. She and her family were practicing Islam, and she was facing some difficulties in her academic and social life since she was willing to practice her religion regardless of the difficulties she faced.

The counselor paid attention to the client’s beliefs and how it was important for improving a therapeutic relationship. He was cautious to provide enough distance and room for the client due to sensitivity to cross-gender relations in Islam. The client expressed her concerns about whether seeing a male (opposite gender) counselor is acceptable in Islam. This was an important question. The counselor acknowledged her concern and expressed appreciation for her openness. The counselor asked about her concerns, and she said she wished the counseling center had a Muslim female counselor; that would have made it easier for her. The counselor asked her if she was okay with undergoing counseling with him or whether she preferred to see a female counselor at the setting. She said that was okay since she could not find any other Muslim counselors, and she felt that a Muslim counselor would understand her best. She and the counselor talked more about this cross-gender issue in the case of receiving help for one’s health, and she appreciated his paying attention to her concerns. It is important to be aware of this aspect and to acknowledge and address it properly; otherwise, it could be the source of anxiety in the sessions and discourage the Muslim clients from seeking counseling.

Another important point in terms of building therapeutic relationships was providing watering cans in the restrooms at the setting. In one of the sessions, the client wanted to use the restroom and when she came back to the session, she was very surprised and happy to see the setting had put the watering cans in the restrooms. She talked about how it has been difficult to
pray on campus since there were no watering cans in the restrooms. The counselor shared the difficulties and solutions he and other Muslim students experienced on their campus, and she said she also would try to get in touch with the school administrators to ask for watering cans in the restrooms. In two other sessions, the client said she had to go to her class directly and had to pray before class; therefore, the counselor told her she could pray at the setting since there were watering cans available, a prayer rug, and an appropriate place.

It is important for counselor educators, site supervisors, and counselors to be open to learn more and act accordingly. For example, the setting where the counselor did his second internship had not had any watering cans when the counselor started his internship at the setting. On the first day of the internship, the site supervisor told the counselor, “I know you are Muslim and want to be sure if there is anything that we need to provide and pay attention to” (personal communication, July 16, 2013). The counselor found that question very honest and open, and also an opportunity to let the site supervisor know how he is practicing Islam throughout the day and how important it is to have watering cans in the restrooms. The site supervisor asked for more information to order appropriate watering cans and put them into the restrooms, and he did so the next day. The site supervisor also politely asked for more information about the counselor’s belief and practices and provided a prayer rug to make it easy for the counselor to practice his belief. The counselor intern found his supervisor’s consideration from the first day very helpful and therapeutic. The counselor found that having watering cans in the restrooms and a prayer rug helped the Muslim female client to trust the counselor and the setting and feel empowered and acknowledged. The counselor also felt the same thing toward his site supervisor and the setting, which helped to build and improve a good therapeutic relationship. It is important to note that the client and counselor intern may have never asked for those needs if the
site supervisor had not offered. Most probably, the client and counselor intern would have felt uncomfortable at a conscious or unconscious level, causing detriment to the counseling process.

Another important part was putting the client in touch with some other Muslim female students and organizations on campus. The counselor shared with his site supervisor that he had started to see a Muslim female who was practicing her belief. The counselor asked his supervisor if it was okay to talk about the religion/spirituality in the sessions, and the site supervisor explained how it was important to pay attention to religious/spiritual aspects of clients if clients are comfortable with it. The counselor always informed the site supervisor about the progress of the sessions. The site supervisor said that it was important to pay attention to other factors outside of the counseling room and alternative approaches after he had learned that Muslims use indirect methods to get help as well. Therefore, the counselor asked the client if she was willing to get in touch with a graduate Muslim student on campus who had gone through similar difficulties as the client, in terms of being Muslim and practicing her belief while continuing her academic and social life. The client agreed to this, and it helped her to get in touch with someone else who had already gone through and overcome many difficulties. Through the sessions, the client also came to the idea to get in touch more with the Muslim Student Association (MSA) and to become more active in new projects like requesting watering cans for the restrooms and so on. The client reported that getting in touch with another graduate Muslim female student and especially with the MSA was very helpful to her.

All the aforementioned points helped the client and counselor build and improve a well-working therapeutic relationship. In the coming section, the author will explain briefly how the counselor intern worked with the client from an Acceptance and Commitment Therapy (ACT) perspective. It is important to keep in mind that the six core processes are interrelated.
Experiential avoidance versus acceptance: The client sometimes felt guilty for being sad about her ex-fiancé. She would say it was wrong -from an Islamic perspective- to get sad for someone and waste her time. She would say, “I want to get done with this sad and depressed mood and both the distressing and good memories with him and his family. I want to forget all of these and do something else” (personal communication, August 5, 2013). She would not participate in social media or with other people in order not to remember or see any signs of significant relationships. She would change her routes as she drove so as not to pass by the neighborhood where her ex-fiancé lived, and when she would remember some memories about him she would make herself very busy with something else. She would push herself not to cry for their relationship. Most of the time after reporting many disturbing and sad experiences, she would ignore all that she had reported and say she was not feeling sad for him and had accepted what had happened. She would say alhamdulillah (praise be to God) we are Muslim, but after a while she would return to how she was angry with him, herself, and his family. She expressed that wanted to get revenge, but thereafter she would feel confused and guilty about what she had just said. The client had a passive acceptance in terms of Acceptance and Commitment Therapy (ACT); she would say “alhamdulillah, thanks Allah for everything and I accept everything,” however, she would not allow herself to experience her sadness and would try to avoid all kinds of unpleasant related experiences that created more moments that were unpleasant, and more importantly, caused suffering as ACT explains. The counselor would ask her how her belief explained sadness, crying, and having some unpleasant experiences. She brought some examples from her belief, and the counselor used them to explain experiential avoidance versus acceptance. The counselor used some other metaphors to facilitate this process. The client reported that she liked The Guest House poem by Rumi and the metaphors. She then reported
that she and her family love Rumi and ordered one of his poetry books. In one of the sessions, she said that acceptance and letting things go is what her belief teaches and all she was trying to do; this demonstrates how this concept complements Islam’s teachings very well. The client reported that talking about the concept of acceptance versus experiential avoidance was very helpful and familiar to her.

Cognitive fusion versus defusion: The client would often use some expressions like she was a failure in significant relationships, other relationships, as well as in her school. She would say she was alone and would live alone because there was nobody to talk to. She would state that her friends and other people were bad, evil, or stupid. She would report that she sometimes felt crazy when she was in her room by herself, and she would say that she did not want to be in touch with others. From time to time, she would also say that she was committing sin since she was coming to counseling and seeing a male counselor. It was also a common theme to see her saying men are superior to women so she, as a woman, should be quiet toward men in social life. The counselor helped the client to see thoughts, feelings, or sensations such as these as thoughts, feelings, and sensations, and not as what they say they are, from an ACT perspective. The counselor also used The Guest House poem and a chessboard as a metaphor to make a distinction between her thoughts, feelings, and sensations and herself. She said she had been aware that she was fused with those ideas and memories and reported that she liked taking this concept of defusion.

Inflexible attention versus flexible attention: The client was present in the sessions, but she reported difficulty being in the moment and concentrating on what she was supposed to do (i.e., studying, reading, paying attention to class, etc.). One of her initial main goals for counseling was to enhance her concentration for her classes. Most of the time she would find
herself thinking about the past or future and especially about her ex-fiancé. The counselor introduced the mindfulness concept and also expressed how coming to counseling and expressing all these difficult experiences might help her improve her concentration over time. The counselor introduced different types of mindfulness activities to the client and asked how she could implement them. She reported that they all, as a family, wake up for the morning prayer, and afterward she has a lot of free time where she could to stay in her room or walk outside; she identified this time as an opportunity to be more mindful. She also brought up the issue that she had lost her concentration in her daily prayers, but would now try to be more mindful in her prayers. The counselor gave her some recorded mp3 mindfulness activities from the website (http://contextualscience.org/), which is a formal website to learn more about ACT. The client reported that it was very helpful to learn mindfulness concepts and implement them into her life. She also came up with a new idea inspired by body awareness mindful activities to pay more attention to her body while taking ablution throughout the day. She also reported that she had started to be more mindful in her daily life when walking, praying, and also studying. The counselor also asked whether this complements her belief well, and she reported that it does. The client had already shared with the counselor how she tries to practice all five daily prayers, which the counselor recognized as an opportunity for at least about an hour of mindfulness and physical exercise. Therefore, the counselor asked her how her daily prayers helped her in terms of physical and mindfulness exercises. The client said she had never thought about these aspects of the prayers and other rituals; afterward she became happy upon learning more information about these aspects. In the following sessions, she stated that she had started to pay more attention to her prayers and that she felt much better about her prayers and rituals.
Self as content versus self as context: As explained earlier, the client tended to identify herself with her thoughts, feelings, and sensations (e.g., I am loser, failure, etc.) and would then become aware of this and make a distinction between them. She loved the chessboard and The Guest House metaphors, which made it easy for her to make distinctions between herself (the core/you/I that is always there) and her feelings, sensations, and thoughts. The counselor also asked her if she had any stories or any other metaphors from her culture or religion that would support that explanation, and she came up with some examples from the life of Prophet Muhammad that supported thinking of oneself as a context rather than content.

Disrupted or fused values versus contact with values: This core process was the most well-developed one for the client since she was very clear about what she wanted her life to stand for. She had strong contact with her values like she wanted to be a good Muslim and wife, have kids, help Muslims and all other people, and continue her education. However, she had received some misinformation from the people around her that she would disrupt her values and make them unclear. For example, she had fused with some ideas such as “men are superior to women; therefore, women should be quiet in front of other men,” and “women should not pursue higher education (college, master, etc.).” Therefore, the counselor asked her to search and get in touch with different imams or scholars from whom she could learn and acquire information about some important woman figures in Islam, like the wives of Prophet Muhammad (especially Khadija and Aisha), as well as others mentioned in the Qur’an. She jokingly accused the counselor of being a feminist in the sessions because she had been so fused with the information that had created disrupted values. However, she had reached out to someone and searched the primary sources (Qur’an and Sunnah) and learned a lot about Muslim women figures in Islam. The client accepted the fact that she would not go against her religion by standing up for her
rights in a proper way and pursuing her education if she wanted to. It was very helpful to the client to receive more accurate knowledge from which to base her values, and she became more motivated and encouraged.

Inaction or impulsivity versus committed action: At the beginning of the counseling process, the client would avoid displeasing moments, feelings, thoughts, or sensations. These avoidant actions themselves would create impulsive actions and more suffering. However, through the sessions she became more open to creating room to accept her feelings, experiences, thoughts, and she became more aware of how avoidance creates more unpleasantness and suffering. She gradually started to act more consciously, which helped her to move toward her values. It is important to be aware that the client was active most of the time (e.g., with prayers, rituals, readings, helping others, etc.), but without relating them to her values and without exploring the knowledge that her values were based on. Therefore, clarifying her values by acquiring knowledge about some issues (i.e., is being sad or crying for loved ones acceptable, is it ok to see a male counselor to get help, is a man superior to a woman, are women allowed to stand and pursue their education?) helped her to become more clear and motivated to take action. It would be quite true to say that she became very mindful of her belief, values that are based on her belief, and actions that helped her to move forward toward her values.

The important point is to know that six core processes are interrelated; therefore, working on one of them requires some working with others, and these all together create psychological flexibility, which creates in wellness. It is important to keep in mind that these two clients were very inclined to using their belief throughout the course of the counseling process, and using ACT to integrate their belief in the treatment process worked very well for them. Not all Muslim clients will be explicit and clear like these two clients about using their belief in the counseling
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process, and most of the Muslim clients may not give a voice to the idea that their belief should be integrated. However, as the literature and case examples indicate, it is counselor’s responsibility to be sensitive to that and integrate their belief in the treatment process when it is seen as potentially being productive for the clients.

Conclusion

The Muslim population is increasing, and this is a population that has some stigma toward counseling because of a few main reasons; this includes misinformation and disinformation from the media, especially after September 11, Muslims’ lack of knowledge about the counseling profession and having a stigma toward seeking help from mental health professionals, and lack of knowledge among counselors about Islam and Muslims and how to incorporate their belief into the counseling process.

This thesis provides information about how counselors can utilize certain strategies to help Muslims get over the stigma. In addition, the main goal of this paper is to explain why and how it is important to incorporate the Muslim belief in the counseling process. Therefore, first, it provides the rationale in the literature about the necessity of incorporation. Then it provides knowledge about the tenets of Islam and how it is embedded within the daily life of Muslims. Following these, the author explains the foundations of Acceptance and Commitment Therapy (ACT) and how it complements the tenets of Islam very well. The author then explains how he used ACT with two Muslim clients from a spiritual strength perspective.

In addition to these, counselors need more studies to better understand how the six core processes complement the tenets of Islam and what specific metaphors or stories could be used for which core processes. This thesis includes only two cases, which is a small number; therefore, more studies with more participants are necessary. Diversity is an important point to
keep in mind while working with Muslims. The two clients mentioned in this paper were American; therefore, it is necessary to understand whether ACT will work with other Muslims considering the effect of culture, education, and other personal characteristics. Future studies regarding ACT and Islam could focus on more metaphors from Islam that could be used within the ACT perspective since ACT uses many metaphors. Another important point for this paper is that the counselor was also Muslim, and that made it easy to incorporate the clients’ belief into the counseling process. Thus, more studies are needed to demonstrate the effectiveness of a non-Muslim counselor using ACT to help Muslim clients. More studies are needed to address how counselors can expand their knowledge of Islam and Muslims to facilitate an incorporation of Islam into the counseling process. The literature provides enough studies about stigma among Muslims toward counseling, and some studies including this thesis state that Muslims tend to stay in counseling once their counselors are sensitive to them and integrate their belief in the process. More specific studies are needed to see what contributes to keeping Muslims in counseling, and whether this differs between Muslims who practice their belief on a daily basis and Muslims who do not. As the literature points out, it is particularly necessary to tailor mainstream counseling approaches to incorporate the Muslims belief. This study focuses on integrating Islam with ACT and finds that it as a good match; therefore, more studies need to be conducted with ACT as well as other mainstream approaches.
References


Qur’an (Sahih International version) retrieved from http://quran.com/


University of Southern California-Muslim Student Association (USC-MSA). (n.d.a). *Translation*

Appendix

The Guest House

This being human is a guest house.

Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!

Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.

[God] may be clearing you out
for some new delight.

The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.

Be grateful for whatever comes.
because each has been sent
as a guide from beyond.

(Barks, 2004, p. 109)