“Counselling Made Me a Better Muslim”: The Counselling Experiences of Muslim Clients in Western Canada

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“Counselling Made Me a Better Muslim”:
The Counselling Experiences of Muslim Clients in Western Canada

by

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Abstract

As the Muslim population increases in Canada, there is a growing need for culturally responsive counselling services that consider the values and challenges of this group. This includes being aware of and understanding the diverse cultural identities of Muslims, the Islamic faith, and the impacts of various sociopolitical factors on Muslim clients’ lives. Previous studies have explored the role of spirituality/religion in clients’ lives, and there is some research providing guidelines for practitioners who work with Muslims; however, there is a paucity of research directly examining counselling experiences of Muslim clients, particularly in a Canadian context. Semi-structured interviews were conducted with six participants, 22–30 years old, who identified as practicing Muslims from varying cultural and educational backgrounds. Analysis of the interviews resulted in the development of four overarching categories into which 11 themes and 32 sub-themes were organized: (a) contextual factors and systemic considerations, (b) accessing mental health services, (c) process and outcomes of counselling, and (e) Islam and counselling. Findings and discussion include reflections on Islamophobia and racism, decolonizing mental health and counselling, as well as the need to return to Indigenous Islamic approaches (Islamic psychology). This involves the need for counsellors to advocate for and address systemic challenges faced by Muslim clients and the Muslim community at large. Implications for counsellor education and training as well as for community leaders/organizations are presented.

Keywords: Islam, Muslim, religion and spirituality, counselling, Islamic psychology, Islamophobia, Canada
Preface

This research is the original work of the author, Walaa Taha. This research received ethics approval from the University of Calgary Conjoint Faculties Research Ethics Board [REB 20-1116]. This thesis has been professionally edited.
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Chapter 1: Introduction

Islam is one of the fastest growing religions in the world and, within Canada, the Muslim population is rapidly expanding. According to a Pew Research Center study (Grim & Karim, 2011), Muslims currently account for 3.2% of the Canadian population, and their global population is expected to increase by 35% by the year 2030. As the Muslim population increases in Canada, there is a growing need for culturally responsive counselling services that consider the values and challenges of the Muslim population (Qasqas & Jerry, 2014). Such challenges include the experience of trauma that Muslim immigrants carry from war-torn countries, as well as the effects of Islamophobia that many immigrant and Canadian-born Muslims experience as a marginalized minority group in Western countries such as Canada (Rothman & Coyle, 2020). This is especially important in the post-9/11 world and the Trump political era in the United States, where media negatively and inaccurately present Islam, which has led to further marginalization of Muslims (Qasqas & Jerry, 2014).

This misrepresentation of Islam is echoed in the academic literature as well. Sheridan and North’s (2004) review of scholarly databases such as PsycINFO found there were numerous negatively-focused articles that involved the study of Muslims. This reflects the inaccurate claims often perpetuated about Muslims that are usually based on unchallenged biases and preconceived notions. Further, Muslims make up almost one quarter of the world’s population and belong to various different cultural, ethnic, and geographical regions, which influence how Islam is applied in Muslims’ lives (Qasqas & Jerry, 2014; Williams, 2005). The diversity within Islam renders inaccurate any generalizations about adherents to this faith and may contribute to Muslims’ experiences of discrimination and prejudice to varying degrees (Qasqas & Jerry, 2014). For instance, an individual from Sudan who identifies as Black, Muslim, and Arab (i.e.,
Arabic-speaking), may experience more challenges due to the intersectionality of their identities, as compared to a white-passing Muslim from Albania or Russia. This is not meant to negate any individual or group experience but rather to highlight that there are nuanced differences within minoritized groups, which influence the degree of discrimination and prejudice experienced. Therefore, it is imperative for psychologists and other professionals providing counselling services to be aware of and understand the diverse cultural identities of Muslims, as well as the sociopolitical contexts of their potential Muslim clients (Collins & Arthur, 2010; Qasqas & Jerry, 2014).

Positionality

As the primary researcher for this study, it was important to reflect on my own identity and perspectives, and how these influenced the research process (Smith et al., 2009; Yardley, 2000). I am a twenty-six-year-old, Canadian-born, Lebanese Arab Sunni Muslim woman. Sunni reflects a sect of Islam that makes up the majority of Muslims; however, there many other sects of Islam present in Calgary and across the globe. I am also a visible religious minority as I wear the headscarf. These factors may have played a role in how participants perceived me. In some regards, my similarities with participants, such as that I am also an adherent of the Islamic faith, may have played a role in reducing barriers that could have arisen from mistrust, and increased the comfort level of participants sharing their experiences as I would have been considered an “insider” (Asselin, 2003; Dwyer & Buckle, 2009). However, the identity of Muslims is made up of various other factors as well, any of which could have contributed to the differences I may have had with participants regarding age, gender, educational background, marital status, ethnicity, immigration status, as well as roles and values integrated within our experiences as Muslims. Further, I am a counselling psychology master’s student, and the first of my family
(and to some extent my community) to attend graduate studies in the field of counselling, as there are very few Muslim female psychologists or counsellors (and trainees) in Calgary and surrounding areas. This reflects a degree of privilege in regard to attending post-secondary education. This, in turn, related to my position as an “outsider,” given my role as a researcher, counsellor-in-training, and position within academia that some participants may not have shared (Dwyer & Buckle, 2009).

Regarding my experiences providing counselling, my positionality shifted in relation to the context of my workplace. As a family and school liaison counsellor at a private Islamic school in Calgary, with majority Muslim staff, I worked with Muslim students from kindergarten to grade nine. I was hired to cover a general leave of a non-Muslim psychologist who worked at the school, which was relevant to my experience as a temporary counsellor, as the number of older-aged students who were referred in the first few weeks increased greatly after I was hired. Staff and parents had been notified about the new Muslim counsellor, and I was informed that many parents were only now comfortable with allowing their kids (especially junior high students) to visit the school counsellor. It is important to note that teachers and administration were putting in referrals for such students to see the counsellor for various reasons, ranging from friendship and social issues to familial problems; however, consent from the parents had usually been refused in those cases. As a member of the Calgary Muslim community and a previous student at this Islamic school, I can understand the parents’ skepticism and hesitation surrounding social services provided by those who identify with the dominant culture of Canada. However, I personally see this as a topic of discussion that must be addressed within the Muslim community as I believe in the benefit of youth and families accessing counselling, in both school and community settings. As mentioned, I believe it is helpful for counsellors to have a deep
understanding of religious and cultural nuances when engaging with Muslim clients, which reflects the fact that I do lean towards Muslims counselling fellow Muslims. This is related to accounts I have heard from individuals who have accessed professional counselling services and felt like they spent most of the time explaining their religious and cultural beliefs to their counsellor, only to be met with feelings of judgment which led to them having to justify their beliefs rather than feel understood (e.g., why Muslim women wear hijab and how it is not sexist or oppressive).

Another context in which I provided counselling was slightly different, as it was a practicum placement at a rural-urban public high school that had recently experienced an influx of students from diverse cultural backgrounds. A majority of the staff and students came from dominant sociocultural backgrounds. I was older and had completed more education compared to the students I was counselling. However, I was visibly of a religious and cultural minority, where many of the students I counselled were not. That being said, my site supervisor had indicated that there were a few students she wanted to add to my case load given that I may have been able to connect with them due to shared language and other cultural factors as well as shared religion. In those cases, my site supervisor indicated later that those students, especially the male youth, had never spent as much time speaking to her or administration members as they had with me, and she indicated that they seemed more open and comfortable with me. I recognized that this may have been due to several factors, some of which may not necessarily have been tied to me as an individual, but that instead spoke to the trust and comfort levels that those who identify with non-dominant cultures and religions feel when they connect with those who identify similarly. Further, given the context of counselling and the vulnerability that creates, especially when
considering the power that a counsellor or mental health professional holds over the client, that trust and comfort may have been important.

       Such considerations have been relevant to my own experiences in relation to seeking out counselling. I once considered attending counselling as a means of preventative care for my overall health. However, in exploring options, I felt limited in my choices and was hesitant to see just any professional, as I felt strongly about seeing someone who shared the same religious background as well as a similar culture. This was especially salient as my Islamic faith plays a major role in my daily life and is the basis of my identity. Although I did not have specific issues I wanted to have addressed at that time, even in speaking more generally about my life and having a professional guide me through the process, I felt that it would only be helpful if the person I was speaking to was someone more knowledgeable than me in Islam and psychology/counselling, so that they could provide guidance and support from an Islamic perspective. This may have translated into me making a choice to seek out support from someone who could work from an Islamic perspective but was not a licensed mental health professional, rather than someone licensed in the field who could not provide a conceptualization or understanding through an Islamic lens. To me, as both an individual within the Muslim community and as a counsellor in training, this reflects the importance and need for licensed mental health professionals who integrate Islam into their practice. When I eventually did find a suitable counsellor, it was the fact that she was a racialized Muslim female with years of counselling experience that made me feel comfortable in starting counselling sessions. It was mainly due to feeling that she would understand the intersection of my culture, religion, educational background, gender, and other identities, and that I would not have to over-explain myself or be on the defensive for any reasons related to my identity.
Overall, although sharing some “insider” experience and similar identities can be helpful in establishing rapport and trust as well as deepening understanding, my “outsider” role as a researcher and counsellor-in-training may have allowed me to establish credibility, remain critical in analyzing the data, and prevent the blurring of boundaries (Asselin, 2003). Further, considering the nuances in identities of both myself and the participants, the position I occupy naturally differed from one participant to the other (Abbas, 2010). Therefore, I needed to constantly assess and re-assess my positionality in relation to each of the six participants, who varied in terms of their age, gender, educational/occupational status, and ethnicity.

Additionally, it was important to acknowledge my own views regarding the utility of Islamic principles within counselling as I see this integration as beneficial, which reflects my own journey, forming my identity as a Muslim Canadian. As mentioned previously, I believe there is great value in seeking counselling, and I am one to advocate this belief within my own family and community. It is important to note that this is not just a personal belief, but one that is rooted in the Islamic belief that our body (including heart, mind, and soul) is entrusted to us by God, and it is our responsibility to take care of ourselves, which means seeking out appropriate assistance when needed (Keshavarzi & Haque, 2013; Rothman & Coyle, 2018). Such support does not need to be sought from a professional who identifies as a Muslim, but rather, this may be helpful and more effective in some cases. That being said, it was important that I remained aware of and constantly monitored my own assumptions so as to not project my own experiences and understandings onto the participants in my study.
Key Definitions

Counselling

Although the word *counselling* can be used in a variety of ways, in this thesis I use the word to denote the context in which a qualified practitioner engages in talking therapy with an individual to support them in overcoming life challenges and difficulties, and to facilitate their emotional and psychological growth and development. More specifically, the qualified practitioner is one who has graduate-level education within the mental health field and is usually licensed by a provincial regulatory body or certified with an accrediting body. Counselling in this thesis does not refer to services provided by religious leaders (e.g., pastoral counselling) or school staff (e.g., family school liaison counsellor, career counsellor), as I focused on counselling experiences resulting from services provided by provisional and/or registered psychologists, licensed under the College of Alberta Psychologists (CAP).

Spirituality and Religion

Although the terms *spirituality* and *religion* have historically have been used interchangeably in psychological research, more recently, they have begun to be conceptualized as distinct yet overlapping constructs (Schlehofer et al., 2008; Vieten et al., 2013; Zinnbauer et al., 1997). According to a comprehensive literature review conducted by Vieten et al. (2013) as a basis for formulating spiritual and religious competencies for psychologists, the terms are defined as follows:

Religion refers to affiliation with an organization that is guided by shared beliefs and practices, whose members adhere to a particular understanding of the divine and participate in sacred rituals. Spirituality refers to an individual’s internal sense of connection to, or search for, the sacred—which includes concepts of God and higher
powers, as well as manifestations of the divine or related concepts such as transcendence, boundlessness and ultimacy. (p. 8)

For some, spirituality is a broad term that includes but is not limited to religion, whereas religion may encompass spirituality for others (Gall et al., 2011; Koenig, 2009; Vieten et al., 2013). Some people’s spirituality is informed by participation in organized religion, whereas others describe themselves as spiritual but not religious (Gall et al., 2011; Koenig, 2009; Vieten et al., 2013). These varying definitions add to the complexity of understanding Muslim clients, as the degree to which one considers themselves religious or spiritual or how these two intertwine with one another, may vary from individual to individual. That being said, the general understanding of the Islamic faith is that it is considered a lifestyle which reflects the embedded nature of Islamic faith into one’s daily life. However, it is important to note again that, depending on multiple factors, the application of this principle varies (Keshavarzi & Haque, 2013; Rothman & Coyle, 2018).
Chapter 2: Critical Literature Review

Muslims in Canada

Islam is the second largest religion in Canada after Christianity, and the global Muslim population is expected to triple by 2030, an anticipated increase greater than all other religions combined (Grim & Karim, 2011). Hamdani (2015) reported that 68% of Muslims in Canada are foreign-born and come from many countries, with most of those from Pakistan (13% of the total), followed by Iran, Algeria, Morocco, Afghanistan, Bangladesh, and India. Additionally, it was reported by Hamdani (2015) that more than half of foreign-born Muslims arrived in Canada after 2000, which means that a significant portion of the current Muslim Canadian population is still in the process of integration and adjustment. Approximately 90% of Canadian Muslims surveyed regard themselves as a visible minority, as defined by the Employment Equity Act (1995) as “persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in color” (p. 2). A majority (36%) self-identified as South Asian (e.g., Pakistanis, Indians), approximately 25% self-identified as Arab (e.g., Yemeni, Palestinian), and smaller percentages as West Asian (e.g., Afghan), East Asian (e.g., Chinese, Japanese, Korean), and Black (Hamdani, 2015). Furthermore, in 2011, there were over 1,000 Muslims of Aboriginal identity, with two thirds belonging to First Nations and the remaining one third Métis. However, nearly double this number of Muslims in Canada reported having some Aboriginal ancestry (Hamdani, 2015).

More than 95% of all Muslims live in metropolitan areas, making the Muslim population in Canada very urban; almost two thirds live in either Toronto or Montreal, followed by Vancouver and Ottawa-Gatineau (Hamdani, 2015). There are also significant Muslim communities in many Canadian cities, with notable and recent growth in western cities such as Calgary and Edmonton (Hamdani, 2015). Furthermore, a large majority of Muslims in Canada
follow Sunni Islam, with minority groups adhering to Shia (including Ismaili) and Ahmadiyya sects (Hamdani, 2015).

According to the *Survey of Muslims in Canada* conducted by the Environics Institute (Neuman, 2016), a greater number of Muslim Canadians (83%) indicate they are proud to be Canadian compared to the general (non-Muslim) population (73%). Despite this, discrimination and stereotyping were identified by Canadian Muslims, especially women and youth, as challenges they continuously face (Neuman, 2016). More specifically, one in three Canadian Muslims have experienced discrimination in the past five years in various settings (e.g., workplace and schools), due primarily to their religion or ethnicity, which is a significant occurrence compared to the mistreatment experienced by the general population (Neuman, 2016). That being said, it was found that “religious observance among Muslims has strengthened over the past decade … the trend is noticeable among Muslims 18 to 34 years of age, in contrast with the broader trend in Canadian society where youth are turning away from organized religion” (Neuman, 2016, p. 3). Furthermore, many Canadian Muslims identify with both their Canadian and Muslim identities, with about half reporting that being Muslim is more important. According to the Environics Institute report (Neuman, 2016), non-Muslim Canadians affiliated with a religion are not as likely as Muslims to place as strong an emphasis on their religious identity as compared to their Canadian identity. Such statistics reflect the importance of addressing religious and spiritual matters in counselling practices, as Muslims tend to view their religion as an important part of their identity and everyday life, and for many Muslims, their religious identity is inseparable from the challenges they face in Canadian society, especially in relation to stigmatization and/or discrimination.
Muslims’ Counselling Experiences and Related Challenges

Despite the recognition that Muslim experiences within Canada are diverse and that more attention is required to understand the marginalization this population experiences in regard to accessing health services, there is research indicating that Muslims face many barriers to accessing counselling. According to a study conducted in the United Kingdom by Inayat (2005), many Muslims do not seek mental health care from public or private services for the following reasons: mistrust of service providers, fear of treatment, fear of racism and discrimination, language barriers, differences in communication, and issues of culture and religion. Such reasons reflect the importance of better understanding Muslims’ experiences in relation to counselling, and the need to work towards minimizing these barriers and improving the provision of mental health services for Canadian Muslims.

Another study conducted in the United States found that out of 281 Arab Muslim participants, only 9% had visited a mental health specialist within the span of three years (Aloud & Rathur, 2009). Aloud and Rathur (2009) also reported that participants’ explanations as to why a mental health specialist was not sought out included lack of knowledge and familiarity with formal mental health services, lack of appropriate and culturally sensitive services that accommodate cultural and religious needs, and seeking out medical practitioners instead of mental health providers when afflicted with pain or stress. Further, they found that societal stigma had a statistically significant inverse relationship with help-seeking attitudes, where individuals’ help-seeking attitudes were explained by whether individuals viewed formal support as stigmatizing (Aloud & Rathur, 2009).

Such findings were similar to a US study (Abu-Ras, 2003), which examined the barriers to services faced by battered Arab immigrant women (85% Muslim, 15% Christian). The
majority of victims in that study reported feeling shame and embarrassment associated with seeking social services (i.e., reporting their problems to non-family members). Another American study indicated that fear of stigma and preference for informal social services rather than formal ones are common among Arab and Muslim individuals, regardless of education and socioeconomic status (Aloud & Rathur, 2009). When considering the aforementioned studies, there is a need to differentiate between Arab and Muslim, as not all Arabs are Muslim, and the majority of Muslims across the globe are non-Arab. That being said, this reflects a consideration of the current research exploring Muslim clients’ experiences, as often cultural and religious knowledge and practices are easily confused with one another or misrepresented, which is problematic in many ways, especially in that it may further marginalize individuals that hold either/both of these identities.

A study in the United Kingdom examining Muslim women’s counselling experiences found that the use of faith in counselling is influenced by the background of the counsellor, counsellors’ perceptions of Islam, and feelings of safety in the relationship (Sadiq, 2019). Some participants in this study questioned whether their counsellor would understand their religious perspective and experiences. These findings parallel concerns expressed by Christian clients about being judged and feeling unsafe with counsellors belonging to a different faith (Goedde, 2000; Mayers et al., 2007). In the study conducted by Sadiq (2019), faith was applied to a greater extent within therapy when clients had Muslim counsellors, which is reflected in the use of more “traditional healing” (Ahmed & Amer, 2013; Koenig et al., 2012; Sadiq, 2019). Overall, faith was interwoven with participants’ experiences; when kept outside of therapy, participants reported experiencing a fragmented approach. However, this finding points to the disconnection
between religion, spirituality, and secular therapy, and reflects assumptions about the lack of acceptance of faith within therapy (Sadiq, 2019).

Further, Muslim clients engage in religious coping strategies such as learning supplications, reading The Holy Quran, and engaging in daily prayer. However, research has found that individuals often feel hesitant to discuss religious beliefs with their counsellors (Roudsari & Allan, 2011; Sadiq, 2019). A study exploring the responses of religious women (including Muslim women of various denominations) who experienced infertility found that these women applied religious coping strategies of “relying on a higher being” and viewed their hardship as a means for spiritual growth, as well as seeing adversity as part of God’s love for them and turning to God when difficult situations arose, to give purpose and meaning to these crises (Roudsari & Allan, 2011). Further, these women expected counsellors to be open to talk about spiritual concerns, which reflects the importance of counsellors’ ability to discuss such issues with clients, which may consequently enhance clients’ use of counselling services (Roudsari & Allan, 2011).

Another study conducted in the United Kingdom found that it is not necessarily the shared religion/cultural background that facilitates a strong therapeutic alliance, but rather the counsellor’s demonstration of empathy, curiosity, and authenticity (Shafi, 1998). This highlights the critical role of counsellors in gaining accurate understandings of Muslim clients’ values and beliefs, to dispel assumptions and provide counselling in a culturally competent and anti-discriminatory manner (Qasqas & Jerry, 2014; Sadiq, 2019). However, in this study looking at racial similarity between client and counsellor, the participants were previous clients of the researcher, which raises some concerns about what they may have felt comfortable sharing (Shafi, 1998). Further, the researcher had a similar cultural background as the participants. Although the researcher stated that she appeared to be “non-traditional” to the culture, this could
have still influenced how the clients felt about the working alliance knowing that their counsellor was knowledgeable about their culture. Additionally, the author made an important point that all counsellors, regardless of identity, must posit empathy and awareness towards their clients. Although the author’s argument that “counsellors need to treat their clients as individuals without relying too heavily on cultural explanations” (Shafi, 1998, p. 5) has some merit, I argue that there is also the need to understand cultural aspects such as religion and spirituality, which can provide context for conceptualizing the client’s presenting concern and treatment recommendations.

This is especially relevant to counselling psychologists because the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) which indicates the importance of working in an anti-discriminatory manner and includes addressing activities that are prejudicial or promote prejudice, based on an individual’s culture, race, religion, or any other characteristic or status. In accordance with ethical principles and to attend to the needs of diverse clients, a more inclusive definition of culture (encompassing spirituality/religion) has been adopted within the field of counselling psychology (Collins & Arthur, 2010). Additionally, spiritual psychology has been viewed as a multicultural competency within the field (Collins & Arthur, 2010; Vieten et al., 2013). Furthermore, according to Maglio (2009), promoting the psycho-spiritual realm of the client is often a neglected form of empowerment in counselling, especially in working with Muslim clients who have experienced marginalization and/or discrimination. Therefore, counselling psychologists and other mental health professionals aiming to work in a culturally competent manner should be capable of investigating and incorporating clients’ spiritual and religious realms into the goals and tasks of counselling.
Despite this view, Canadian research has found that there is a lack of confidence and competence to integrate spirituality into counselling practices (Plumb, 2011; Vieten et al., 2013). This uncertainty about addressing spiritual issues in therapy was echoed by Muslim master’s students in a professional training program in South Africa, despite the students’ acknowledgment that spirituality is central to human functioning, and a means to build better rapport with clients and better understand their presenting concerns (Patel & Shikongo, 2006). Overall, Muslims seeking counselling may not receive mental health care that incorporates their spiritual beliefs and practices due to lack of counsellor training and competence in the area, which has implications for the overall well-being of Canadian Muslims.

**Present Study**

Previous studies have explored the role spirituality and religion play in clients’ lives more generally. However, a large proportion of these studies employed quantitative methods and largely focused on Christian populations (Koenig et al., 2012). Further, existing research has provided some guidelines for practitioners who work with Muslims (Ahmed & Amer, 2013; Haque et al., 2016). In contrast, there is a paucity of research directly examining the actual counselling experiences of Muslim clients in general and in a Canadian context in particular. Therefore, this research was designed to expand current knowledge on this topic, to support mental health professionals, including counselling psychologists, working with Muslim clients in Canada, which involves challenging any negative stereotypes and the possible resulting prejudices that may impact clients’ counselling experiences. More specifically, I used a qualitative research method to obtain an in-depth understanding of Canadian Muslim clients’ counselling experiences to address the following research question: *What are the lived experiences of Muslim clients who have/are currently attending counselling?*
Chapter 3: Methods

I used an interpretative phenomenological analysis (IPA; Smith et al., 2009), with a social constructionist approach to qualitative research, to address the research question posed in Chapter 2. The use of a qualitative method is suitable for under-explored areas and allows for more in-depth exploration of a particular phenomenon as experienced by individuals, which gives voice to clients’ unique experiences, rather than discovering pre-existing, universal “truths” (Creswell & Poth, 2018). This reflects the suitability of qualitative methods in research that aims to reflect the diversity likely to be present in Canadian Muslim experiences with accessing and using mental health services.

IPA is especially useful to address this research question, as the method is suitable for contexts that reflect complexity, a process, or novelty, and are meant to “explore, flexibly and in detail, an area of concern” (Smith & Osborn, 2007, p. 55). IPA focuses on how individuals make sense of particular experiences within their lives, while also allowing for an understanding of how the accounts of multiple individuals who experience the same phenomenon can be interconnected, which reflects “common meaning” among participants (Smith et al., 2009, p. 2). This fits well with my research topic, as the challenges and values of Muslims often share many commonalities. However, in IPA, there is also attention paid to the distinct life experiences of each individual, which is important as Muslims hold varying identities which can uniquely impact their individual experiences. This method allowed me the space to use intuition within the research process and to have meaningful experiences with the clients as there is a focus away from objectivity and rigidity when conducting IPA research with a social constructionism lens (Creswell & Poth, 2018).
**Ontology and Epistemology**

IPA is based on three philosophical assumptions: phenomenology, hermeneutics, and an idiographic approach (Smith et al., 2009). Such underpinnings reflect the ways in which IPA is both different from and similar to other qualitative methods that explore and better understand individuals’ experiences.

Firstly, IPA is situated within the broader category of phenomenological research, where a phenomenological study aims to derive a common meaning among participants’ experiences of a specific phenomenon, and IPA is concerned with understanding the essence of a phenomenon through exploring participants’ lived experience (Creswell & Poth, 2018; Smith et al., 2009). More specifically, phenomenology is “the study of experience” and early phenomenologists such as Edmund Husserl were concerned with going back to the essence of how an individual experiences a given phenomenon—“going back to the things themselves” (Smith et al., 2009, p. 16). To achieve this, Husserl described a process of “stepping outside of our everyday experience” and examining the experience that takes place in the consciousness of the individual (Smith et al., 2009, p. 16). In other words, phenomenologists attempt to understand how human beings make sense of their experiences, while also attempting to gain knowledge regarding the fundamental aspects of the experience itself (Smith et al., 2009). This process involves bracketing our own assumptions and learned understandings, which will reveal common features of the experience that can be applied to the ways in which others experience that particular phenomenon. To add to this understanding, Martin Heidegger, a student of Husserl, referred to the idea of “intersubjectivity” to highlight the “relational nature of our engagement in the world” (Smith et al., 2009, p. 21). To make sense of our experiences, it is important to consider the context
in which our lived experiences take place, and to recognize that our meaning-making occurs through our relational interactions with other human beings, objects, culture, and so on (Smith et al., 2009, p. 17). Other phenomenologists posited that, due to our material separation from other human beings, we can never entirely understand or share another’s sense of being in the world; nonetheless, our experiences are understood in relation to others (Smith et al., 2009).

IPA blends aspects of phenomenology with hermeneutics and the idiographic approach (Smith et al., 2009). Adoption of an idiographic approach allows the researcher to focus on the unique individual experiences, and adoption of the hermeneutic approach to knowledge creation reflects the interpretation process through the lens of the participant and researcher (Pringle et al., 2011; Smith et al., 2009). Drawing from these different aspects, IPA focusses on how a particular phenomenon is experienced by a group of people within their context (Smith et al., 2009).

More specifically, hermeneutics is “the theory of interpretation,” with IPA accepting the idea that interpretation can create understanding beyond explicit meaning and “appearance” (Smith et al., 2009, p. 24). Furthermore, hermeneutic theorists posit that to know and make sense of an experience, we must interpret it, and the reverse is also true, such that to interpret something, we need to examine a particular experience (Larkin & Thompson, 2012; Smith et al., 2009; Willis, 2001). This reflects the idea of the hermeneutic circle, which establishes “the dynamic relationship between the part and the whole, at a series of levels. To understand any given part, you look to the whole [and] to understand the whole, you look to the parts” (Smith et al., 2009, p. 30). Furthermore, Heidegger described the connection between phenomenology and hermeneutics, as interpretation is critical to the process of understanding (Smith et al., 2009). Relatedly, Smith asserted that our way of understanding and interpreting is linked and influenced
by our assumptions and prior experiences. Therefore, we need to become as aware as possible and account for these interpretative influences.

Although the overarching aim of IPA is to provide a depiction of participants’ sense-making of their lived experiences in regard to a particular phenomenon, the analysis contributes to this understanding through the subjective lens of the researcher who is interpreting the participants’ sense-making. In IPA, this process is referred to as double hermeneutics (Smith et al., 2009). This reflects the active role the researcher plays in repeatedly engaging with and interpreting the data. Smith et al. (2009) discussed this role of the researcher as an “added value” as “the interpretative analyst is able to offer a perspective on the text which the author is not” (p. 26). In IPA, this is reflected in the connections that are formed through themes in individual cases and across cases (Smith et al., 2009). Gadamer, a philosopher impacted by the work of both Husserl and Heidegger, echoed the role the interpreter plays in deepening the meaning of understanding an individual’s experience, while also highlighting the importance of being aware of our force-conceptions before engaging in the interpretation process (Smith et al., 2009).

Furthermore, in alignment with the assumptions of IPA, the social constructionist ontological and epistemological position that my research used accepts the notion of multiple realities and highlights the meaning-making process that occurs between individuals as an important aspect of research (Willis, 2001). Moreover, social constructionism posits that life experiences are socially constructed, essentially products of interactions between people, within and based on a particular context (Burr, 2015; Gottfried, 2008). This relates to the focus on language and that research with a social constructionist lens allows for co-construction of meaning and social reality through language (Creswell & Poth, 2018). For example, the interview was formulated in a semi-structured manner and the language utilized in the interview
questions was kept broad (i.e., asking about religious and cultural beliefs generally). This allowed the participant to address the questions in a manner where they defined such concepts for themselves throughout the conversation. The flexibility afforded in the research design and framework also allows for the conversation to be greatly influenced by the participant-researcher relationship. Overall, IPA assumes an active involvement on the part of the researcher throughout the research process; the researcher is co-constructing meaning with participants and engaging in the in-depth interpretative analysis.

**Sampling and Recruitment Information**

This study was approved by the University of Calgary Conjoint Faculties Research Ethics Board (CFREB). I recruited six participants who were above the age of 18, self-identified as practicing Muslims, and had previously attended/were currently attending individual counselling sessions with a psychologist in Canada. Participants were also required to possess conversational level fluency in English. Participants’ demographic characteristics are described at the beginning of Chapter 4.

I limited my sample to people above the age of 18 as this is the age of majority in Alberta, which simplifies logistics-related processes for the purposes of this thesis. I operationally defined Muslim as individuals who self-identify as practicing because I wanted to highlight experiences of those whose perspectives may not otherwise have been captured due to widespread secularism present in various fields and in professional practices such as counselling. Subjective self-definition also aligns better with my chosen methodology than imposing external criteria. Conversational fluency in English was required because all interviews were conducted primarily in English to ensure adequacy of communication between the participants and the researcher. The counselling experience was defined as one or more sessions with a
provisional/registered psychologist. Counselling sessions could include either public or private practice and the psychologist seen by the clients were not required to be Muslim. The requirement to be seen by a psychologist was implemented to ensure the participant had seen a mental health professional who had completed graduate level education in the mental health field. Many of the participants had received counselling from multiple professionals with different characteristics and credentials, however, the focus of the interviews was the counselling services provided by provisional and/or registered psychologists.

The sample size of six reflects established guidelines for graduate student research within IPA, where small sample sizes are the norm, given the time-intensive processes of facilitation and interpretation of the in-depth interviews and the rigor of the analysis (Smith et al., 2009). More specifically, Smith et al. (2009) indicated that 3 is the default sample size for undergraduate or masters level research studies using IPA, as it allows for a detailed analysis of each case, as well as an analysis of similarities and differences across cases.

According to Smith et al. (2009), in accordance with IPA, samples are selected purposively rather than through probability methods. Therefore, recruitment of participants was conducted through advertisements via social media, such as postings on Facebook and Instagram, so as to reach Muslim individuals who could provide a perspective on the particular phenomenon of study (i.e., counselling experiences). See Appendix A for the recruitment poster. Additionally, digital copies of the recruitment poster and the link for a recruitment video were distributed by email to the three main Islamic organizations in Calgary (which also serve as mosques), namely, Islamic Information Society of Calgary (IISC), Muslim Association of Canada – Calgary Chapter (MAC Calgary), and Muslim Council of Calgary (MCC). In addition, recruitment materials were shared with various other cultural and Islamic-based community
organizations in Calgary and surrounding areas (i.e., Muslim Students’ Association, Nisa Homes, Pakistan Canada Association Calgary, Somali Canadian Society of Calgary, Malaysian Singaporean and Bruneian Community Association, and the Islamic Family and Social Services Association in Edmonton). Reaching out to various organizations was intended to elicit Muslim perspectives from a range of ethnic and cultural backgrounds. Further, the purpose of including a video rather than just a flyer was to contribute to the trust and rapport-building I wanted at the outset by introducing the study and myself as the researcher behind the scenes in a more personal way.

Regarding my relationship to these organizations, I have been and currently am involved in various capacities within the three main Muslim organizations (IISC, MAC, and MCC). Once the video and recruitment poster were shared, over 40 individuals from across Canada expressed interest in the study; I was familiar with the vast majority of them based on their involvement with various initiatives within the Muslim community. Some individuals specifically commented that they wanted to participate because I was the researcher and they felt comfortable sharing their experiences with me as opposed to another researcher, which reflects pre-existing trust and understanding.

Individuals who indicated interest in participating in this study were contacted with further details regarding the screening process. The screening process consisted of a form that was sent out by email to each interested individual. See Appendix B for the participant screening form. Interested individuals were made aware that not every person meeting the criteria would be contacted for a research interview, and that participants would be selected based on a range of ages, ethnicities, and counselling experiences, in order to get a diversity of experiences for the study. Due to the large number of individuals who indicated interest in participating in the study,
the information collected from each screening form was mapped onto an Excel sheet and discussed with my thesis supervisor to purposively select the individuals who would be interviewed to maximize fit with the phenomenon (e.g., focusing on adult counselling experiences, not adults’ recollection of childhood counselling experiences). An interview was booked with the six chosen participants. Individuals who participated were sent a $20 CAD electronic fund transfer after the interview, which represented appreciation for their participation, rather than a high monetary incentive that could have served as the primary motivator for participation.

**Procedures for Data Collection**

Each participant was interviewed individually, and all interviews began with the informed consent process. Participants were given an option to choose a pseudonym \( n = 3 \) or to remain completely anonymous \( n = 1 \). Participants were also given the option to use their real name, in case they wanted their experiences shared through their own voices \( n = 2 \). In cases where participants opted to use their real names, all information that they provided that could have identified other people (e.g., family members or their counsellor) was anonymized. See Appendix C for the informed consent document. Participants were also asked to complete a demographic questionnaire before the interview, so that I could gain a better understanding of the context of each individual and their counselling experiences. See Appendix D for the demographic information questionnaire. Additionally, participants were given a copy of a resource sheet that included contact information for Muslim mental health professionals as well as community agencies. See Appendix E for the resource sheet.

Interviews were semi-structured, as recommended in IPA (Smith et al., 2009; Smith & Osborn, 2007). A set of interview questions was used to guide the semi-structured interviews
(Smith et al., 2009). See Appendix F for the interview guide. These questions focused on exploring participants’ lived experiences in counselling in an open and flexible manner, allowing the researcher to be present rather than preoccupied with protocol during the interview process. The interview guide used Smith and Osborn’s (2007) funneling technique. This consists of asking broad questions initially and shifting into more detailed questions as the interview progresses.

Interviews ranged from 1–4 hours in duration. Two participants’ interviews were conducted in two parts, because those particular participants reached out after the initial interview, wanting to clarify what they had shared, as well as to add aspects of their counselling experiences that they had not mentioned the first time. Given the lockdown protocols due to the COVID-19 pandemic, all interviews were conducted virtually using a secure online platform, Microsoft Teams. Five interviews were video recorded, and one was only audio recorded, due to participant preference. I watched or listened to the recording of each interview multiple times and transcribed each participants’ interview verbatim. The following procedures for data analysis were conducted for each transcript.

**Procedures for Data Analysis**

Data analysis was conducted in accordance with Smith et al.’s (2009) recommendations for conducting an inductive analysis. This process involves the following steps for each case: (a) immersing oneself in the data through reading and re-reading transcripts, (b) making initial notes in margins, (c) looking for emergent themes within initial notes, and (d) clustering themes based on similarity. Once these steps are completed for each case, the final step is to look for patterns across cases. This includes extracting quotations and information from transcripts to support themes, organizing larger themes into master themes, and creating subthemes if necessary. This
process also involves discussing themes with a supervisory team for examination and agreement. Further, as discussed by Smith et al. (2009), specific considerations are to be made during each step, some of which are outlined below.

**Data Immersion and Initial Notes**

Once the interviews were transcribed, I started the analytic process with one of the longer and more detailed cases. I completed data analysis in full for each transcript before moving on to the next case. For each case, I read the transcript and listened to the recording while analyzing, as being able to hear the voice of the participant helped with ensuring a more comprehensive analysis. For each case, I deliberately tried to approach the content in an exploratory manner, which included intentionally slowing down my desire to quickly read and summarize what I came across, and instead, entering a phase of active engagement with the data. Throughout the process, I recorded my reactions to each transcript as well as my recollections from the interviews, to reduce the “noise” that beginner researchers tend to experience (Smith et al., 2009).

IPA does not provide any rules as to what content is commented upon. However, the objective is to take note of what matters to the participant and the meaning they attach to their experiences, while staying as close as possible to the participant’s explicit meaning (Smith et al., 2009). During this process, I engaged with each transcript, considering what the particular words or phrases meant to me, and what they may have meant for the participant. In the margins, I made descriptive comments (i.e., the topic or content of what the participant said), linguistic comments (i.e., the specific language participants used), and conceptual comments (i.e., deeper interpretation of the individual’s meaning-making and understanding of their experiences). Conceptual comments also involve an element of reflection on the part of the researcher, so
many of my comments of this type were influenced by my own experiential and professional knowledge and involved a more abstract and interpretative reflection. While making initial notes in the margins of each transcript, I also highlighted parts of the transcript that matched the particular comment I was making. This was helpful at later stages in the process, when I was engaging in deeper analysis and could easily re-read and visually see what connections were being made at the time. At this point, I also highlighted quotations that I could later pull out when writing my findings section.

Initially, I started with electronic copies of the transcripts, and used Microsoft Word to add comments in varying colours to signify the different types and levels of coding. However, while coding the first transcript, I found it easier to print out the transcript with large margins on either side of the document, where I used one side to write initial notes and the other side for the next stage of documenting themes.

**Formulating Themes**

After engaging deeply with each transcript, the objective is to reduce the volume of data while retaining the complexity of the meaning highlighted in each interview. This involves “an analytic shift” where the researcher works with the exploratory comments rather than the transcript (Smith et al., 2009, p. 91). During this stage, I went through each transcript’s initial coding, highlights, and comments to map out what themes seemed to emerge in the transcript (ordered chronologically), which involved reflecting on how they fit with one another and could be combined to form larger themes. While organizing and reorganizing the themes for each transcript, I grouped themes based on various factors such as polarization (i.e., emergent themes that hold oppositional relationships) and/or numeration (i.e., the frequency at which a theme is supported), as suggested by Smith et al. (2009). Specifically, I used colored sticky notes to take
what was written in the margins of each transcript and conceptualize it as an emerging theme. As mentioned, this, at times, was a quotation that seemed meaningful to the participant or words/phrases that were repeated more than once during the interview. Once I did this for the whole transcript, I followed the steps of writing down themes chronologically onto larger sticky notes and then used a large space to rearrange the themes. Once I had a general idea of the arrangement of themes for that particular transcript, I wrote the themes out electronically in a chart on a Microsoft Word document, and proceeded to add the quotations from that transcript which supported each theme. I followed these steps for each transcript.

Once the analysis was completed for each case, I looked for patterns across the six cases. This involved examining all the theme charts I formulated for each participant to identify similarities and differences across cases. I relabeled and reconfigured previous themes multiple times, and then summarized findings into a graphic visualization. This was done in the form of a table of themes (master table), where findings were arranged as overarching categories, themes, and subthemes. The final table is presented in Chapter 4. Participants’ quotations were used to ensure that the various levels of themes adequately reflected participants’ actual experiences.

**Methodological Integrity.** Similar to the use of evaluation criteria such as validity and reliability in quantitative research, various guidelines exist to evaluate the methodological integrity of qualitative research (Smith et al., 2009). A specific set of criteria outlined by Yardley (2000) highlights four key areas for the methodological integrity of qualitative research. The first criterion is *sensitivity to context*, which consists of an awareness of the contextual influences on the research process. Throughout this process, I attempted to demonstrate sensitivity in how I, as the researcher, interacted with participants during interviews, as well as the considerations I made in various steps such as the analysis and writing, as to respect participants and their
communities (Smith et al., 2009; Yardley, 2000). The specific contexts that I paid extra attention to regarding sensitivity included cultural and sociopolitical influences on the participants’ experiences, as well as my own, and how I was positioned as a researcher yet fellow Muslim in relation to each participant. I also tried to be sensitive to the ways in which my participants practice Islam, which sometimes differed from my own practice.

The second criterion is commitment and rigour, which reflects deep involvement and engagement with the research data, with the aim of capturing a thorough representation of the phenomenon (Smith et al., 2009; Yardley, 2000). I reviewed my work and perspectives in relation to the chosen method and framework, while ensuring fulfillment of this criterion was evident through my work by a sense of completeness of the analysis. I also completed thorough interviews that lasted as long as the participants wanted, as well as actively and repeatedly engaging with participants’ narratives through each of their transcripts (Smith et al., 2009).

The third criterion is transparency and coherence, which reflects the researcher’s openness and honesty regarding how study content is presented (Smith et al., 2009; Yardley, 2000). I engaged in reflexive practices as a way to remain cognizant of my assumptions throughout the research process. These practices included engaging in ongoing discussions with my peers and supervisor about my own experiences in conducting the research. I also kept a research journal, where I recorded my reflections and thoughts throughout the research process, such as assumptions before or after an interview with a participant. This promoted coherence regarding the chosen framework and how I aimed to co-create the research with my participants. Additionally, I reflected coherence by remaining aware of the phenomenological, hermeneutic, and idiographic nature of the IPA method (Smith et al., 2009).
The fourth and final criterion for methodological integrity proposed by Yardley (2000) is *impact and importance*, which reflects the significance and usefulness of particular research. This is reflected in my use of IPA as a method, as it allowed me as the researcher to explore a phenomenon and link the findings to applicability within a particular population (Smith et al., 2009). As I described in the literature review, the current climate in which Muslims are embedded reflects the need for this kind of research, and I discuss the implications of this study in Chapter 5.
Chapter 4: Findings

In this chapter, I present the results of this study, which examined the following research question: What are the lived experiences of Muslim clients who have/are currently attending counselling? I begin this chapter by providing a description of the participants’ demographic characteristics, and then present the overarching categories, themes, and subthemes developed through the data analysis stage.

Participant Demographics

Six participants were interviewed in this study. All participants identified as members of racialized communities, with one male, four female, and one participant who wanted to remain anonymous regarding all potential identifiers. All participants identified as practicing Muslims, with additional comments centering around commitment to practice in moderation, following the basic tenets of the faith and fulfilling obligatory rituals (e.g., daily prayers, fasting during the holy month of Ramadan), as well as experiencing a sense of spirituality that is present in all aspects of one’s life. All participants resided in urban centers in western Canada. At the time of the interviews, participants ranged in age from 22 to 30, with a mean age of 25.5. Two participants were undergraduate students, three were working full-time, and one was a stay-at-home parent.

All participants had previously attended counselling as adults, and four were attending counselling at the time of their research involvement. All participants indicated receiving services from more than one mental health practitioner, with the focus of the interview being on the counselling experience they had with a registered psychologist whom they saw for more than one session. All participants received in-person counselling at least once. However, many
indicated that the modality of counselling was changed to video/phone, due to the COVID-19 pandemic restrictions.

**Muslim Clients’ Counselling Experiences**

Analysis of the participants’ interviews yielded four overarching categories into which the themes and sub-themes were organized: (a) contextual factors and systemic considerations, (b) accessing mental health services, (c) process and outcomes of counselling, and (d) Islam and counselling. These categories encompassed 11 themes and 32 subthemes, as identified in Table 1. The 11 themes reflect concepts related to the phenomenon being studied, and reflect experiences of all the participants. The subthemes serve to highlight more specific experiences of at least one participant within the broader themes.

**Table 1**

*Summary of Overarching Categories, Themes, and Subthemes*

<table>
<thead>
<tr>
<th>Overarching category</th>
<th>Theme</th>
<th>Subtheme</th>
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</thead>
<tbody>
<tr>
<td>Contextual factors and systemic considerations</td>
<td>Immigrant family experiences</td>
<td>Intergenerational trauma</td>
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<td></td>
<td></td>
<td>Fear and uncertainty/mistrust of systems</td>
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<td></td>
<td></td>
<td>Lack of mental health awareness and support</td>
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<td></td>
<td>Muslim communities</td>
<td>Differentiating Muslims from Islam</td>
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<tr>
<td></td>
<td></td>
<td>Mental health stigma</td>
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<tr>
<td></td>
<td>Social, economic, and political</td>
<td>Islamophobia and racism</td>
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<td></td>
<td>systems</td>
<td>Capitalism and colonization</td>
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<td></td>
<td></td>
<td>Decolonizing mental health and counselling</td>
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<tr>
<td>Accessing mental health services</td>
<td>Multiple attempts needed to</td>
<td>Religious leaders</td>
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<td></td>
<td>obtain suitable support</td>
<td>Medical and mental health professionals</td>
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<tr>
<td></td>
<td>Barriers to access</td>
<td>Internalized stigma and fear of judgment</td>
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<td></td>
<td></td>
<td>Difficulty finding a suitable counsellor</td>
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<tr>
<td></td>
<td></td>
<td>Lack of affordability and limited coverage</td>
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<tr>
<td>Process and outcomes of counselling</td>
<td>Motivators and supports for access</td>
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<td></td>
<td>Increased mental health awareness</td>
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<td></td>
<td>Support from family, friends, and community</td>
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<td>Possessing financial means</td>
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<th>Compatibility of counsellor-client identities</th>
<th>Racial and religious identity</th>
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<td></td>
<td>Gender</td>
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<td></td>
<td>Age and experience</td>
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<tr>
<th>Counsellor attitudes and approach</th>
<th>Islamophobic microaggressions and being judgmental</th>
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<tr>
<td></td>
<td>Cultural humility and curiosity</td>
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<td>Who takes on the onus of learning</td>
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<td></td>
<td>Listening and not fixing</td>
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<td>Responsiveness to client needs</td>
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<td></td>
<td>Eliciting feedback</td>
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<th>Client engagement and outcomes</th>
<th>Finding strengths in a safe space</th>
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<td></td>
<td>Increased awareness, knowledge, and coping skills</td>
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<th>Islam and counselling</th>
<th>Role of Islam in counselling</th>
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<td>Islam as a holistic way of life</td>
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<td></td>
<td>Counselling encouraged in Islam</td>
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<td>Use of Islamically informed interventions</td>
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<td></td>
<td>The Muslim scholar-counsellor and Islamic psychology</td>
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| Impacts of counselling on spiritual growth | “Counselling made me a better Muslim” |

**Contextual Factors and Systemic Considerations**

Each participant’s counselling experience was nuanced and related to many levels or “systems,” which reflects the importance of considering how each participant’s experience is embedded within a context. This category included themes related to contextual factors that participants shared as impactful to their mental health journeys, as well as systemic considerations that influenced their overall counselling experience, which included their experiences before, during, and after attending counselling. The experiences reflected in the following themes are closely tied to the barriers that participants faced when accessing mental
health services. This category of themes reflected broader contextual factors, whereas more specific access barriers are addressed in a separate category (Accessing Mental Health Services).

**Immigrant Family Experiences.** Participants each spoke to the role that family-related factors, such as immigration, played in their overall well-being, and more specifically, how family influenced participants’ mental health, as well as their attitudes towards mental health and counselling. This included both immediate and extended family influences, which, for many immigrant families, also includes the influence of family members who remain in the country of origin.

**Intergenerational Trauma.** Participants spoke about how the experiences of family (e.g., grandparents, parents) influenced their current well-being and worldview of mental health. Participant Kareema, for example, discussed how, due to historical and political divides in South Asia, her paternal grandmother had to migrate, and the effects of said migration still impact their family today:

> Mental health issues are really high in my dad’s side of the family, and that has to do with the fact that part of my family migrated. My grandmother was part of that migration [when Pakistan and India split], and she went through horrific trauma. She lost her child, had to go to like a new country and everything. ... Amongst my siblings and I, we’ve been realizing that the event that my grandmother went through, for example, has a lot to do with some of the issues we’re facing now. I feel like intergenerational trauma, like what is kind of passed down to you, has a lot to do with how we’re dealing with our mental health.

**Fear and Uncertainty/Mistrust of Systems.** Participants also shared that, due to their parents being immigrants, there was a lack of awareness regarding available resources, as well as
what consequences may come about when accessing such resources. Such factors influenced their overall family’s well-being and perception of counselling. Sara shared how her mother, an immigrant to Canada with young kids, endured an abusive relationship with her now ex-husband, which deeply impacted the well-being of Sara and her siblings:

I was struggling a lot with school and I realized it tied back a lot to my personal life at home. We did have a situation with abuse in my family, my father was abusive verbally, sometimes physically, and emotionally. And for the longest time, we were taught to not access mental counselling because social services could get involved. My mom was really against us sharing, she was so afraid that people would take the kids away. And yeah, I think her not being born here, she didn’t know what kind of resources she had access to and so on and so forth.

Another participant, Shaimaa, shared that she grew up with “a fear based belief” around mental health, where she would hear from her mother and some friends that “you never go to therapy, especially in Canada because you would be considered a mental health case” and, in turn, be labelled as “crazy” and “your whole world life is ruined, you will never get a career, you will never find a husband, you’ll never find anything.”

**Lack of Mental Health Awareness and Support.** Participants spoke to the lack of awareness within their families regarding mental health in general, which was tied to participants feeling that their struggles were minimized and that they did not receive support from family members regarding the hardships they were experiencing. Hajar shared the following about her family upbringing in relation to mental health:

I’m Somali, and there’s no emotions shown most times by people. I shouldn’t generalize, it’s probably mainly in my extended family, but it’s like there’s usually never I love yous,
and I know this is probably true for other cultures, too. But there’s also no you can come talk to me if there’s anything going on. It is like I was always like the cry baby in the family because I would cry about everything. ... I never felt like I could go to my family for when things [were hard], we were all really just jokes, and it’s never anything serious with my family. And I know that’s true for a lot of my Somali friends too, that you don’t really talk about anything serious. So, I knew like because I was going through that I knew [talking to] my family wasn’t an option. ... I have five siblings and I told one of my sisters [about counselling], but I have not told anyone else. I don’t think I’m ready to tell.

Another participant, Kareema, shared that she felt guilty about even disclosing to her parents that she was facing hardships, especially given the sacrifices and challenges associated with their Canadian immigration experience. She commented:

At that time, I distinctly remember just being like, I can never let my parents know that I’m struggling because of the opportunities that I have and all the sacrifices that they made. So, I didn’t feel comfortable with that, and I would say that [not making my parents feel bad] was definitely a factor.

Kareema also shared that she experiences a “language gap” with her parents and older generations within her family, as she does not speak her cultural language fluently. As a result, she often had to “explain concepts to them to help them understand,” which included discussing concepts concerning mental health issues. Furthermore, Kareema indicated that the following would be helpful to increase mental health and counselling education, especially amongst older generations of immigrants where there is a language barrier:
There should be like tools or access to general information that is community informed. I think it should be available in like all languages, whether that’s Urdu, Punjabi, Arabic, Somali, whatever we can create for the community, it will be beneficial in the end.

**Muslim Communities.** Just as it was important to consider each participant’s family culture, it was also important to consider the Muslim and/or cultural community that they belonged to. All participants discussed the role that their cultural and religious communities had on their upbringing and everyday lives and their perception of their religion, their mental health, and counselling.

**Differentiating Muslims from Islam.** Every participant discussed the differentiation between Muslims as imperfect adherents of the Islamic religion and Islam as a religion from The Divine (Allah; God). Participants discussed this differentiation as an important realization that is important for Muslims and non-Muslims alike to understand. An anonymous participant explained how Muslims, at times, practice the religion from a cultural stance, which at times conflicts with the religion itself:

[I was] trying to differentiate between what people were practicing and then what the deen (religion) actually says. It’s so hard to remember that people do not portray religion correctly. A lot of how people practice their religion is culture based, and it’s a lot more culture versus religion as opposed to like religion versus religion.

This same participant continued to give an example illustrating this type of incorrect portrayal:

One of the simplest things I can constantly [think of] every single time I think of this like culture versus religion thing is like something that is ayb versus haram (culturally shameful vs. religiously forbidden). It is ayb to tell somebody who’s backbiting somebody else to stop, but it’s haram to be backbiting in the first place. Do you know
what I mean? And if, like, you’re in a group of, for example, Arab Muslims and they’re like back biting and you get up and you’re like, you should stop or I’m leaving, of course, in a more eloquent way. And then they shame you for trying to tell them to stop. And then if you exit, they’re like ayb alayha (shame on her), and it’s like [no], haram alayke (it is forbidden on you).

This example highlights how culture is often used to shame an individual, when, in reality, there is no religious basis for such shaming; however, such shaming may be the norm due to cultural understandings of the religion. This is related to how an individual can be shamed for holding dissenting views to the status quo, such as challenging stigmatized notions of mental health. This could include shaming an individual who attends counselling and speaks about their family challenges to someone outside the immediate family. At times, these actions may be labeled as religiously impermissible when they are more tied to violating cultural norms.

Another participant, Sara, echoed this notion of culture negatively influencing how Muslims practice their faith, and discussed how the “skewed” practice of Islam by Muslims in her community pushed her away from her religion. For example, she was told to “be patient” in the context of the abusive situation her family experienced when she tried to seek help from community members such as family friends, as well as religious leaders:

It started to turn me away from religion personally because I felt like no one [within the community] was willing to hear our side. And I just didn’t think that God would want my family and I just stick through a painful situation, it didn’t seem right. The God who’s The Most Merciful and all these other things. Why? Why would he want us to be in pain like this when everyone has an option, free will exists. So, there’s no reason for us to stick in it. So, it definitely turned me away from Islam for a bit because I thought if
everyone seems to agree that, we should just be patient, then why am I in this religion, as terrible as that sounds.

Sara and her family’s experience of being told to endure a painful situation through the use of the words “be patient” was echoed by another participant (anonymous) who indicated that they also experienced a situation characteristic of religious abuse when trying to seek support through a difficult period:

There came a period of time where I was like, God doesn’t even love me because if he did then why is this happening? And then when I did turn to people who were supposed to reassure me, they couldn’t. And then it didn’t help that I was surrounded by a couple of people and my close circle who were using the religion to abuse, [and saying] because you’re Muslim, you have to do this. And I’m like, but why do I have to do this? This doesn’t make any sense. Or [they would say] if you don’t do this, then this will happen. And while that’s true, it’s true in context. And of course, these things get pulled out of context all the time. So, it really got to a point where I was like, okay, if you’re religious [and] if that’s what religious looks like, then no thank you.

This same participant discussed how they arrived at a point where, through a lot of personal work and teasing out such experiences in therapy, they came to the realization that “Islam is pure, and the people aren’t.” Shaimaa echoed this point and commented:

Sometimes people can misuse and abuse the faith. It becomes problematic. You feel betrayed by your own faith, and so you’re like, how come it’s not giving me solace? So, maybe there’s something wrong with it. But in reality, it wasn’t the faith, but how [religious leaders and community members] were using the faith to oppress rather than empower.
Another participant, Hajar, discussed this notion of differentiating between Muslims and Islam within a Muslim-community school setting. As a Somali Muslim herself, Hajar explained that there exists “an attitude where [privileged] Muslims don’t want to be open and honest, and they don’t want to discuss these things because they think [racism] doesn’t exist.” Hajar discussed how, in that context, Muslims perpetuate racism against “non-Arabs” or “non-Brown” people within the school, although racism and discrimination are forbidden in Islam. This led Hajar to describe the school as “an Islamic school, but not very Islamic.” This discrepancy was what Hajar and other participants described as also occurring when discussing mental health and counselling: that an idea is posed as Islamic (e.g., if you have strong faith you will not experience mental health issues), when it actually does not have a basis in Islam. Instead, it is part of a cultural interpretation that is placed onto the faith.

**Mental Health Stigma.** Participants mentioned that mental health was a taboo topic that was usually not discussed openly within various communities. Kareema shared how “there is some kind of disconnect within our community, where discourse is not welcome, especially if it’s a topic that we consider to be taboo.” She also shared how she was “in denial” and “very hesitant [to seek help] because of the stigma around mental health, particularly in the Muslim community.” Kareema explained how there existed “community elders” who would indicate that she could “come and talk about anything at any time” but she mentioned feeling vulnerable, and she commented: “How am I going to be honest about what I am going through?”

One of the participants, Ahmad, noted it was important to avoid making “sweeping generalizations” about diverse communities and mental health stigma:

Every discussion on social media about Muslims and mental health is always the same thing on stigma or whatever. And that’s not a bad thing. That’s true. But it’s a very
incomplete conversation. ... To me, there’s a lot of things that everyone thinks that they’re like common amongst Muslim households, but it’s not true for everyone. ... A lot of things I didn’t know were common until I got older and I got social media and there were things I was introduced to. The stuff [about] mental health—if you’re depressed, you have poor iman (faith), like I wasn’t raised with that.

With this note in mind, other participants shared what they experienced on a community level, in terms of mental health stigma as tied to misconceptions about the Islamic faith. Shaimaa explained this interplay by sharing the following:

> It’s causing so much pain how we were raised with this, honestly, perfectionism spectrum where Islam is perfect, so we have to basically be perfect and it’s going to be the be all and end all, and no, you can’t experience pain. And actually, it’s not true because Islam is rich in history of where a lot of our ideals, who we look up to, our prophets, they went through pain and trauma.

The effects of internalizing such notions of stigma are discussed in further detail, in relation to accessing mental health services, in the section Internalized Stigma and Fear of Judgment.

**Social, Economic, and Political Systems.** In this theme, additional broad influences on an individual and communities’ overall well-being were discussed, which included critical considerations such as the effects of Islamophobia and racism on a wider scale, how mental health is portrayed within a capitalist society, and decolonizing mental health and counselling. Although specific systems-level influences were mostly discussed by two participants (Ahmad and Kareema), the subthemes were included due to the extent that such concepts were important to them.
Islamophobia and Racism. Participants discussed how Islamophobia and racist notions about Muslims and racialized folks influence their considerations when not only accessing mental health services but when occupying various spaces. Ahmad shared that he is “careful” about what he chooses to share, “not only in the context of counselling” but also “in school setting, and any sort of non-Muslim spaces” as there is a need for “self-censoring to evade surveillance,” especially when discussing “revolutionary politics” in majority-white spaces.

Ahmad also explained how “racism, religious bigotry, and ableism” are all very interconnected in a mental health context:

Now, people who are mentally ill are seen as threats in general, but it’s like there’s another layer if it’s someone who’s non-white and another one, especially in the current era, if they’re Muslim. So, it’s like, you know, you go from being a patient to being like a national security threat and whatever. So, the big thing [for me] was surveillance. No matter how nice they are, I’m not going to say certain things because I might have said something that I thought was whatever, and then it’s like I got to report this guy now to CSIS ... because you know how at the beginning for every metal health professional, they always tell you about confidentiality limits—unless you’re a harm, unless I think you’re going to be a ganger to yourself or to others, and it’s like, fair enough, but that’s up to the therapist to interpret. So, I feel like I have to self-censor.

Ahmad discussed how self-censorship is a preventative means he takes to avoid being mislabeled and misjudged, in both counselling and non-counselling spaces. Kareema described similar experiences within the counselling room, which are discussed in the section Islamophobic Microaggressions and Being Judgmental. Given the context of Islamophobia and the existing negative perceptions of Muslims, Kareema shared how these notions may be linked
to mistrust of the systems, as well as mental health stigma, as evident in her community due to not wanting to play into the misconceptions held by the broader national and global community about Muslims:

I think one thing that’s big in our community is like shame and how it manifests, like airing your dirty laundry in front of the broader community and being like, these are all our problems, so that that’s hard for particularly the Muslim community.

**Capitalism and Colonization.** Participants described multiple ways in which mental health is connected to capitalism and colonization. They discussed the way mental health is portrayed and addressed by the media and various institutions, as well as how this influences family and community dynamics.

Firstly, participants expressed a common narrative about the pressures of university institutions, where the mental health of students is not given ample importance, and meaningful changes are not made to improve students’ well-being on a wider scale. Kareema shared the following about the normalization of stress and pressure at an institutional level and how that relates to how students’ mental health is not dealt with sufficiently:

The [university] culture is very inspired by the corporate structure in that missed assignments and missed work, any of that, there’s a very big lack of accommodation [despite] so many students feeling overwhelmed. ... In the time that I was there, I heard about multiple suicides, and this is not something that I think is made public with them ... students started coming forward and going to the media to be like, we have this crisis, and the administration won’t address it and we need help kind of thing. But the culture there was just to kind of like endure and get on with it type of thing because everyone’s going through it.
Ahmad added to this notion of how, at an institutional level, there is a mismatch between what is needed to improve the collective well-being and what is offered as solutions by the university, corporations, media outlets, and wider society. Ahmed explained the following:

University tells us these things about make sure you’re doing this and whatever, and it’s like, okay, but you are my problem, you’re the problem for many of us. ... For students’ [mental health], it’s always like, okay, let’s have this week when you pet dogs and stuff, and it’s like just make tuition free or eliminate student debt, that would do way more than any of that ... Bringing dogs to pet is nice, but it’s not addressing the issue.

Ahmad spoke to this bidirectional relationship between his mental health difficulties and his experience within the university system; at the time during which he was experiencing mental health difficulties and dropped out of university, he had to worry about making decisions about his studies which contributed to increased stress. Ahmad expressed: “This is what I am talking about. I wouldn’t have to be making these decisions if university was free in Canada.”

Regarding how capitalism, colonization, and mental health are connected to the role of media and large corporations, Ahmad elaborated on the way mental health initiatives do not fulfill actual meaningful change, and how there exists deeper implications for a capitalist and colonial approach:

I think I am mad at pop culture, like mass media and how it interacts with mental health. So, I’ll give an example, like every year in January, [with] Bell Let’s Talk, it’s just something that feels very insulting. It’s like the fault of institutes and corporations that [oppression and mental health issues] are happening, and they come in and want to be like, we hear you. ... These things are not hard, and it’s insulting when there’s a narrative like this is some sort of mystery, and it’s not a mystery. It’s infuriating at times because
the people in power are trying to make this about an individual thing, and to see these things as like separate things and disconnected [issues], it hurts solidarity. This is not just about how many forms of oppression are connected, but this is also related to solidarity between social issues ... and how many people are being oppressed by the same things. My other frustration is that this is all a choice, like poverty is a policy choice. It is an objective fact that there’s enough food in this world to feed everybody, it is only by choice that this is happening ... and to not have money for health care and education. So, all these things are choices, and it’s about the wider [notion] of social justice.

Regarding the impact of capitalism and colonization on family and community, Ahmad shared the following:

So, under capitalism and individualism, especially if you’re an immigrant, you have all this breakdown of the village, of family structures and whatever. I don’t mean village literally, but, you know, collectivist stuff, that sense of community. In a village model, it’s like if you’re sick one day, well, that’s okay, because you can have the neighbour, or whoever, someone coming in who can help you with cooking and like laundry. ... It’s just the logics of capitalism and individualism, none of this is allowed for under this idea of the nuclear family. There’s the village, but you cannot have that, but at least you have your family, right? But we don’t have that anymore either just the way that things are set up, because my parents are immigrants and we don’t have relatives here ... everybody else is in [our home country].

Decolonizing Mental Health and Counselling. This subtheme highlights the importance of challenging the ways in which mental health and counselling are currently understood. These notions are often defined from a Euro-settler and Western colonial lens, and adopting solely this
lens may disregard cultural variations in how mental health and counselling are conceptualized. Ahmad explained this critical point through the following:

> The thing about psychologists and the discipline is the underlying cultural and historical contexts, logics, and epistemologies are all very Western, which is bad not just for Muslims, but anybody outside of the west. Specifically, with Islam, there’s a lot of implications when there is no consideration of the soul or an afterlife. ... With psychology as an institution, there are so many unspoken assumptions, and it’s not built for non-Western family structures, non-Western understandings of what sanity is, because even that is a social concept. That is why we are talking about Indigenous ways of knowing, because Western psychology is not built for them either ... the legacy of psychology is and has not been one of cooperation and consideration of all ... There’s a trap that one might fall into if not careful ... it’s not like the non-Western world wasn’t already doing psychology. We’ve been doing it for as long as humans have been a thing, there’s been therapy since forever. But the key to remember is that every culture has been doing these things, these things just have different names. What happens, is that you forget that, and then it becomes like, okay, we’re going to teach these people how to do psychology ... it’s dehumanizing, and it goes back to the barbarian savages thing, acting like [various cultures] never had these things ... you can have the [same] practice without having the same definitions and terminology and structures. What I’m saying is that this is so key to remember. ... If Westerners forget that, then they’re going to fall into the “we’re going to teach you things.” But also, the rest of us have to remember too or else we’ll think our people didn’t do these things and that we’re catching up or something.
Ahmad also spoke to how, given the roots of the disciplines of psychology and counselling, the usually individualistic approach leads to negative implications as systems of oppression are not being considered:

What bothers me so much is how for so much of this mental health crisis, it would be solved by eliminating systemic harm of health—poverty, misogyny, racism, colonialism, etc. I’m not saying this as if it’d be easy, but systemic factors are the biggest thing for mental health. ... So, my big issue with counselling is that [the focus] is just on the individual. I mean I get it, it’s like about what can you do [as an individual], and what the counsellor can offer to the clients on an individual level. It’s like let’s identify these ways you can cope and you can work on things ... You can’t mindfulness your way out of poverty, you can’t mindfulness your way out of an occupation. You can’t just tell Indigenous Peoples and Palestinians to meditate and whatever, you know? I mean, would it help them? Yeah, but that’s not going to change what’s principally responsible for their pain. ... What is meditation if you’re imminently losing your entire existence, materially, culturally, [and so on].

Many of the participants also spoke to the relationship between Islam and counselling, which is directly tied to communities working to decolonize their mental health understanding and practice. This is discussed in more detail in the section Islam and Counselling.

**Accessing Mental Health Services**

As previously mentioned, this overarching category of themes is closely related to various factors mentioned in the section Contextual Factors and Systemic Considerations. However, this category includes themes that relate to the specific nature of participants’ experiences with the primary contacts that are sought when individuals are in need of mental
health support. Within this category, I also highlight a theme about the barriers that the participants faced before and when attempting to access mental health services, as well as a theme related to the supports that helped them throughout this process.

**Multiple Attempts Needed to Obtain Suitable Support.** The first point of contact for Muslims experiencing mental health issues or life difficulties varies from religious leaders within their communities to a family doctor or mental health professional. A majority of participants went to religious leaders, such as a sheikh within the community, for help first. Others discussed how they spoke to a family doctor or counsellor at their university campus from the outset, as they did not think that a sheikh would have the expertise they needed. However, there was also a certain degree of hesitancy in regard to seeking assistance from some medical professionals, related to perceived lack of counselling expertise, overreliance on medication options, and concerns with confidentiality.

**Religious Leaders.** Four participants shared that they first reached out to religious leaders within the community, such as imams and shuyookh, for support. Many of these participants indicated that although religious leaders were easily accessible due to familiarity and pre-existing trust, and at times provided some helpful support, generally, they were not best suited for support with mental health issues due to lack of training and not having enough psychological and counselling knowledge.

Shaimaa described a positive experience with a sheikh who she could “turn to in any crisis” whereas there were many other shuyookh who she did not find helpful when she tried to “because of how cultural they were.” Shaimaa described why she believes this specific sheikh to be helpful in particular issues versus other religious leaders:
I was grateful for the sheikh that I had in [location outside of Alberta], because he was the first guy that actually accepted psychology and therapy and worked with doctors and other therapists. He actually even took a counselling course himself to learn how to better offer these services. He was the first sheikh that I ever saw, like I could talk to him about my mom or how much she’s driving me crazy or my siblings and I wouldn’t fear judgment. I have to say that I was privileged in that sense. And I cannot say that anybody else may have had that experience because I, myself in other Muslim communities, I never found that support.

Kareema explained that her experiences with a local imam were “a hit or miss” as she sometimes felt like she benefitted from the conversation and other times she felt like she was “being judged.” One instance where she felt judged by the imam was when she was discussing some contentions she had with her father:

At that time, I was really struggling with my relationship with my dad because after I dropped out of university, he was very disappointed in me. So, like any conversation we would have it would be like, so what’s next for you? Again, with the pressure type of thing. And so, when I was having the conversation with the imam, just a thought of me being like, I just don’t like talking or being around my dad was kind of just like, well, you shouldn’t feel that way type of thing, which was hard because I was like, I don’t think you understand what I’m trying to say to you.

Another participant (anonymous) echoed this experience of feeling misunderstood by religious leaders. They indicated they tried to speak to three different imams, but these experiences “did not contribute positively,” as explained below:
One had said to me that I wasn’t doing enough istighfar (seeking forgiveness) and I’m like, interesting, okay. And the other one tried to evade helping me because he didn’t know what to do and maybe he just didn’t realize that he could refer me to somebody else and somehow felt like perhaps it was his responsibility to help me and, because he couldn’t, he just tried to minimize the complexity of what I was going through and try to like simplify it, like, problem solved. And I’m like, no, no problem solved. So that was not helpful. And then the third one told me to reach out to one of the other two. I think that’s majorly because our imams are not trained, period. They just don’t know. They’re expected to know and people go to them for these health, especially mental health requests, but they just don’t know what to do. And not every imam can say, I don’t know. So, that was not good.

The two participants who did not seek out religious leaders as first contacts for support indicated similar reasons for their decision. Ahmad stated, “I would not see a sheikh to begin with because I wouldn’t expect them to be trained.” Similarly, Hajar explained:

To be honest, I don’t think I ever would [seek out an imam or sheikh], I feel like our shuyookh are not like trained in this. ... From stories [I have heard], they’re not trained so they can make things worse. I know people that had experiences with that, so that just repelled me right away.

**Medical and Mental Health Professionals.** A few participants commented on their experiences with medical and mental health professionals such as family doctors, psychiatrists, psychologists, and other health personnel. Some participants shared that contact with medical professionals occurred before connecting with a mental health professional, while other
participants indicated a reverse order of contact. Ahmad shared his experience with health professionals as related to navigating his mental health journey:

It begins when I was around nine or ten, my parents had me see a psychologist then a team of people to get assessed. There were problems with like socializing and stuff, and I guess anxiety was there too. ... A report came out of that and, after the diagnosis, I didn’t see any [health professional] until university. ... Medication was proposed with the diagnosis but I was mentally opposed to it. I guess the idea of psychological-related drugs scared me at the time.

Ahmad later described how he visited his family physician and that is when his “anti-depression prescription began” and he was referred to a psychiatrist by his family doctor. Ahmad shared that he subsequently connected with more than one psychologist for counselling. In regard to his medication prescribed by the psychiatrist, Ahmad shared the following about being given medication without a formal diagnosis:

Just from talking, it was like, okay, let’s try [name of medication], and there were lots of forms and that was it. So, this was kind of weird for me because I never got a formal thing, like okay you have [specific diagnosis], so that has been kind of confusing for me. I know all these labels are social constructs by medical professionals or whatever, but it has kind of made things confusing to not know—do I have [specific diagnosis], do I not? What do I really have? Am I just lazy? I don’t know, it’s all very confusing.

Kareema also discussed visiting a family doctor and explained her experience with being prescribed medications regarding her presenting concerns:

One of my challenges with doctors is often they don’t give me options. With the doctor I saw at that time, she just prescribed me antidepressants, like go ahead and try this. And
pretty much my whole life, I’ve never been on any medication. So, I remember I tried it for like one week and it was like I couldn’t sleep. And I was like, what’s happening? So, I just kind of stopped it.

Sara and another participant (anonymous) indicated that they did not view approaching a family doctor as a viable option. Sara provided the following reason:

I just thought [the family doctor] might give me anti-anxiety meds or something along those lines to help me focus. But I knew that something in me was telling me it was a lot more deep than that. So, I didn’t want to just pile pills on top of it ... like I know that some doctors, their only solution to any problem is medication. So that wasn’t the way I wanted to go.

Another participant (anonymous) indicated issues related to trust of the system and qualifications of the family doctor as reasons to not share mental health issues, despite having the same family doctor for more than 5 years. The participant commented as follows:

My family doctor actually had no idea that I had all these things going on, even though I was seeing her on a very regular basis. ... Like, to me, she didn’t seem qualified nor credible. Like, why would I tell my family doctor about my anxiety? To me, that didn’t make sense ... I think even part of that is because with the [provincial health system], I don’t trust it. Health professionals across the province can read any file, and it’s widely accessible, and it’s really based on the honor system. And I know a lot of people in the medical field and I just didn’t want anything that was about me to be in there. ... What contributed to this fear is when I had gone to see my doctor about something very personal, and I still don’t know how this person did this, but somebody in my family went and got access to my health records and then threw it in my face at a later point.
... I’ve seen too many people, myself included, go through something where it got compromised and it shouldn’t have been.”

This participant acknowledged that such actions are “not ethical” and one “could lose their license.” However, they indicated that “with all these things, there are people who don’t act with integrity and there are people who break rules and there’s people who lose their licenses over things that are pretty petty.” For this participant, they emphasized trust and confidentiality as major factors for seeking out a psychologist. The participant explained their reasoning for seeking counselling:

It was a confidentiality thing. When I went to see a therapist, the first thing that she said was, I don’t take detailed notes and I’m not going to share anything with anyone unless you tell me you’re suicidal or you plan to hurt somebody. So that was comforting, and she only knew one thing about me, which is what I told her. My family doctor will know everything about me, and she’s not a mental health specialist, so she might judge me and not even realize it, and I’m too sensitive to be judged.

**Barriers to Access.** Participants discussed multiple challenges they encountered during the process of seeking out mental health support, including the challenges accompanying the initial thought of even reaching out to someone, the barriers present when initially connecting with counsellors, as well as lack of affordability.

**Internalized Stigma and Fear of Judgment.** Contextual and systemic factors in regard to participants experiencing barriers to counselling and mental health support were discussed in the first overarching category of the findings. In this subtheme, a more specific experience of the individual is considered, such as how notions of stigma and judgment are internalized. All participants, except for Ahmad, discussed this hesitancy when initially accessing counselling for
reasons such as internalized stigma and fear of judgment. A participant (anonymous) shared how their childhood experiences and internalized notions of reaching out for help impacted their hesitancy to reach out for help as an adult when facing mental health difficulties:

My ability to reach out for help was almost non-existent ... because of different childhood experiences where I was not encouraged to reach out for help. And if I did, I was minimized or made to feel not important or like it’s in your head or whatever. So, I learnt pretty quickly that no one cares about what I think. No one cares about how I feel. And so why bother? And then on top of that, why bother someone with what’s bothering me? So, by the time I got to a point where I definitely needed help, I refused to ask for it because I was like, why would I? Like I’m going to go be a burden on somebody.

Hajar also shared a family-related experience that she had internalized: “from a very young age, I got this not so good understanding of the cultural stigmatization [of counselling]. I guess that just was in me.” She explained how this was due to her mother’s reaction to a teacher suggesting that Hajar’s brother see the school guidance counsellor due to his extreme shyness. Hajar shared that “right away, my mom’s reaction made me think, okay, counselling might be a really bad thing” given that her mother took “such an offence to what the teacher said.” Sara echoed this notion of internalizing the stigma associated with counselling:

As to accessing [counselling], mentally, I was very concerned only because there was a lot of things going on in my life at that time and not religiously but culturally, people tend to view counselling as a negative thing and you should only rely on prayers and duaa (supplication) and God. And so, accessing it was difficult, but more mentally as opposed to financially or anything else.
With such stigma perpetuated in one’s family and cultural community, it becomes difficult to believe any different. As evidenced in the participant accounts, they internalized such stigma, which made it more difficult to reach out for mental health support when needed. A related consideration is how mental-health related concerns are minimized, as compared to physical symptoms or illnesses which are seen as more legitimate and serious. This is especially relevant when there is a lack of understanding that mental health issues can manifest as physical symptoms. However, this may also be the exact point that individuals seek out help from a professional, as physical symptoms are seen as more than something that is “all made up” in someone’s mind. Two participants revealed that it was only due to the onset and/or worsening of physical symptoms related to their mental health issues that they felt urgency to seek counselling. They were almost forced to challenge the internalized stigma about counselling:

I sought out counselling because I was having physical symptoms. I used to ignore all my issues a lot, and one of them was panic disorder. ... It was just it was getting to the point where I just didn’t understand. Why are these very physical symptoms [happening to me]? At that time, I didn’t understand, I was like, is this anxiety? What is this? So, I just [had] to go to a counsellor or someone who had more knowledge to explain to me why this happens to me. ... I had recognized that I couldn’t keep going through the same pattern, something had to change. So, it was kind of just like worth a shot type of thing.

Shaimaa also shared that she began to experience physical symptoms. “I was so stressed out in the last few years, it affected my physical health, it affected my thyroid.” She shared her thoughts on how her physical symptoms could have been prevented had her mental health concerns been addressed earlier:
Just from stress, now I have to constantly go to the doctor for something that could have been taken care of just by using a psychologist. Every time, I have to get my bloodwork drawn, I have to assess my numbers, and have the dosage tweaked. All that didn’t have to happen if I had proper tools to begin with. ... I think we put the emphasis on the wrong things, and so, for me, I believe I didn’t have to get to the point where I was missing sleep and I was so stressed out [to seek out counselling].

Although individuals can reflect on the internalized stigma and challenge it within themselves, it remains difficult to initiate counselling as there appears to be a consideration of how this will impact one’s family or community. For example, Kareema worried about her “reputation” if she were to seek out counselling, and a fearful thought she had during this time was “am I tarnishing the name of my family or my community?”

Regarding fear of judgment, participants spoke to this fear as associated with not only being judged by those outside of their communities, but also Muslims within their circles, as well as fear of judgment from Muslim counsellors. Hajar and Shaimaa both explained the dilemma of wanting to see a Muslim counsellor yet fearing that that person could breach confidentiality to others in the community, which in turn could lead to experiencing judgment from their community. Shaimaa explained this dilemma in the following way:

I don’t know if I just also feared judgment right from the community. ... The one thing about a Muslim psychologist, is that like I want to go to you, but I’m also scared because if I’m going to tell you all my secrets, I’m so scared you’re going to tell someone else, but you’re exactly what I need.

More generally, Shaimaa also discussed what she believes are major reasons for what “holds someone back” from seeking help:
Number one thing I would say that holds you back from saying anything about your struggles is [the fear of] looking crazy or you’re a bad Muslim, [or you will be labelled] a kafir/munafiq (disbeliever/hypocrite). Those are the top 3 reasons, that for me, and even friends I’ve spoken to, that pull us back from ever wanting to ever seek help, honest to God, because of that fear. And obviously, people don’t know what’s inside of your heart, but then, [because of these fears], you just sit there and suffer in silence.

**Difficulty Finding a Suitable Counsellor.** A few participants discussed the process of initiating a meeting with a counsellor as a major barrier given the “mental strain” that came with searching for a suitable counsellor, which includes suitability of modality, location, and overall representation in the counsellor pool. One participant, anonymous, shared that talking to multiple potential counsellors “was painful because they all ask the same questions.” The participant explained the process as follows:

I need to go online, research them, read the reviews, what they specialized in, where are they [located], what kind of counselling do they do, and then pick up the phone, reach them, talk to them and then feel like, no, this is not going to work. And then repeat.

Ahmad echoed this challenging aspect, noting that he was hesitant to switch to another counsellor, as “you have to explain all this history stuff again,” which he had already done more than once.

Hajar shared a different reason for the difficulties she experienced searching for a counsellor: lack of representation. Hajar commented:

It was just hard to find someone that I could relate to, a person of colour and a woman. Honestly sometimes, this sounds bad, but sometimes I look at a picture and read a biography and I think this person might sound judgmental. But it’s the whole process of
finding someone, I found that to be literally the hardest. ... I’m certain that these were all wonderful people and they were not being judgmental, but I just was thinking that, they didn’t grow up Muslims, they don’t really get it. And it’s hard to kind of open up with someone who doesn’t really get it. So that is why I needed that representation.

Ahmad echoed this notion of lack of representation in counsellors, and although he shared that the Psychology Today website was helpful to search for a counsellor in one’s area and “it has search filters such as what modality one uses,” he mentioned that “it is a super white field, and there is a lack of diversity in the practitioners.”

Regarding modality, a few participants (Hajar, Sara, anonymous) shared that they prefer in-person counselling for various reasons, which was a limited option due to the COVID-19 pandemic restrictions. Hajar shared that “most counsellors were not offering in-person sessions” which made it difficult to find a counsellor as this left her with having to attend counselling sessions from home. Due to the stigma surrounding counselling, she felt anxious that her family who did not know that she attended counselling, might have heard her during a session and found out. This kind of complication could become another source of distress for many who are living with family members who disagree with counselling. She further explained the following:

The biggest reason why I wanted to get into counselling is because of anxiety and it’s like, I find it hard to maybe share these deep thoughts in my head about my self-worth, self-esteem with someone through a computer screen. So I thought that [online sessions] would not have been possible. And also on top of that, I felt like maybe at home because I live with my family, and I come from a big family, it’s like in the beginning, I do not want them to know about it. So even if I did do online counselling, I know that I would constantly be alert and thinking of, I don’t know, hearing the footsteps of someone
walking outside my room. And I just kind of felt like it wouldn’t be a meaningful experience, I wouldn’t learn from it, I wouldn’t grow from it. So, I thought in person would have been the best way to start at least that relationship, maybe then transitioning to online would not be a problem.

Another participant (anonymous) shared that privacy played an important role regarding what modality they were comfortable with due to confidentiality concerns:

I was not as comfortable with a video call as I am now—I video call about everything all the time now. But again, even with video calls, there was a privacy concern. Whereas when you know, you’re in an office with the door closed and only the two of you are there, there’s a certain amount of physical security that comes with it.

Regarding geographical location more broadly, two participants (Ahmad and Shaimaa) expressed concern about regulated professionals such as psychologists only being able to provide services within the jurisdiction where they were licensed to practice. Shaimaa shared that after one of her family members noticed the helpfulness of the counsellor she was seeing, the family member who lived in another province wanted to request services with the same counsellor, and “was really sad” when they found out that the counsellor could not practice in another province. Ahmad echoed this unfortunate reality as he shared how he would come across a counsellor online that he would want to connect with, but then realize the barrier associated with them being in a different country. One participant (Hajar) also discussed location barriers, even within living in the same city as the counsellors. Hajar explained that she lives “almost on the outskirts of the city” and the long drive makes it difficult, especially after “working all day,” and she wishes she could find more counsellors closer to her area.
Lack of Affordability and Limited Coverage. The majority of participants identified insurance coverage as a motivating factor to access counselling at the time they did. One participant, Shaimaa, also discussed how the costs associated with counselling were a barrier as she was a single mother. She appreciated the “sliding scale” option that counsellors offer but stated that counsellors should not have to offer decreased prices for their services, as it is “such hard work and they should be paid in full” and that “it is a government issue.”

Shaimaa also expressed concern about the limited hours and/or number of sessions per year covered by insurance. She shared that this makes an individual who is already distressed feel “like they are limited” and that they “have to be very careful” about how and when to access counselling. Additionally, she stated that one “cannot control the destiny of their health” or predict if and when they will need mental health support. Consequently, she expressed the opinion that mental health services should be covered fully, for a non-limited amount, under governmental health care, “just like visiting a family doctor.” The participant also shared how this issue is particularly relevant for many Muslims who “cannot afford therapy but they need a lot of support when it comes to a trauma experience or domestic violence, and it can cost thousands of dollars.” She also stated that although it may be costly for the government to implement such changes, “it is worth it” as these changes may lead to a “decrease in suicides, families are going to be better, and it will literally change the fabric of our society if the government invests in the mental health of their people.”

Motivators and Supports for Access. Participants commented on various factors that led them to more readily and comfortably access mental health support, such as learning more about what mental health is and what options exist for counselling support. Participants shared that this increased readiness and comfort did not come easily, but that support from family,
friends, and community, as well as having the financial means at the time, were factors that motivated them to seek out mental health support.

**Increased Mental Health Awareness.** A few participants discussed the role education played in increasing their awareness regarding mental health. This included various means of education such as university courses about counselling, mental health initiatives within the Muslim community, peers discussing psychology, as well as coming across social media accounts dedicated to mental health awareness. Gaining a better understanding of counselling through these various means subsequently led to increased readiness to seek out mental health support. Hajar explained how taking a university course about counselling skills was influential in learning about counselling:

> It wasn’t until my last year of university when I took an elective course called Introduction to Psychology that I thought really differently on what counselling is ... We would practice on our classmates using some counselling skills like active listening and it was probably one of the best classes I’ve taken. I felt like I learnt so much. And so after taking that class, I felt like I understood what it meant to go to counselling and that it’s just a way to support you to live more fulfilling, more meaningful life. And it doesn’t necessarily mean that you’re in the very bottom or your lowest point of your life. That doesn’t mean that that’s the only time you can go see a counsellor or a psychologist. ... So, once I learnt what [counselling] meant or what it was, I was so much more open to it, and I started to think about it very differently. I felt like, okay, if the time comes and I ever need to do [counselling], I wouldn’t be too scared to do it.

Kareema also shared that when she “learnt about mental health,” her perspective “had shifted a little” and she was “more open to counselling.” Furthermore, participants shared how
attending mental health initiatives in the Muslim community helped to validate their mental health struggles and gave them a better understanding of mental health from an Islamic perspective. Kareema shared the following about events she attended within her Muslim community:

There were some events in the Muslim community where they starting to talk about mental health, not so much in like a treatment kind of way, but they were using psychology to talk about how the faith is like preventative [and discussing what] you could define as a mental health crisis, but basically feeling like you’re disconnected from your faith. ... Also, [there was] a Jumah (Friday prayer) lecture or Friday evening talk with [an Islamic organization] where they were talking about self-care and striving, like doing better for yourself for the sake of Allah. And I think that kind of did in a way motivate me, like especially [the Quranic verse], “Allah does not change a condition of a people until they choose to change themselves” [Quran, 13:11]. Like that for me has been really impactful because I started to recognize that I have to take the first step and then if I want to change something for the better, I take the first step and then Allah [SWT; May He be praised and exalted] helps me along the way.

Other participants also discussed how meeting a Muslim psychologist within their community, whether it was through a more general Islamic event or at a specific talk about mental health, helped to increase their trust of counsellors. A participant (anonymous) gave an example of this case where they knew their counsellor beforehand from within the community:

I was doing a lot of volunteering with [Muslim psychologist’s name] and so for me, he felt like a family member more than anything else. He had already seen and experienced a lot just by coincidence, so he was exposed to some of the things that I was going
through and that helped. ... so, there was like a little bit of that barrier that was already
gone because I already trusted him and I had no reason not to.

Shaimaa echoed this notion and explained how her counselling experience was first
initiated after she heard a talk at a local mosque given by a Muslim psychologist, which helped
her better understand what counselling consisted of. The psychologist was “talking about the
Syrian refugees” and “he was explaining his approach and how he was supporting them through
PTSD and the way in which he was understanding their pain.” Shaimaa shared that, despite
being “so scared” and “feeling anxiety” and having “all the fears going through her mind” when
she thought about talking to a therapist, she approached him about a question, which led to her
being comfortable enough to book a counselling session with him. In another instance, Shaimaa
explained that she had met another one of her counsellors once before at a Muslim women’s
conference, where the counsellor was one of the keynote speakers, and that is what led Shaimaa
to seek her out for support.

Other participants discussed how various social connections impacted their increased
mental health awareness. Kareema explained how peers and social media impacted her view of
mental health and counselling:

I had actually made friends who were studying psychology and they just would talk about
[counselling and mental health] all the time. ... Maybe social media also had a hand in
that, like just friends posting articles or like stories on Facebook or something and me
reading that and being like, okay, so these are real problems.

Similarly, Hajar discussed how a friend who had been “really open and honest about her
counselling experience” helped her tremendously, as she was more aware of what the
counselling process looked like, and the challenges as well as benefits that come with attending counselling. Hajar shared the following:

[My friend] told me it is going to be really hard. You’re going to have to find someone and that’s going to take a lot of energy. You’re going to have to be so vulnerable and open because they ask you so many different questions on the very first session and then you leave feeling so tired and drained. And then you wonder, is it because of the fact that you’re feeling this vulnerability hangover or is it because you feel like they’re being judgey and so like she did honestly walk me through it and I was very, very grateful to her.

**Support from Family, Friends, and Community.** Despite the stigma associated with mental health within familial, social, and community circles, many participants found support amongst their friends, spouses, and family members, who encouraged them to attend counselling.

A participant (anonymous) shared the following: “I’ve known that I’ve had to see a therapist since 2011. And I talked about it. I went to seminars about it. I attended workshops. I read books and encouraged people to go for the last nine years. And I just couldn’t get myself to go.” The participant explained that it was the “persistence and stubbornness” of a spouse and two other close friends that encouraged her to seek out counselling. This included supportive statements from the spouse when it was difficult to find a suitable counsellor, such as “it’s okay, don’t give up, try again, you’ll find somebody.” The participant also shared that a good friend made the encouraging yet challenging comment “you advocate for mental health. I don’t know why you’re not on the boat yet,” all which supported the participant in finally seeking mental health support.
Hajar also spoke about the support of a friend “who suggested that maybe talking to a professional will help and that it helped her personally overcome some of the traumatic experiences that she’s faced.” Hajar indicated that the support from this friend is what “motivated” her to start counselling. She also shared how the community could play a role in normalizing the idea of counselling and improving one’s mental health:

I get really happy when I hear from people or like people are open about the fact that they see counsellors or see therapists because like the more normalized I feel it is from the community, like it’s talked about, the more people would be willing to seek help when times are tough for them.

**Possessing Financial Means.** Paralleling the findings presented in the section Lack of Affordability and Limited Coverage, all participants indicated how having the financial means to participate in counselling played a role in them accessing it at the time they did. This includes insurance coverage through familial or job-related means, as well as access to free counselling in a school setting. Sara shared that “as a student, thankfully, it was made a lot easier for me than I think if I weren’t a student, because obviously the service is part of our tuition. So, I wasn’t concerned about the financial aspect of it.” Regarding accessing counselling, Hajar shared the following about accessing counselling: I just started a job with benefits. So that’s honestly the biggest reason why I chose to start counselling at that time, because I knew that my insurance could pay for it. So, I thought, why not?

Another participant (anonymous) echoed the helpful aspect of having insurance coverage:

When I did start counselling consistently, like once or twice a week type of thing, I was covered by my insurance policy at work. So that was really helpful. The insurance policy
covered three thousand dollars a year, so it was a good amount of money where it didn’t make it hard to go for counselling.

This participant explained that the costs of counselling meant that it “definitely needs to be budgeted for” but that it was something that “is a priority on the budget list.” The participant also shared the following about how mental health services are budgeted for as a lifestyle priority:

In our household, we prioritize health and that includes mental health, just like physical health and other kinds of health. So insha’Allah (God willing), as long as there’s the financial capability, it’ll always rank in before other things. So, like if other things need to take a budget cut, then it’s not health that’s going to get budget cut first. And I think that’s really helpful in knowing that, like, no matter what, I will get the support that I need from wherever it is that I need it.

**Process and Outcomes of Counselling**

This overarching category reflects various factors that influenced participants’ experience of the counselling process as well as important outcomes that they experienced. These factors are grouped under three themes: compatibility between clients’ own intersecting identities and lived experiences with those of their counsellor; counsellor attitudes and approaches to counselling that participants described as having important positive or negative influences on their counselling experience; and, client engagement and outcomes.

**Compatibility of Counsellor-Client Identities.** Each participant described the extent to which they considered particular characteristics and identities of a counsellor when first choosing a counsellor, how such characteristics played a role in their counselling experiences, and how it may have informed their future counselling experiences. An important finding overall was that participants attended to intersecting counsellor identities rather than just one single identity. This
included considerations regarding the intersection of racial and religious identities, gender, and
time and experience related factors (e.g., age).

**Racial and Religious Identity.** Race and religious identity were discussed with each
participant, with some participants considering such traits as important to a far greater degree
than others. A majority of the participants spoke to the religious identity of their counsellors,
with two participants also mentioning considerations about race. Hajar explained that it was
important for her to have a counsellor who she could “relate to” and that she “needed
representation” regarding her intersectional identities, which encompassed finding a counsellor
who was “a person of colour and a woman” as well as someone who grew up Muslim so they
could “get” her experiences. Hajar shared that the counsellor “being Muslim was not really the
biggest priority” and that she “felt like maybe finding a person of colour, that could have been
enough.” However, she also indicated that it was important that the counsellor practice some sort
of spirituality:

So, I think for me, I would prefer someone who is spiritual, in a sense. ... [My counsellor]
she’s not Muslim, but she’s Catholic and she told me that she practices as a Christian,
which also is a good thing for me. I would prefer someone who has some form of
relationship with God. ... I would prefer a Muslim, but I guess what I’m trying to say is
that I would not be comfortable working with an atheist.

Ahmad also discussed this notion of considering both race and religion when looking for
a counsellor, explaining how this consideration is deeply embedded in systemic issues:

So, before, during, after, the Muslim [identity] is always a consideration, but also, are
they a part of a racialized group or not, was and is a consideration ... It would be better if
they were Muslim and if they weren’t white, because it’s like there’s two layers of things
[a counsellor] won’t possibly get. One, [the counsellor] might understand things better if one or both of those apply [Muslim and racialized], but second, like racism and religious bigotry and ableism are very interconnected.

Relatedly, Ahmad shared how health professionals, and especially counsellors, are required at times to “read between the lines” of what clients are not saying; he gave an example of the “cultural iceberg” and how what is underneath the surface (e.g., norms of etiquette, gender roles, family structure) may not be known except by those immersed in it:

There can be many little things that the counsellor misses if they are not of the same religious or cultural background, so, someone who’s not Muslim, maybe they can go and read about Islam and they’ll get some of that surface stuff, maybe even some of the underwater stuff, but it’s all these little things that they’re going to miss because they didn’t grow up with that ... there’s certain things you can say in a certain way, and even though it reads as neutral or positive, it’s actually negative and so there’s all this unspoken stuff and nuance. And this applies beyond Islam but also to race.

Ahmad further explained that, as a client seeing a non-Muslim counsellor, he would have to do “all the detective work” even though “that’s literally the other person’s job.” However, he perceived this to be the “secondary benefit” of having a counsellor who is Muslim. He explained “the primary benefit is that they’re going to come up with insights because they have that context that others might have missed.”

Another participant (anonymous) explained that it was important for them to find a counsellor who understood their religious and cultural background, so that they would not have to explain aspects of their racial or religious identity. This includes the language used within cultural contexts:
I was seeking out somebody who was Muslim Arab, male or female, didn’t matter. I just wanted to talk to somebody. And if I said something, something that related to my Arab-ness or my Muslim-ness, that I didn’t have to explain it. It was already hard talking about things that were on the inside, let alone having to sit and be [asked], sorry what does Insha’Allah mean? And you’re like, I just want to tell you what’s going on.

In discussing her experiences with multiple counsellors of varying religious and racial identities, Hajar described a conclusion she had reached:

In the beginning, I was hoping [my counsellor] would be Muslim, but there weren’t many Muslims, so [I thought] my priority should be the fact that they are people of colour at least. And then I found someone who’s not a person of colour, but he is Muslim. And I felt like that was the best form of counselling relationship that I had ... So I feel like as long as they’re Muslim, because that is, I’m Muslim first before I’m anything else.

Participants also unanimously held the opinion that “not just any Muslim psychologist” would be suitable. For instance, Shaimaa explained that it is important for the counsellor to not just identify as Muslim, but also as one “who has a strong understanding and foundation of the deen (religion) that if something does not seem right, they have the resources and the tools to know how to seek an answer out.” The majority of participants echoed this notion of a Muslim counsellor possessing Islamic knowledge as an asset, and how the most “ideal” case would be a counsellor who is learned in the field of Islamic sciences, reflecting the knowledge and ability to address challenges related to both Islam and mental health. This is discussed in more detail in the section Islam and Counselling.
Like Shaimaa, Ahmad also spoke to this idea that religiously identifying as Muslim is not necessarily enough, and that in terms of finding a Muslim counsellor one can truly trust, other factors should be considered:

Even if the therapist is Muslim, maybe I would/am self-censoring anyways. I still have to know more about their politics or something to properly trust them because like there are Muslim ops—not all skinfolk are kinfolk kind of thing. For me, it is not that a Muslim equals automatic trust.

In contrast to the preceding experiences, participants also discussed how, given the stigma that is, at times, perpetuated by members of various Muslim communities, they were hesitant to approach a Muslim counsellor due to fear of judgment and being further stigmatized. This reflects the dilemma of privacy and trust that was discussed in the Barriers to Access section. A participant (anonymous) shared the following when discussing this tension, and why they chose to seek out a counsellor who did not share the same religious or cultural identity as them:

I was seeking [a] non-Muslim non-Arab [counsellor], I wanted to make sure one hundred percent it was somebody who couldn’t associate to my identity or my community in any way because that privacy-trust concern still exists. ... I don’t want to ever possibly think like I’m talking to somebody, and although the counsellor is supposed to be professional and like follow the rules, like if somebody bribed or like scared them into saying something or whatever, that they’d spill. And the counsellor just doesn’t know anybody that I know, period. Like, our spheres are so different. So that was important.

Sara echoed this perspective, and shared her desire to seek out a new perspective from someone outside of her religious and cultural community:
[My counsellor] was not Muslim. And I think, yes, subconsciously it was important for me because I wanted someone, well, with everyone’s response in the Muslim community to our situation, I wanted someone who is very far from that and would have a different set of eyes on the situation ... because I had already heard that perspective from the Muslim community, I wanted someone who is not Muslim, but I don’t think I admitted that to myself.

Another perspective shared by Ahmad was that he could potentially be helped by a non-Muslim counsellor, because, as he stated, “the things I am trying to solve [in counselling] are pretty secular,” indicating that depending on the presenting concern, the needs as related to counsellor identity and characteristics may differ. Ahmad elaborated that although Islam was not a focus of his own counselling, he could quite clearly see how the same oppressive systems and dismissiveness within our wider society around racism and Islamophobia could play a role inside the counselling room:

The fact that they [the counsellors] are not Muslim, it’s like a little bit of a loss, but it’s not as big of a loss as it would be in other cases. Like a lot of what’s troubling me is very secular. I don’t know what other word to use, but stuff like, “I can’t study anymore.” It’s not really related to religion, you know what I mean? Like it is, but it’s not. ... My big issues are such that even if you know nothing about Islam, you can still help me out with this. Now, in a different scenario, it would not be the case. The big one that comes to mind, that I think of is race. A client will say this story where they face some sort of abuse that was oppressive, that which was racially motivated. And what might happen now is the psychologist might respond, whether in bad faith if they’re actually like that kind of person or in good faith, because they think they’re going for a more holistic view,
that they’ll say, “OK, but is it possible that that was not what happened? Are you sure that race was involved here?” Falling into that dismissiveness, and [the psychologist] goes into the realm of gaslighting and making the person question themselves.

**Gender.** Participants discussed their considerations around the gender of potential counsellors, and if this was the same or different from their own. Sara shared why she preferred a female counsellor:

I would say that I was probably more inclined to a female psychologist, but going into it like they asked me if I had a preference and I told them no and thankfully it just worked out that I got the perfect counsellor for me. But I think I was a lot more comfortable with the female. And I don’t know why that is, but maybe culturally ... like you wanted a female because I think like we’re taught to, like we don’t really converse with men a lot growing up and so on. But obviously, I grew up here [in Canada] so I’m comfortable doing it. But again, still, there’s always a voice in my head that’s always more likely to choose a female over a male just to talk to and get emotional.

Shaimaa, described having a great experience with a Muslim female psychologist in terms of being able to relate on a spiritual level, as well on matters related to gender. However, she also shared how her experience with a Muslim male counsellor, at one point in her life, was one that she found “more valuable actually than a Muslim woman.” Shaimaa explained that, especially in a situation that may have otherwise brought about an experience of shame, it was validating as a Muslim female to share an experience with a Muslim male and be understood and not shamed:
For a Muslim male, who honoured and validated my modesty and my integrity, I cannot say in words how much that did for me, how much healing that did for me, probably more than a Muslim female, because we’re always getting shamed by Muslim men.

Shaimaa explained how there exists victim blaming and the finger is always pointed at a woman for the things she did or did not do, or could/should have done to not be “shameful,” which despite how “illogical” it may be, the shame, in turn, often gets internalized by women.

**Age and Experience.** When looking for a suitable counsellor, participants considered factors related to the counsellor’s age and experience. This included the age of their counsellor relative to them, as well as counsellor’s number of years practicing in the field. One participant shared the following about how, in combination, both gender and age-related factors were important in regard to finding a suitable counsellor:

I think from like the different experiences that I had, what ranked as top priority was age. ... I wanted somebody who had a few years of experience and was not too young and not too old. So somewhere between early forties to early fifties was a good place, those were the important factors I was looking for in someone. I wanted it to be a woman who had experienced more than I have experienced by natural causes ... most likely this is somebody who is a sister, a wife, a daughter, a mother. She’s gone through biological changes that I will probably go through. She’ll understand the hormonal changes by default because she’s gone through them ... Female was important. I’m perfectly comfortable talking to both genders, but there’s a certain number of things that a woman will understand because she’s a woman.

One participant (anonymous) emphasized the importance of age/experience in selecting a counsellor. For them, this factor was even more important than racial or religious identity:
So, while I am a very proud Arab and I’m a very proud Muslim, it doesn’t mean that if someone isn’t exactly like me that they’re incompetent or that they can’t help or they don’t have valuable insight. ... I think the better way to put it is I’m a lot more concrete in knowing what is valuable to me and how much I value it, that even if I did meet with a non-Muslim counsellor, they cannot change my mind about my deen (religion). And even if I met with a non-Arab, they cannot change my mind about my urubeeya (my Arab-ness). Like it’s just not possible at this point. ... So, like now if I found myself a qualified person, it could even be a male, female, Arab, Muslim or some of those variables or not all of them. I’d be OK with it, but I wouldn’t be OK with somebody who was within a five-year age gap of myself. I just don’t think they’re going to be credible enough.

Overall, participants discussed how various characteristics of a counsellor may or may not be suitable or helpful for their needs. This includes the counsellor’s racial and religious identities, as well as gender and time-related factors like age and experience, and how all these characteristics may or may not be compatible based on what the client deems a good match for their needs at the time. The following quotation from a participant (anonymous) illustrates how all of the identities discussed in this section may intersect in different ways, depending on what a client is looking for at a particular time:

With [name of counsellor], if I started seeing her five years ago, I don’t think she would have been suitable for me. I wouldn’t be able to connect with her because she wasn’t Muslim and she wasn’t Arab, you know, five years ago, that was so important to me, more important than anything else. I’m like, why would I listen to you? You can’t even relate to who I am. Like, being Muslim-Arab was a huge part of my identity. Huge. And not to say that one thing is right or wrong, but that was just my reality. ... [Currently,] I’m
looking for somebody to address my emotional and mental imbalances more than my identity, because five years ago I was having some major identity crisis. I’m like, am I Arab? Am I Muslim? And, am I Canadian? Am I me? I’m like, what am I? And I wanted to make sure as much as possible that I was surrounding myself with people that I wanted to associate with and identify with and like feel complete by being surrounded by them. Whereas now that’s just not the case. Now I’m like, okay, tell me your qualifications and your competencies, and why do you think you’re good for me? And then I’ll decide what I want to take from you or not take.

Counsellor Attitudes and Approach. All participants discussed helpful approaches their counsellors took that positively impacted their counselling experiences. This included counsellors adopting a stance of curiosity and cultural humility, counsellors’ responsiveness to client needs, and their strong ability to listen and exude empathy. Some participants also shared stories about the unhelpful attitudes and approaches that their counsellors exhibited that negatively influenced the therapeutic relationship and their overall counselling experience.

Islamophobic Microaggressions and Being Judgmental. Participants’ experiences surrounding barriers to access were discussed in the section Accessing Mental Health Services. Aside from the issue of access, participants also shared experiences of being judged due to their culture and/or religious beliefs, and their counsellor perpetuating stereotypes about Muslims and Islam. It became evident through the analysis process that counsellors are not immune to perpetuating Islamophobic rhetoric within the counselling room.

Kareema described experiencing her counsellor’s Islamophobia and how this led to her switching counsellors:
I was talking to my counsellor about how, at the time, one of the pressures was getting married, and I was just being open about my experience, and I just remember, it’s weird because it’s like hard for me to remember the conversation word for word, I don’t know why, but like I do distinctly remember somehow the conversation got to a point where she just went on a rant about ISIS and she started talking about, like women being beheaded and all sorts of inappropriate things. And, I just I didn’t know what to do, so I was like, OK. And then we ended this [session] earlier than the other ones, and then I just left, and I was so confused. The feeling I remember is just being so confused and like dumbfounded that I just don’t remember anything else. ... Well, I just became numb, because you’re like, I can’t believe this is happening. I couldn’t make sense of it, I was like, what just happened?

Kareema indicated that this exchange led her to speak to the administrative staff immediately to switch her next booked session to another counsellor. However, Kareema felt as if her experiences were dismissed by her new counsellor and that the blame was placed on her for misinterpreting the counsellor’s words:

Then the next session, it was a new counsellor and she actually asked me why I switched. And I told her that [the other counsellor] said some really inappropriate things, and that counsellor’s response was ... because I was like—I don’t know if it’s like at that time, I couldn’t really put it into words what happened, so I used the term like racism, even though Islamophobia is the term. So, I was like, you know, it seems like there’s some racism there that she needs to work on. So, I don’t feel safe, like going and talking to her again. And the new counsellor was like, well, sometimes you interpret something as
racist, but it’s not. And then at that point I was like, you know what? I don’t want to talk about that.

Kareema explained that this experience with both counsellors led her to “turn on a switch” and “put walls up” that required compartmentalizing the parts of herself that she no longer felt safe sharing, and, in turn, just sticking to issues in session that were less related to her cultural and religious identities:

I think at that point I just, in my mind, I decided I was like, there is no way that if I go to a counsellor who does not look like me or knows anything about Islam, Muslims, South Asians, what have you, like, if it’s not clear to me, I am not going to get that personal with them, I will just let them know, hey, I’m struggling with anxiety. It’s like I’m not able to manage my workload at school because of it. It’s affecting this and that. I decided to be very strategic and clear about my purpose in that session and to not get too open about personal matters.

As discussed in the sections Racial and Religious Identity as well as Islamophobia and Racism, Ahmad also recounted his experiences censoring himself in spaces such as the counselling room to avoid being mislabeled. Additionally, Hajar shared an experience where the counsellor’s body language and facial expressions indicated judgment:

Right now, I’m with [a female counsellor] and she’s great. I’m not complaining about her at all, but told her about an incident that happened at work [related to race] and she was just so shocked. And you can see it in her face. And I kept thinking, oh, was that a mistake? Because like the other counsellor that I saw, he always had a poker face. Like you would never, ever be able to tell anything what he’s thinking. But she’s very open, and it’s also what attracted me to her, her warmth, but at the same time, she was horrified
and I was like, oh, I was too much. ...You can see it like right away in her face and that makes me so uncomfortable because then I think, oh my God, I made her feel uncomfortable. So, I just decided that I would not want to talk about it anymore or like I would decide not to go into it, whatever that I was wanting to go into for that week or that day.

Through this experience, Hajar communicated that it is important for a counsellor to ensure judgment is not passed in any manner (i.e., verbally or non-verbally) as it has an impact on clients’ willingness to discuss certain issues. She elaborated that she feels “judged in every place” that she goes, and she does not want to experience the same judgment in the counselling room. Hajar particularly worried that the counsellor would generalize problematic experiences with specific Muslims to the wider religion of Islam and expressed a fear of being led away from her religion:

Constantly, I would think, like, OK, is and will this person think negatively about Islam, and the Muslim community? And it’s not something I want to happen because I mean, obviously, the Muslim community has their issues, but I just don’t want them to kind of think that, “okay, your issue is maybe with being a Muslim” and I just was afraid that they might steer me in a direction that would kind of hurt me and that I wouldn’t like.

Hajar also explained how such experiences could be mitigated:

That’s something that would have been really helpful for me, like knowing and being reassured, which is what was the case with my Muslim counsellor, just knowing that I might not be the best Muslim, which is fine and I might not work with the best Muslims, but that doesn’t say anything about Islam. So, just knowing that [my counsellor] knows that ... that the problem is not with the religion of Islam, but the people that I am dealing
with. It would have been helpful if she could spend the time reassuring me, that would really put me at ease, like that would make me more willing to be open to share my experiences.

The preceding accounts reveal hints of participants not being able to be as open as they wanted to be, or should be able to be with their counsellor. The valid fear that one’s self, family, or religious/cultural community will be looked down upon and judged not only in Canadian society but also in the counselling room seems to be a common thread expressed by all participants. The next five sections discuss subthemes that reflect more helpful attitudes and approaches that counsellors engaged in, which mitigated client experiences of feeling judged and/or mislabeled, and increased their comfort levels in being vulnerable with their counsellor.

*Cultural Humility and Curiosity.* Participants revealed that the way their counsellors discussed culture and religion influenced their experience of counselling. They emphasized the importance of taking a curious stance where the counsellor learns about their culture/religion by asking open-ended and non-biased questions, without making assumptive statements or passing judgment. This included holding such information tentatively and checking in with clients about how it fits or does not fit for them, as well as maintaining a neutral and non-judgmental attitude. For example, Shaimaa emphasized the importance of talking to a counsellor who would not misinterpret her discussion about personal matters related to family, religion, or culture as blanket statements about Islam and Muslims in general, but rather, understand her experience within its context.

When Sara was discussing the abuse her family endured due to her father, she spoke to how stereotypes like the “oppressive Muslim male” was something she did not have to worry about because of how her (non-racialized and non-Muslim) counsellor interacted with her:
I actually liked the fact that she like you know, she respected my culture and my religion as far as like me talking about it. And she came from like a very objective [stance], like she didn’t really involve my religion. She’d asked me about if my religion contributed to the problem, if I viewed it as such, or if it helped me, she asked those kind of questions. But she, as far as I can tell, at least like she never outwardly showed that she was judging my religion or the culture that I grew up in or anything along those lines. So, I was never genuinely concerned about that. I don’t think I ever thought about that or, if I did, it might have been a brief moment. And then I kind of overcame it and continued.

Another participant (anonymous) echoed this notion of their counsellor asking questions about religion/culture from a curious stance rather than making assumptions:

I might be talking about a certain situation or experience and she’ll ask me, she’s like, how does that affect you on a spiritual level? Where does your Muslim mindset come in? Did that hurt your identity from a religious perspective, et cetera, et cetera, so she’ll bring questions to light that maybe I wasn’t thinking about, but she’s careful about remembering that that part of my identity and mindset is very important ... She’s not pleading ignorance.

Sara also shared how she appreciated that her counsellor knew some information about Muslims/Islam, and that she would ask for clarification rather than generalizing:

I think she mentioned a few times she’s counselled people with the Muslim religion. And so, she knew like a bit about it. But I would just add and clarify like and explain to her [about culture/religion]. ... She always asked me, she’d tell me, like, oh, if I say something and you don’t identify with it or, you know, like its completely wrong, like, stop me and tell me that’s not it.
Kareema discussed this idea of how curiosity differs from a judgmental stance:

Curiosity is a little different because for me, there is no kind of threat in that. So if they ask it like, for example, if they ask about Ramadan, for me, it’s more like, OK, like I’m totally open to sharing about Ramadan and like what we do and why we fast. Like I had a classmate who was like, oh, that sounds really unhealthy. Like, how am I supposed to have a conversation with you now that you’ve passed your judgment? So, it’s kind of that same idea of is it coming from a place where now I have to defend myself and prove that these millions, billions of Muslims are like, we’re normal? Or is it a place of like, oh, you just don’t know and you’re just curious? ... One of the counsellors [I saw] she was so open like she even asked like, OK, so what kind of religious activities do you do? And how do you let that inform your like self-care practice? Like her curiosity was enough for me to be like, OK, she’s not here to judge, like she’s open to learning about me and connecting the dots even.

**Who Takes on the Onus of Learning.** As discussed earlier, participants spoke to the notion of having to explain to their counsellors aspects of themselves, their families, and/or culture and religion, which at times felt like a burden. Some participants experienced this burden, whereas others had the opposite experience of counsellors taking on that responsibility of educating themselves. Essentially, just as participants indicated how helpful it was that their counsellor possessed cultural humility and curiosity, it is also helpful when a counsellor demonstrated the ability and willingness to take on the onus of learning, instead of placing this burden on the client.

A participant (anonymous) shared that it was helpful when their counsellor took on the onus to gain cultural knowledge outside of the counselling session:
So sometimes I might be talking about something [with my non-Muslim counsellor] and obviously, it stemmed in some concept that is undefined and I haven’t even talked about. But she doesn’t grasp it. So, she’s like, OK, can I pause you there? I need to ask you one, two, three. And she’ll often, I’ve noticed that she does this, she doesn’t tell me, but by the way she speaks, I know that she’s gone home and she’s read up about what I was telling her about, because the next time I talk to her, she’s got this like proper understanding.

And I’m like, I didn’t explain that to you. I don’t know where you got that. But it’s good she does her homework.

Hajar indicated that it is helpful when a counsellor has “a bit of understanding” regarding the cultural and religious background of their client, and that for example, she had a non-Muslim counsellor who “worked at a school with the majority Muslim population,” which Hajar indicated “is great because it is not completely foreign to her” and this leads to “not spending the majority of the session explaining how things are.”

Kareema and Hajar both discussed how judgment and education are tied to one another: when they sensed the counsellor being judgmental, they experienced a need to start explaining and educating the counsellor to address inaccurate generalizations about their family, culture, and/or religion. Hajar explained how, with one of her counsellors, she felt the need to “pause” and explain the importance of differentiating between Islam and Muslims as she did not want the counsellor to judge the religion of Islam based on her individual experiences with Muslims:

Especially when I’m saying something negative about my experience, I would pause and say, OK, Islam does not tell us to be harmful or be hypocritical, and things we have been talking about [how Muslims in the community act], they preach a lot, but there’s no practicing with actions. So, I would always pause and tell her like Islam, it’s good and
some Muslims are not so good, but I did not find myself doing that with my Muslim
counsellor because he knew already, so it wasn’t necessary.

Kareema echoed this idea and explained that “if someone has any sort of bias against
Islam or Muslims, that for me is like now, I have to be the one who’s educating that person
who’s supposed to be helping me. So, it puts an extra amount of pressure that I think is
unnecessary.” Kareema also shared the importance of counsellors seeking out resources, such as
Muslim leaders within the community, to increase their cultural knowledge without placing the
burden on the client:

There are advocates for that, because that is hard work, that is it’s difficult on people
emotionally to constantly be defending themselves and their community and their
experiences. It’s emotionally draining and it has a further strain on your mental health.
So, if I’m seeking help but I’m put in a situation where it’s making it worse, that’s really
unhealthy. I don’t know what’s going to come out of that.

From participants’ accounts, it is evident that properly informed education about Islam
and the various cultures that Muslims belong to, must take place. However, it is also evident that
the burden must not be placed on Muslim clients themselves, especially since clients appear to be
quite exhausted from life stressors, and should not, on top of that, also feel compelled to
represent an entire religion in the counselling room.

Listening and Not Fixing. Participants also shared details about how they experienced
being on the receiving end of a therapy session, in regard to responsivity and presence of their
counsellor, which included noticing the intentional ways in which their counsellors did not aim
to fix them or their problems or to fill in time or rush the process to make things easier or more
comfortable. A participant (anonymous) shared the following about their counsellor’s way of being:

I think the biggest thing that contributes to like a positive light for me from [my counsellor’s] perspective is she’s very transparent. So even sometimes, like we’ll have a session and it’s just talking like she’s not giving me any particular treatment plan. She’s not giving me something new to try out, but just her ability to listen and then provide feedback if and when she feels is appropriate. That’s more important to me than sitting with somebody who’s constantly trying to participate in fixing. I think the two other counsellors that I had seen, there was a lot of like goal oriented, let’s get this going, let’s get you fixed. And I don’t think anything’s wrong with that mentality. I can appreciate it because they’re trying to create the independence and the ability to self-cope. I’m just not there yet. And I don’t want someone to tell me that I should be there or I don’t want them to have a goal for me to be there if that’s not my place to be there, you know. So that’s really good. I like the situations where I might say, I think I want this. She’ll say, OK, why? Instead of starting to give me her opinion, which I notice with previous counsellors, she won’t just take what I say at face value. She’ll dig until all the digging is done. She’ll challenge me, and then when she’s done, she’ll give me two sides of the opinion that she has. And then let me talk again just to let me absorb that and tell her what I think needs to happen. So, she’s creating that independence without making me feel like I’m going to lose her. ... I don’t want to have to be at a point where I’m in like some sort of crisis in my life and the first thing that comes to mind is I need to talk to my counsellor.

Sara also shared how her counsellor’s way of being contributed to a safe space where she felt comfortable enough to share her story and knew her counsellor would be ready to listen:
With regards to what made me decide to stick with her, I think it was her approach and how she spoke to me and the questions she asked. ... I think I wanted a more gentle approach because I’d gone through the whole aggressive thing in my own life. I think I needed the opposite to start healing. So, I think just her approach with regards to counselling, like how she asked me things and how she gave me time, like when we’d sit there, I’m a person who can become very awkward with silences, so I like to fill them. But she made me sit through those silences and kind of ask me what I was thinking about, you know, just kept poking and prodding at me until I slowly began to reveal my story and everything else over the years.

Another participant (anonymous) echoed this idea, stating:

I found it helpful with [my counsellor] that she listens very well. At the beginning, I like that she didn’t ask too many questions, she really left it up to me to share or not to share the extent of sharing. She took a lot of notes down, I think, of questions that she might ask me later, as she just listened and if I sat there quiet, she sat there quiet and she would tell me she’s like, if you feel like talking, you let me know. If you want me to ask you anything, let me know, and if my questions are too much, let me know. Like there was a lot of checking in a lot at the beginning of every session.

**Responsiveness to Client Needs.** One participant (anonymous) discussed aspects of their counsellors’ approach that contributed to a safer and more trusting client-counsellor relationship. This included the availability and consistency in how the counsellor dealt with the client both in and outside of the counselling room. The participant described the importance of counsellor availability, given their insecurities regarding seeking help:
It was really helpful that she’s as much as she’s busy and scheduled, she’s open and willing to like—if I send her an SOS email at 1:00 in the morning, she’ll respond first thing the next day, and either get me in that day or the next day, no matter how busy she was, she would find the time to check in with me and make sure that I was OK. And I think that level of urgency was very important for me as a client because I needed to know that somebody who I confided in one thousand percent isn’t going to forget about me, even though that’s not what it is. It’s her availability. And she’s a professional at the end of the day. But it’s that level of uncertainty and insecurity. I needed to know that you were going to be there for me when I needed you. And, of course, that came from experiences where I needed people and they weren’t there and they would say, when you need me, I’ll be there. And they just weren’t [repeatedly]. And so, again, like, it’s the same like there’s a theme, right? It’s a trust thing. It’s like I trusted you and you broke my trust.

The participant also highlighted the importance of prioritizing the participant’s needs over the counsellor’s time.

I also appreciated that she doesn’t watch the time like she’s mindful of her time, but I didn’t feel that she’s watching the time. And I think that’s really important because you don’t want to feel rushed. Even though her and I both know my appointment’s one hour. That’s obviously an agreed amount of time. So, at some point the hour is going to be done. But it’s her ways of being gentle about it. And oftentimes she’s given me extra time of her own. Doesn’t charge me for it, like listen, you’re here like something’s going on. I’m not going to cut you off in the middle of it because time’s up. And I think that’s kudos to her and her scheduling. Like some therapists do, they book on the hour back to
back. There is no breathing room right and of course that’s them maximizing their time and their profit, which is haqun (their right) like you can’t be like, no, don’t do that. But that doesn’t contribute to a safe place.

**Eliciting Feedback.** All participants described experiences of feeling hesitant to provide feedback to their counsellor about what they found unhelpful, as well as verbalizing what they may have needed instead. Two participants also explicitly talked about filling out a survey or being asked verbally to give feedback about their counsellor and/or counselling sessions. A participant (anonymous) shared the following regarding what they found helpful, as initiated by their counsellor:

> At the end of every session she asks a very good question. Was this helpful today? And if I didn’t feel like it was helpful, why not? And what could we do in the next session to make it better?

Kareema indicated that the counselling center she attended for her sessions administered a survey after three sessions to provide an opportunity for clients to evaluate “how things are going” with their counsellor as well as counselling progress. Given that her first three sessions went well, she expressed, “I really wish they waited until after my fourth session for me to fill that out,” as a negative experience in the fourth session led her to switch counsellors. This suggests that evaluating sessions and eliciting feedback from clients for every session may be helpful.

**Client Engagement and Outcomes.** Participants shared numerous learnings and benefits they gained through engaging in the counselling process. This included but was not limited to having a safe space to talk and have their experiences normalized and validated, as well as gaining an increased understanding of themselves, their health, and strategies to implement in
their everyday lives. Participants also described how counselling influenced their faith positively, which is discussed in the section Islam and Counselling.

**Finding Strengths in a Safe Space.** Some participants spoke to how counselling, especially with an understanding and non-judgmental counsellor, provided a safe space where they could discuss a multitude of matters that they did not get the chance to with anyone else in their lives. Counselling was also discussed as a place where they could be vulnerable and receive support in strengthening their confidence in the abilities they possess, as well as to heal and grow. Sara shared the following about what counselling meant for her:

I feel like personally for me I have a lot of trouble talking about myself in my day to day life and [counselling] gives me a space where I can kind of indulge in myself and who I am and my fears and everything else without having to be concerned about, like burdening others because it’s a counsellor’s professional duty to do that. So, I don’t feel as concerned or as worried. So yeah, I view counselling as just kind of a vacation for me, a little mini place for me to go and talk things through or just talk out loud, figure things out and then return to my normal life. I personally, really, really enjoyed counselling and I know some people don’t like it, but like I said, in my personal life, like I haven’t always had a chance to talk about myself, especially with my family’s situation, like we grew up kind of worrying about safety and some other things. We never had the opportunity to get to know who we are, and to talk about ourselves for hours on end because unfortunately, the situation and space, the time and everything else just didn’t provide the kind of safety for us to be able to discuss those things. So, I enjoyed counselling because it gave me like a private space. I knew no one else was listening. It was just the one person and you
know, no one can overhear me talking. So, I felt safe in the fact that I could just say whatever in this room and then walk out and no one is ever going to know.

Shaimaa also discussed how counselling was a space where she had the chance to just “purge” everything, and where her counsellor supported her in reflecting on the resiliencies and the strengths she possessed to cope with what was occurring at the time:

I had an hour and a half to get comfortable, to be able to talk about everything I had to purge out, and also get some healing and some training wheels to get me to the next session. And it wasn’t about staying in there [counselling], and the thing was, he made me believe within myself that I had the tools and that I was second guessing myself. And so, he addressed the issue immediately and gave me tools that I could use to apply, but also what I can do if I ever needed it—in a crisis where I can always [come back], that the door’s always open, but not to now be dependent. We have this problem of co-dependency in our community, that we’re dependent on just one person ... that anybody that does anything right kind of becomes like an idol. I felt like he just was like, “It’s not actually me, it’s actually you. You’re finding the solutions, I’m just creating that space for you, for you to be able to vent and find solutions within yourself.”

Another participant, Hajar, expressed similar notions that “within the counselling space, I always feel good, I feel nice, like it’s great, like I’m relaxed. As soon as I leave, I’m just tensed up and all those thoughts begin to flood my head,” and that she is working on being able to “transfer over those feelings of being calm and relaxed and logical” and where she can better manage “irrational thoughts” on her own outside of the counselling room. Shaimaa shared a similar experience of how therapy was a place where she gained a deeper awareness of herself, while also acknowledging that there was still a lot for her to work through:
I feel like therapy gave me a voice, that I had, but I was afraid to use ... I felt empowered.

I felt like I knew myself better. You know, I got to forgive myself for a lot of things. I didn’t know there was a lot of shame and a lot of guilt. I’m still working through it.

**Increased Mental Health Awareness, Knowledge, and Coping Skills.** Participants spoke to the new tools and strategies they learned from counselling that were both practical and helpful, as well as the increased awareness and knowledge they gained regarding better understanding themselves and mental health. Sara shared how her counsellor was able to pick up on the fact that she needed something tangible from the counselling sessions and proceeded to provide her with helpful tools to use outside of the counselling room:

What I found helpful was ... I’m the type of person who likes answers, and I know in counselling it’s not black or white, but I’m that type of person, I like answers to my problems. And so, a lot of the times when I would go in, [my counsellor] knew that about me, like she figured that out as we continued with our sessions. So, she would give me like exercises and things that I could try and implement in my life because it made me feel I had like a partial solution or something to start with, which helped to relieve my concerns a lot and made it feel like I was getting something more out of counselling than just going and complaining and instead taking some tools with me back to my personal life, so I really enjoyed the fact that she did that.

Kareema shared how she not only gained coping strategies, but also a better understanding of what was happening within her body when she was experiencing anxiety:

I felt like I was able to share with [my counsellor] what was on my mind, like what was going on and like how that was affecting my performance at school or like day to day life, and she was very helpful in explaining to me, especially in terms of anxiety, how my
brain was responding to the situation and how I could intervene and how I could improve, like my mental health, basically. So, she gave me lots of exercises and stuff that I could work on over the few sessions. ... After having gone to counselling and learned some exercises, kind of like mindfulness, I can really respond to the [panic] feeling in the moment it is happening.

Hajar shared a similar experience, where she learned about mindfulness and expressed how “practical tools” and strategies were helpful in coping with symptoms of anxiety.

I learned to kind of overcome [the overthinking], to allow [thoughts] to pass, and to just journal rather than just shoving it down and suppressing it. ... I have been grateful that I can use [what I learned], in my day to day life to help me with my anxiety ... it’s kind of a tool kit that I can use outside the counselling space.

In addition to participants gaining awareness about their own mental health, a few participants discussed how counselling helped them understand mental health in a more holistic way; participants learned how there are multiple dimensions to health, which includes the ways in which our physical, emotional, social, and spiritual health are intertwined with our mental health. Kareema shared how speaking to another mental health professional based on her counsellor’s recommendation proved to be helpful in expanding her view of mental health:

My counsellor encouraged me to go see the mental health nurse on campus and that was helpful because the mental health nurse took a different approach to understanding how my issues developed. She was like, OK, so let’s talk about your eating habits. Do you exercise? And she asked me, like, a bunch of more, I guess, medical questions that made me realize, like, oh, I’m supposed to be taking care of what I eat and exercising on a
regular basis, and I never thought of it as something that you should do for your mental health. Um. So, that kind of like opened my eyes and was really helpful.

Kareema elaborated that she also learned to be more intentional about self-care:

[My counsellor] also talked about like finding hobbies or things that are kind of more like in the realm of what we call self-care now. So that was important for me because like prior to that, for example, I loved to read, but I only did it because I wanted to read the book not because I was like, OK, I need a break from work or school or something so I’m going to take the time to just like give myself that break, enjoy something I like doing, that type of thing.

Upon learning about these tools and gaining this knowledge, Kareema spoke to how such information could and should be more widely accessible, especially with the widespread use of social media and the many individuals looking for mental health education and support through such means:

I think it would be a good start ... I don’t know in how many years we’ll have more Muslim counsellors that we can go to but right now we need tools. ... Even on Instagram, there is counselling professionals or some of them are even on like TikTok now and they talk about like various scenarios and how they’ve treated that in their profession or how they’ve helped clients deal with that.

Kareema also discussed how having more diverse representation of mental health practitioners, including Muslim BIPOC, on various social media platforms could be very beneficial, especially for those who cannot attend individual counselling sessions. This reflects the need to make mental health knowledge, tools, and strategies more available at a community level rather than just within one-on-one sessions. It is also related to what was discussed earlier
in this thesis, where Kareema indicated the need for tools and general information regarding mental health to be more “community informed” as well as the need for information to be translated into multiple languages to address the “language gap,” especially for older immigrant populations.

*Islam and Counselling*

In this last overarching category, the themes encompass to what extent Islam played a role in participants’ counselling experiences, which includes the ways in which participants related to their faith, and how beliefs and practices were intertwined with one’s mental health journey over time. This includes how counselling could be helpful in improving spiritual growth, as well as the ways in which Islam influences the counselling experience. Within this category, the role of the counsellor in possessing the knowledge and skills to understand the Islamic perspective within a counselling context also emerged. This includes the need for and benefits of Muslim counsellors being learned in Islamic psychology, as well as possessing counselling expertise.

**Role of Islam in Counselling.** In this theme, accounts of participant experiences highlighted how Islam influenced their identity and counselling needs. This discussion included participants speaking both about Islam as a faith that actualizes as a holistic approach to daily life, as well as how they have come to learn that seeking assistance for mental health issues is supported in Islam. Participants also discussed the ways in which having a Muslim counsellor supported their mental and spiritual health. This theme also highlights the discipline of Islamic psychology and how that may be relevant to the needs of Muslim clients.

**Islam as a Holistic Way of Life.** Participants viewed their religion as holistic, providing guidance on all matters of life, and an inseparable part of their identity and daily lives. Ahmad
contrasted the holistic nature of Islam, with its conceptualization of all matters of life, including health, against cultural and familial influences that lead individuals to “come to this relationship with religion where it’s a restriction, a burden,” which reduces Islam “to become this thing where I can’t say, eat, drink, or do these things.” Ahmad then offered his view on what Islam is actually meant to be and how Muslims should understand Islam as “something that is immensely holistic, and has something to do with all dimensions of life.” Hajar shared the following about how Islam influences her whole life and is difficult to ignore in counselling:

Islam is just very holistic. It’s like a part of everything that you do. And so, it’s hard to kind of detach that from the counselling experience. ... In the beginning, I thought, no, I’m separating Islam [from counselling] like I am solid, I’m good. It’s not something I ever want to bring up. And as soon as I started counselling, it had to be brought up. Even if I did not work in the Muslim community, I’m sure it would have [been] brought it up within the sessions because it’s affected every part of my life in a good way. A lot of the way I am within myself, my relationships, and the way I think about things, because Islam has a big place in these, then religion is a big part of counselling. And I feel like it’s not possible to separate the two, at least not for me.

As an example of how Hajar sees “Islam in everything” is what she described as experiencing “Subhanallah (Glory be to God) moments” in everyday life, including in her process of finding a counsellor. Hajar explained what happened when she first spoke to that counsellor and how she saw God’s guidance play a role throughout the process:

I remember it was just getting really hard, and I did try to strengthen my relations [with God]. What was going through my mind at the time was that I just have to talk to
someone and then I’m making duaa (supplication) that Allah helps me find a person to talk to.

Hajar elaborated on how, after meeting her counsellor (a Caucasian male), she was surprised and overwhelmed when she found out he was also Muslim:

My heart just dropped and I almost started crying. I felt like, you know, this whole time I was trying to search for someone and thinking this whole time—every time I talked to someone I would say, I’m a Muslim, I’m very Muslim. I am very happy with my religion. I’m very spiritual. I’m not looking for spiritual counselling. That was always the first thing that comes out of my mouth. And then he told me that he is Muslim and then Subhanallah, my heart sank and I thought, like, maybe that should be my priority. Maybe this is Allah’s way of telling me that Islam is all of you. That it’s in everything that you do. So, it’s bound to come up in every way and everything you seek help with. And so as soon as he said that, I felt peace and calm for the first time in a very long time. And I thought, OK, this is great. And I felt like it was a sign that I needed, after I made a promise—I promised myself that this is the last person [I am going to try with], and I’m just not going to do it anymore. And so, alhamdulillah (Praise be to God).

Similar to Hajar’s view of Islam as a holistic religion which is deeply embedded in her identity, Shaimaa explained how many people “don’t understand that a lot of your mental health is based off of spirituality,” how the influence of Islam on one’s life is nuanced, and that it is difficult to separate Islam from a therapy setting:

It is so hard to explain when a lot of what we do and how we show up in our roles is deeply grounded in our faith. Islam is a way of life. It literally is not just like a religion that you show up every Friday, like for thirty minutes for our prayer. It’s not like that.
Islam in everything we do, everything we do in our lives is based off of our religion ... I think some people still think of Islam as just a religion, and basically say it’s just a certain belief system, but, no, it is more than that, everything is my belief—how I shower, how I conduct myself ... Islam has everything, it’s a very holistic approach and is preventative in a sense ... You can’t take the Islam out of therapy because it’s deeply engrained, as a complete Islamic identity not just as one part of our human identity. When your identity is so deeply grounded in your faith, it is not enough to look at it from a superficial level.

Counselling Encouraged in Islam. Participants shared similar accounts of how it was only through better understanding Islam, whether through their own learning or with the help of their Muslim counsellor, that they came to realize counselling is encouraged in Islam. This includes understanding that seeking out the means available to take care of one’s health is compatible with Islam, and it is not looked down upon whatsoever from a religious standpoint.

Sara shared how her view about how counselling and religion fit together had changed:

I think Islam helped me to [seek out counselling because] honestly, now that I know more about religion and I’ve kind of taken my own my own path in searching for answers and so on and so forth, like I realized mental health is something that is discussed in Islam, and it’s not something that people should ignore. ... So, I just don’t take the Muslim community’s perspective, like I know that I’m more than encouraged to seek help when I need it. So, I don’t think now it prevents me from seeking help, but it definitely did in the past because of my skewed idea of what I thought our religion said about mental health.

Sara shared another experience that helped her to conceptualize mental health from an Islamic perspective:

Like Allah says, like even the Surah Ad-Duha (Chapter 93 in the Quran), when the
Rasool (Prophet Muhammad, Peace Be Upon Him) was going through like a depression and when everything was going poorly for him, Allah brought down that Surah for him. This chapter was revealed to Prophet Muhammad (Peace Be Upon Him) at a time when he was feeling extreme sadness and had felt that Allah was displeased with him, and so such verses were a reminder to the Prophet from God that He had not forsaken Him, in order to relieve him from his sadness and to give him hope and assurance that Allah was with him no matter what. As a Muslim, Sara said she believes that these verses are applicable across time, and that the Prophet is a role model and the best of humans. Therefore, knowing that he experienced sadness and was consoled by God, Sara is reminded that it is normal to feel this way and that God would never leave her in times of despair.

Hajar also discussed changes over time in her understanding of the fit between counselling and Islam:

I would say my religious beliefs, if anything, made me seek out counselling. But prior to that, I would say when I had a different understanding about what it meant to see a counsellor or seek therapy, I would often hear from the people, I guess from people within the Somali community and my family that, you will be happy as long as you are praying five times a day or fasting and, if not, to return to some of the religious practices. As more time has passed, the more I realized that’s not true at all, I remember listening to lectures and learning about how the Prophet (Peace Be Upon Him) went through sadness after the passing of his wife. ... There is a Hadith (Prophetic saying), I don’t remember exactly how it goes, but over time you can go and put your trust in Allah, and, yes, I can pray and I need to make Allah as pleased with me as I can, but I have to also take initiative. I have to also try to start something and get myself where I should be, because
just sitting and praying about it, along with not taking any steps to get there, is not beneficial or helpful in any way.

The Hadith being referred to here is one that highlights the story of a man who was leaving his camel without tying it up. When the Prophet asked him why he did not secure his camel, the man answered that he was putting his trust in Allah. The Prophet responded with, “Tie your camel first, and then put your trust in Allah” (narrated by Al-Tirmidhi). This Hadith reflects the idea that one must take rational steps while also putting their trust in God.

Another participant (anonymous) echoed this notion of how seeking out mental health support is a part of knowing that God is in control of all matters, but that acting in accordance with this involves taking initiative and doing your part. This includes both of the Islamic principles of seeking God’s counsel (istikhara) and consultation with others (istishara):

They [religion and counselling] fit, they fit hand in hand, no question. There is so much evidence in our deen (religion) that supports mental health, and the importance of counselling and the importance of talking to somebody—starting with decision making, you think about it, you make istikhara and istishara. You’re supposed to ask for help from qualified people. You don’t go ask like your dramatic friend about a dramatic solution. I mean, you go find somebody who is mature and wise and credible to give you their insight. So that, to me, like even in its simplest form, that’s counselling. Like that’s going to seek help in something. You’re going to ask somebody to tell you what to do after they’ve listened to you. It’s not blind guidance.

**Use of Islamically Informed Interventions.** Related both to how Islam is viewed as a way of life, as well as to what was discussed earlier about how a counsellor’s identity and approach to counselling impacts the experience of a Muslim client, several participants
highlighted that a large therapeutic difference was made when their counsellor was not only Muslim but also one who had a “strong foundation in the deen (religion).” This led to counsellors being able to use Quranic text, and Prophetic sayings (ahadeeth) throughout the sessions, to validate and normalize client experiences, especially given that some participants discussed how Islam impacts every aspect of their lives. This also included drawing on Islamic principles to not only understand mental health, but to inform coping strategies and the formulation of a client’s therapeutic narrative. This encompassed the knowledge and usage of Islam within the sessions by both the client and counsellor, and the importance of being able to use Islamic knowledge and Islamic narratives to support a client through the process of conceptualizing and navigating mental health. Shaimaa described her experiences regarding how Muslim therapists she has seen have used Islamic principles:

I just feel like Islam has a lot of solutions, and when I was going to a therapist, they used an Islamic spiritual approach to help me heal, because Islam validated me and it healed me—Islam validated my pain, and it also provided a solution, and it gave me the tools to heal ... They [Muslim counsellors] did the same thing about bringing me back to my deen, bringing me back to Allah and putting Him at the forefront. Helping me understand the situation I am in through Him, and through His plan. That there is beauty in it, and knowing that as much as sometimes you feel like you don’t have control, there’s something therapeutic in knowing that everybody could try to have control and they may seem like they have control, but guess who’s in ultimate control? I’m at peace knowing that Allah is more knowledgeable and more just and more in control than anything and anybody else.

Shaimaa explained how people’s idea that they have “control everyday” over all matters
is an “illusion” that is directly connected to the “fear” they also experience. She also learned that “if we believe that this control is actually just an illusion and ultimately Allah is in control, there you go. Your fear is gone, disappeared, evaporated.” Shaimaa also shared how her counsellors helped her to reflect on these concepts, but also, guided and reminded her of such Islamic principles:

And that’s why you have this whole Hadith (Prophetic saying) that “a reminder to the believer is beneficial.” For what reason? Because no matter how much you know something, how much you reiterate it, you’re going to get tested. And that’s why you’re constantly being reminded that, hey, this also applies here, and also applies there. It’s a constant growth across our lives. I think that’s the thing that about therapy, it is that it brings me back to my deen. It puts a lot of the focus on my healing and dependency on God and that therapists are just a tool. And a lot of it is on me to do the work. And it makes sense because that’s the formula we have [in Islam] to begin with.

This formula that Shaimaa described is reflected in the aforementioned Hadith about tying one’s camel, where one must do their part and use the tools and means available to them, while also trusting in God. Shaimaa also shared more about how her counsellor used Islamic principles within counselling, especially to support her in processing a “spiritual crisis”:

[My Muslim counsellor] was using Islam in the sessions, like, look at the Sahaba (companions of the Prophet), look at the Quran, look at this, because that’s where we were raised to find strength in our faith. And when we don’t, when we don’t have full knowledge of our faith then sometimes people can misuse and abuse the faith. It becomes problematic. You feel betrayed by your own faith? Right. And so, you’re like, how come it’s not giving me solace? So maybe there’s something wrong with it, especially when
your identity is so grounded in it. So, finding space with [my Muslim counsellor] was the first time actually that I was able to find solutions within my faith in my own crisis. Because it started off with fear, and approaching God with fear, but now, it’s with hope. Hajar shared that, for her, she had to navigate feelings of shame and guilt and understand how they did or did not relate back to her religious beliefs. Hajar indicated that Islam was “basically brought up every session” with both her Muslim and non-Muslim counsellor. However, she shared why she found it more helpful to discuss these matters with her Muslim counsellor:

My former therapist is more helpful because I felt like every once in a while, he would kind of bring up a Hadith (Prophetic saying) that just blows me away that I haven’t heard of before or an Islamic connection to what I was going through, and I thought that was beautiful. It was great because it brings perspective, like a lot of what I was feeling shame and guilt about, he kind of reassured me that it’s normal and here are examples that emerge from our Islamic history.

Hajar shared an example about how she was working through “constantly feeling bad for complaining” and how, initially, attending counselling felt like she was just engaging in more complaining. However, her counsellor helped her challenge this notion from an Islamic perspective. The counsellor asked her to reflect on whether this feeling came from thinking that complaining goes against the idea in Islam that people should look at their blessings. Hajar agreed that it was a message she received from all around her and shared that she was also able to trace this feeling back to what she learned from a very young age:

My mom would always say, don’t complain, complaining is not a good thing. Like we’re Muslims, there’s nothing for us to complain about. You have a roof over your head all the
time. That’s what I would hear as a kid. And so, I kind of internalized that a lot. ... The way Islam was taught to me, I personally believe is not the way I would ever teach my kids. And it’s a way that emphasizes a culture of shame.

Hajar shared that when she started to learn more about Islam, seeking out Islamic resources and counselling, she realized that “talking about how things have affected me is not necessarily complaining, and, even if it was, complaining has a time and a place, too.” Hajar shared that this learning had also impacted her more broadly, as previously she had been “feeling ashamed and guilty” a lot of the time and about many things, to the point where she explained, “I wouldn’t give myself a chance to kind of pause and think about something before I kind of shut down.” Hajar shared that, “The closer I got to Islam, the more I’ve become different, like having different thoughts.” These have resulted in her being able to better process what she is going through. Hajar shared that listening to the Prophet’s seerah (biography) was one of the ways in which her “thinking was transformed completely.”

Overall, participants shared the utility and insight that was brought about when their counsellor was not only Muslim, but had the knowledge to be able to draw on Islamic texts and teachings to inform case conceptualization and treatment planning. That said, participants also discussed an “ideal” case of a Muslim individual, trained in Islamic scholarship as well as therapy, who could attend to the needs of a client in a holistic manner (i.e., intersectional health needs).

**The Muslim Scholar-Counsellor and Islamic Psychology.** As mentioned in the section Compatibility of Counselor-Client Identities, participants spoke to the idea of having “not just any Muslim counsellor” but one who is an expert in the Islamic sciences (e.g., study of the soul, theology) and also is a trained mental health and counselling professional. Although the majority
of participants described how psychology and mental health are embedded in Islam, one participant (Ahmad) mentioned the discipline of Islamic psychology specifically, as a branch of knowledge in which the human mind and behaviour, and, most importantly, the human soul, are rooted in Islamic thought and belief.

Ahmad shared the perspective that viewing psychology and counselling through an Islamic lens must be done “from the ground up.” He expanded on his thought by explaining how Western approaches to psychology and counselling may not be suitable for various communities, including Muslims, because “there is no consideration of the soul or an afterlife.” As mentioned in the section Decolonizing Mental Health and Counselling, Ahmad also discussed how the underlying institution of psychology and counselling operates from a particular epistemological view that is incompatible with some cultures: “You can see how psychology even being referred to as a distinct category is itself a Western thing.” In relation to Islamic psychology, Ahmad shared that it is not sufficient to “just take an existing discipline and then add some Islamic terms.” Instead, he emphasized that it is important to “build this [Islamic psychology] from the ground up.”

In regard to accessing a Muslim counsellor with scholarly training in Islam, Shaimaa expressed that “it’s so hard to find somebody who knows the religion and knows the psychology, and knows how to connect the two.” She also recommended the following for Muslim counsellor trainees who want to incorporate Islam into their work:

It’s important that Muslims who are going to be therapists, that they don’t see Islam as just a religion, but they see it as a way of life and they understand it from a therapeutic stance, because Islam has a solution to all our problems. It also includes therapeutic approaches, and is holistic, and unless someone believes that, I’m sorry they cannot
represent it correctly, because they may create more harm than good [e.g., pushing a Muslim further away from their religion].

This note from Shaimaa reflected what Ahmad mentioned earlier; approaches have to be rooted in the epistemological and ontological beliefs of Islam. Shaimaa shared how a Muslim counsellor who aims to incorporate Islam in their practice should essentially understand the importance of these philosophical underpinnings (i.e., Islam as having solutions to all problems and not just serving as a spiritual add-on).

A participant (anonymous) also expressed a need for a “learned scholar who is also qualified to be a counsellor.” This participant shared how previous experiences with Muslim therapists were not necessarily helpful and what they may find helpful instead:

They were not a scholar, so their interpretation of the deen (religion) is the way they personally choose to follow it and how they understand it. ... I think the best-case scenario would be somebody who’s studied Islam and studied mental health therapy of any kind and then they went like this [participant clasped their hands together]. That would be fantastic. But that’s a lot to ask of somebody.

Similarly, Sara also explained that, based on her past experiences, she would choose a counsellor “who understands the religion” and could support her from “the actual Islamic point of view” as opposed to a view that a Muslim community member or counsellor hold that is based on how “they have interpreted Islam.”

**Impacts of Counselling on Spiritual Growth.** Throughout the interviews, participants discussed various ways in which Islam and counselling are both embedded within and influence one another. This includes how Islam influences one’s understanding of mental health, as well as how counselling can be a means of improving one’s spiritual growth. The positive outcomes and
benefits to counselling have been discussed generally in previous sections of this thesis. In this section, the focus is more specifically on how counselling impacted participants’ religious practice and spirituality.

“Counselling Made Me a Better Muslim.” One of the major findings regarding the outcomes of participants’ counselling experiences as related to their identity as Muslims is that counselling was a means by which they strengthened their faith. It also increased the ways in which they practiced their faith. Sara shared the following:

[Counselling] honestly made me a better Muslim. I began to heal, and I began to see things in my life the way they were. And I began to process that information because, for the longest time, I’d just been like in flight or fight mode. ... And then I was able to start focusing a lot more on my Islamic identity as well as like my personal identity, which obviously, like both the two are intertwined. So, it definitely helped me see things and view things better. And in that sense, it helped me alhamdulillah get closer to Allah, which is odd because [my counsellor] is not Muslim. So, you would think, I would stray? But I did not, so alhamdulillah.

Hajar reported the same outcome. She also explained that having to unlearn and relearn aspects of Islam allowed her to become much closer to her faith and that counselling played a role in that:

I honestly feel like I am a better Muslim now than what I was like back [a few months ago] before I even started counselling. I have more self-compassion, and this is something that as Muslims, we should have for ourselves. I am all the better Muslim because of it. ... Going to counselling, the entire time in the beginning, I would feel so guilty and so ashamed that I’m not counting my blessings and I’m just in there just
complaining all the time. And going through counselling, I’ve learnt about where that came from, where those thought processes kind of originated, and so it’s mainly because of how Islam was not taught to me in the right way, in the correct way, that I took the steps to learn what Islam actually says about the topic. So, it made me more curious and helped me unlearn a lot of the negative things or negative habits that I have in my life.

Other participants shared similar notions of how counselling influenced their faith in a positive way. Kareema shared how, through counselling and processing her mental health challenges, she has learned to make more intentional life choices, including how she engages in religious practices:

Because of having to address my mental health, I’ve definitely started to lean on faith more than before, and I feel like I have a regular routine, and I actually enjoy, like praying. ... Also, I think after going through counselling, I started to really think about intentions. Prior to that, yes, I was doing things because like, oh, I want to be a good Muslim, but now I think at this point in my life, I really think about why I’m doing what I’m doing. For example, wearing the hijab. I think as I matured more and like after going to counselling, I kind of just like sat myself down and I was like, OK, are you doing this because you actually put your heart into it or are you doing this because, like the community said you had to?

Another participant (anonymous) also shared how, through counselling, they felt more confident about what Islam constitutes, and hence, became closer to the faith. The participant explained:

Earlier on, I couldn’t say the same, but again, that’s a maturity thing, that’s an enlightenment thing, that’s a less ignorant thing. It’s really the ignorance of how does something like counselling, which seems like a worldly thing, how does that tie in to a
divine revelation? ... I do think though that there’s a myth that counselling is versus religion. A lot of people think that if you’re a good Muslim, you don’t need counselling. And if you are a good enough Muslim, how dare you think of counselling? It’s a weird concept. But it’s like no, counselling can make you a better Muslim because a better Muslim is a good person on this earth. Like what else are you trying to do except resolve your own conflicts, right?

In summary, the findings of this research consisted of four overarching categories, 11 themes, and 32 subthemes that revealed many important aspects of six Muslim clients’ lived experiences in attending counselling. As evident in this chapter, participants shared many invaluable experiences which will be important for counselling psychologists and educators, as well as agencies and organizations involved in providing mental health services for Muslim clients, to understand and act upon. Specific implications are discussed in the next chapter.
Chapter 5: Discussion and Implications

As demonstrated in the previous chapter, participants’ discussions of their counselling experiences as Muslim clients were of significant depth and, I believe, of paramount importance. Therefore, I must thank my participants once again, for allowing me the honour to be on the receiving end of hearing about their struggles and learnings as they navigated their counselling experience, and for truly providing me with the opportunity of learning from their lived experiences. As a Muslim counsellor-in-training who is conducting this kind of research, it is imperative that I acknowledge what a privilege it is to hold this position as researcher, and the amanah (responsibility I have been entrusted with) involved in having these experiences shared with me. This includes the need to act upon this shared knowledge, to affect positive change in the ways Muslim clients access and experience mental health counselling services.

In this chapter, I discuss and interpret the key findings of this study as related to Muslim clients’ experiences in counselling, highlighting connections between the findings and existing literature. I also discuss several implications of this study for policy and systemic change, counselling training and practice, as well as implications for religious leaders and community organizations. Additionally, I will present limitations of this study and propose suggestions for further research.

In Context: Systemic Challenges and Decolonization of Mental Health and Counselling

“A Child of Two Nations”: Stigmatization and Misunderstandings

Participants’ stories highlighted important contextual and systemic factors (e.g., immigration, sociopolitical factors) that play a role in how mental health and counselling are perceived and experienced by Muslim clients. All participants identified as second-generation immigrants or as early-age immigrants to Canada (i.e., less than ten years of age) and revealed
how being “a child of two nations,” due to immigration, has a significant impact on how their family influenced not only their mental well-being but also their attitudes towards mental health and counselling. This finding extends previous research about mental health help-seeking behaviours of Muslim immigrants in the US to the Canadian social context; in that study, it was stated that “social stigma and cultural mistrust are constant challenges to accessing mental health services for immigrants and minorities” (Amri & Bemak, 2013, p. 8). This mistrust and stigma associated with mental health services are connected to the notion that non-Muslim counsellors may lack the ability to understand the cultural and religious contexts in which the Muslim client is embedded, and, in turn, influence the client to steer away or to do something that conflicts with their values and beliefs (Ali et al., 2004; Aloud & Rathur, 2009; Inayat, 2007). This concern was shared by over half the participants in my research, who expressed a sincere worry that their presenting concerns would be seen as a poor reflection of their family, religion, and culture, when their intention was to receive support from counselling through understanding rather than judgment.

**Islamophobia: Structural Biases and Impacts on Counselling**

Relatedly, participants shared how other systemic factors, such as Islamophobia or negative misconceptions of Muslims, influenced their families’ (and subsequently their own) trust towards professionals and the health system at large. This is directly tied to the fear of judgement and further marginalization experienced when accessing mental health services. These barriers to counselling are also present in the literature concerning many cultural minorities. For example, in a study conducted with more than 200 Muslim clients, Inayat (2005) found that many Muslims do not seek out mental health services due to factors such as mistrust of service providers, fear of judgment, fear of racism and discrimination, as well as other issues
related to culture and religion. The present study reveals that Muslims’ mistrust and fears about seeking services are sometimes well founded, with participants sharing actual experiences of counsellors perpetuating discriminatory misconceptions about Islam. For example, a female participant experienced an Islamophobic comment from her counsellor concerning the misconstrued notion that Muslim women are oppressed, especially those who wear the headscarf. Similarly, a male participant shared how he was affected by the misconception that Muslim men are violent and dangerous, and how he felt that he had to watch what he said, in and out of the counselling room, due to fear of being surveilled by government agencies such as CSIS (Canadian Security Intelligence Services). These examples demonstrate that, unfortunately, although counsellors are for the most part trained to challenge their biases and to provide services in a genuine and non-judgmental manner, this training does not always actualize in the counselling room with Muslim clients.

The concerns shared by the participants in this study, when coupled with what has been demonstrated in previous research, reveal that there is a significant gap present where Muslims indicate a need for counselling (e.g., to process trauma, to discuss life matters with a trusted professional) yet are hesitant and/or do not readily access such services. The language used here is important as many Muslim practitioners and leaders in the community have had to take it upon themselves to destigmatize mental health within their communities. However, as one participant mentioned, this conversation is important and must be had, but remains incomplete if stigma is only discussed within the context of barriers posed by familial or cultural baggage.

If we do not also acknowledge the context of why Muslims are not accessing mental health services, what happens when they do access such services, and also what is occurring at a sociopolitical level that influences such experiences (e.g., Islamophobia in Canada and globally),
then we are left with an incomplete understanding of the issue. For instance, the constant self-censorship many Muslim youth experience due to fear of being mislabeled as violent or radical is not without due reason; multiple university students across Canada have reported being contacted by agencies such as CSIS or the RCMP, to the point where Muslim leaders and organizations set up a hotline to offer pro bono legal support to these students (Nasser, 2019). This structural bias is not only prevalent on university campuses, but also on a wider scale where a current review of CRA audits of Muslim-led charities has found that there exists biased government policies and patterns which make Muslim-led charities exceptionally vulnerable to being selected for auditing, and subsequently, influence the gathering of information and findings of such audits (Emon & Hasan, 2021).

Taken together, these instances that may seem unrelated to Muslims’ counselling experiences, are in fact critical to consider, as similar notions of discrimination were quite clearly stated by the participants in this study. These structural biases impact Canadian Muslims’ sense of identity and belongingness, as well as their feelings of safety (or lack of), and fear of being misjudged or mislabeled. Such experiences are directly tied to mental health well-being, and must be considered by counselling psychologists and other health professionals. With biases against Muslims and Islam existing at a structural and systemic level in Canada, it is realistic that these biases and discriminatory actions seep into the work of counsellors, and that there is indeed a basis for the concerns voiced by Muslim clients in regard to accessing and/or attending counselling.

Relatedly, there have been recent instances where multiple hate crimes have been committed against Muslim women and families, in which white supremacy and Islamophobia were clearly shown as existing across Canada. This was especially clear when a white male
targeted and murdered a London, Ontario, Muslim family who were simply out for an evening walk (The Canadian Press, 2021). This was and is horrifying as is; however, when we deny that these same underlying notions of Islamophobia make their way into the counselling room, we deny the reality that is experienced by Canadian Muslims and subsequently close any door that could lead to real change to address these negative experiences. Counsellors’ overt Islamophobic remarks and behaviours were experienced by participants in the present study. However, there are also many covert ways in which Islamophobic or racist microaggressions are experienced by Muslim clients not just in everyday occurrences, but within the counselling room as well.

Nadal et al. (2012) highlighted different microaggressions that were directed specifically against Muslim Americans, such as (a) pathology of the Muslim religion, (b) assumption of religious homogeneity, (c) Islamophobic and mocking language, and (d) alien in their own land. Participants in the present study described similar experiences perpetrated by fellow Canadians not only in their daily lives but also when accessing and experiencing counselling. Nadal et al.’s (2012) theme of pathology of the Muslim religion, for example, was consistently highlighted in various ways in my findings, where there was a constant need for clients to defend themselves and assert to their counsellors that one Muslim person or Muslim community does not always reflect Islamic teachings. This is also reflected in the theme formulated by Nadal et al. (2012) labelled assumption of religious homogeneity; it is not necessarily the stereotypes about Muslims that are the issue here, but that there is a lack of flexibility and understanding that Muslims come from various backgrounds, cultures, levels of religiosity, and degrees of practice. Further, to homogenize over a billion Muslims is erroneous. However, as demonstrated within the findings, these biases that actualize as microaggressions occur more often then we may think. It is important to acknowledge that these are not feelings of discrimination solely perceived by
Muslim Canadians, but lived experiences that are valid and should be taken seriously in discussions on improving mental health access and services for minoritized populations in Canada.

**Decolonization: Return to Indigenous Islamic Approaches (Islamic Psychology)**

Another systemic challenge when considering Muslim clients’ experiences in counselling is how concepts such as counselling, mental health, illness, and wellness are defined using a Western Eurocentric lens, which may or may not be congruent with a Muslim’s values and/or Islamic belief systems. As the participants revealed, it is critical to decolonize mental health and counselling as a discipline and practice, and to acknowledge that pathologizing particular aspects of a religion within a counselling room is usually connected to ideologies that are present within society. More specifically, when we consider the consequences of Islamophobia, it can be seen how pathologizing Islam as a faith system (Nadal et al., 2012) is problematic. This is defined by Nadal et al. (2012) as the conscious or unconscious belief that someone of a particular religion is “wrong or abnormal,” which then may lead to “judgment and maltreatment” (p. 24). This belief impacts not only an individual who identifies with Islam, but how the faith itself becomes viewed as backwards or no longer relevant in modern times. This is especially important to consider in the discussion of decolonization and to acknowledge how colonization is not merely about domination of geographic land, but of thoughts and ways of being. Seedat (2020) explained this point further:

Coloniality signifies enduring configurations of power, knowledge, and being as both continuances and aftermaths of colonialism, in the contemporary global order marked by racism, patriarchy, and advanced transnational capitalism. Despite the dismantling of direct colonial rule and the cessation of militarized land occupations, Eurocentric
domination continues to manifest in people’s everyday modes of thinking, interpersonal interactions, individual and communal identities, and affective repertoires; transcending time, space, and geography. (p. 3)

These notions of colonization are evident in the findings of the present study. For example, a participant discussed the consequences of internalizing inferiority and a colonized mindset, which leads to Muslims of various cultural backgrounds thinking that they as a people are “catching up” to Western ideas, education, and so on.

This notion is elaborated upon in the literature where Suleiman (2017) discusses how internalized Islamophobia has harmful effects on Muslim youths’ perceptions of their own Islamic faith, and, due to the constant need of defending a religion attacked on many fronts, doubt and insecurity in one’s faith may fester. In the present study, some participants indicated that they felt similar notions of being hindered by Islam, and expressed insecurities around always having one’s faith questioned and portrayed negatively in the media. However, participants also indicated that, through increased education about one’s faith and the ability to process particular experiences (e.g., abusive family/community), they were able to parse out the difference between Muslims and Islam, as well as the fact that Islamophobia is a very real and existing phenomenon that must be combatted rather than internalized. That said, participants reported that processing such experiences through counselling or other means has led them to feel empowered by Islam rather than viewing their religion as an impediment. This finding is also consistent with other studies (Suleiman, 2017).

In the current study, participants described feeling empowered due to knowing that Islam is a holistic religion that encompasses guidelines as preventative measures for all areas of one’s life, including mental health. Participants also suggested that there are Islamic traditions and
practices that Muslims themselves (counsellors and the community at large included) must acknowledge, better understand, and return to. Specifically, participants identified the importance of istikhara (seeking God’s counsel) and istishara (consultation from qualified individuals) as guiding principles in any decision in a Muslim’s life which encompasses one’s mental health journey. This includes learning that previous Muslims in our Islamic tradition were at the forefront of contributing to areas such as psychology, medicine, philosophy, and much more, and that the idea that Islam is backwards or inherently violent has no basis in the divine tradition of Islam (Rothman, 2019; Suleiman, 2017). These points are relevant to how we must decolonize our notion of Islam, with contributions from both Muslims and non-Muslims alike, and how even at a broad level, internalized colonization and Islamophobia have consequential effects.

In relation to decolonizing counselling and mental health, when the words “counsellor” and “counselling” are translated into Arabic, the words are all rooted in the idea of consultation and mentoring (e.g., nasih: advisor; irshad al nafs: guidance of the self/soul). Additionally, when the term “psychologist” is translated to Arabic, it means a doctor or scholar of the self. Furthermore, when conceptualizing the psychological self through an Islamic lens, the question arises about how the “self” is defined. Through an Islamic lens, is the self composed of the material human components such as brain and body, or is the self composed of the immaterial aspects such as the soul? Essentially, what constitutes a human being, and what is believed to be the truth about the nature of humans and life? Such reflections are part of overarching questions about Islamic epistemological and ontological understandings associated with the practice of psychology and counselling.
Muslim academics have posed such questions, with Dr. Malik Badri (May Allah have mercy on him) being the main contemporary scholar to raise the issue of incompatibilities between Western philosophical underpinnings of psychology and Islamic thought. He wrote various works on related topics such as *The Dilemma of Muslim Psychologists* (Badri, 1979) and the inception of Islamic psychology (i.e., restoration of Islamic thought related to the study of the self). In his writing, Seedat (2020) positions the study of Islamic psychology within a larger body of decolonizing scholarship and solidarity. Many of Dr. Badri’s students, such as Dr. Abdullah Rothman, have continued to build on this idea of Islamic psychology to provide greater understanding of such topics and improved mental health services to Muslim clients. These scholars use a perspective truly rooted in Islamic principles and thought rather than simply adapting Western concepts to Muslim populations. Consistent with these ideas, more than one participant in the present study mentioned that there seemed to be something missing in dealing with their mental health concerns with non-Muslim counsellors, or even Muslim counsellors who take a non-Islamic approach. Specifically, two participants mentioned that the aspect of the soul was not being considered when discussing their presenting concern or treatment. Rothman and Coyle (2018) discussed this same idea by explaining one key aspect of how the Islamic model of the soul presented in their study differed from Western models:

[It] possesses several features that distinguish it from most secular Western models of human nature. The notion that the spiritual center of the human being is the heart is a significant distinction, together with the contention that the intellect and consciousness are located in this heart center rather than in the mind, as most psychological theories posit. Furthermore, the idea that this center of consciousness within the human being is inherently connected and can be consciously connected to a primordial, divine
consciousness is absent from Western, secular theories of human nature. The concept of the ruh (spirit/soul) as a point of access within the person which can directly receive guidance and/or healing from God and the utilization or lack of acknowledgement of this aspect within psychotherapy could have a significant impact on therapeutic guidance and treatment goals for Muslim clients. (p. 13)

Essentially, to better understand Muslims’ needs in regard to counselling, it is important to gain a better understanding of the Islamic model of the soul, and how illness and healing is conceptualized in Islam. This relates to returning to Indigenous Islamic approaches, which emphasize God (Allah) being the source of all healing (Rahman, 2015; Sulaiman & Gabadeen, 2013). Furthermore, the Islamic view of the self is structured as four main components (nafs: lower self; qalb: spiritual heart; aql: intellect; and ruh: soul/spirit) that are intertwined with one another and form one integral soul that comprises a human being. Rothman and Coyle (2018) explained that these aspects of the integral soul are present in the work of the 12th century Muslim scholar, Imam Al-Ghazali’s Ihya Ilumidin (The Revival of the Religious Sciences). It is important to note that these aspects have been commonly noted across works of Islamic psychology, both traditional and contemporary, although conceptualized in different ways as to how they relate/influence one another (Keshavarzi & Haque, 2013; Rothman & Coyle, 2018).

According to their conceptualized model, Rothman and Coyle (2018) explained that, as spiritual beings, we are comprised of a human soul that has an “innately pure and of good nature,” termed fitrah, “that comes from and is connected to God” (p. 12). However, with the trials of this dunya (temporal world) we may move away from our pure nature, and hence, away from God. Within our human soul, “exists a dynamic interplay of conflicting forces that affect the psychological state of the person and determine relative levels of alignment or misalignment
with fitrah” (p. 12), in which nafs, qalb, aql, and ruh all play a role (Rothman & Coyle, 2018). They define the ruh (spirit/soul) as pure and unchanging, as well as “unique to an Islamic psychological conception of the soul in that it functions as a direct access point to God, where the human being can potentially receive divine knowledge, guidance, and healing” (p. 6). In regard to the remaining aspects of the integral soul, Rothman and Coyle (2018) shared the following definitions which were based on interviews with numerous scholars with varying backgrounds in Islamic tradition:

The term nafs is used to refer to the lower self, similar to the ego, in that it is the part of the soul that inclines toward the dunya through desires, distracting a person from Allah and opening them to the influence of shaytan (the devil). The qalb was explained by participants to be the spiritual center of the human being and a pivotal part of what determines the relative state of the soul. Participants described the qalb as having the ability to turn either toward the dunya and shaytan via the nafs or toward Allah via the higher aspect of the soul…. A unique feature of the qalb that was reported is that it is the place where consciousness resides. This cognitive aspect of the qalb is often referred to as the aql and was explained as the part of the qalb that “intellects,” with emphasis on the verb form of the Arabic word as used in the Qur’an. (p. 6)

With this brief overview of the structure of the soul from an Islamic perspective, it can be understood that there is a constant state of change and development of the soul. Muslims experience a “struggle of the soul” (jihad ul nafs) and aim for purification of the soul (tazkiyat ul nafs), where they aim to keep the qalb, aql, and nafs aligned and “on the right path” to ensure one’s soul reaches and remains as nafs al mutmainah (soul at rest); the other stages, our soul can be in nafs al ammarah (soul that inclines to evil) and nafs al lawwama (self-reproaching soul).
Furthermore, although at no stage is our nafs “evil,” there are points where we are more anchored and inclined towards God-consciousness (taqwa) versus times when we are experiencing ghafla, forgetfulness of God (Rothman & Coyle, 2018).

This Islamic conceptualization has direct implications for counselling and mental health, as understanding these core aspects of the human soul allows counsellors to intervene at these different levels to support their Muslim clients in a holistic manner. This could also include supporting clients in their journey of Jihad ul nafs (struggle of the soul) and Tazkiyat ul nafs (purification of the soul), as they work through the stages of the soul, consistently aiming for that which is in greater alignment with the fitrah (pure nature, i.e., closer to God). For example, if a client is dealing with relational, personal, or spiritual matters, there needs to be an understanding of how the soul plays a role in each of these issues, as well as how Islamically based interventions rooted in the Quran and Sunnah (Prophetic tradition) could be used to treat and cope with the presenting concerns. For example, if a client experiences jealousy, a heightened ego, or anger, there are tools within the Islamic tradition to conceptualize and treat such issues; these issues are often referred to as spiritual illnesses or diseases of the heart. *A Handbook of Spiritual Medicine* by Ibn Daud (2021), for example, is a resource that lists such spiritual illnesses as well as their potential causes, signs and symptoms, effects, and treatment, just as would be done for physical illnesses.

Overall, this discussion on decolonization of counselling and mental health, as well as adopting Indigenous Islamic approaches, does not negate the utility of Western modes of counselling, nor does it mean that all Western thought is incompatible with Islamic tradition. Rather, as participants indicated in the study, it is about what was missing from their counselling experience that constitutes the main finding of this study. What would it mean, for Muslim
individuals and communities, if they were supported in a way that is in full alignment with the ways in which God teaches us about our human nature? What if our counsellors were practicing Muslims, who not only provided a safe space free from the constant experiences of Islamophobia in our wider society but who also possessed sufficient Islamic knowledge to guide and counsel clients through their spiritual journeys in this temporal world? These reflections lead to a discussion on what participants found to be helpful in the counselling they experienced.

**Counselling Helps: The Role of Counsellors and Community Leaders**

Various interconnected factors come into play when considering how and with whom participants sought out support for their mental health concerns: counsellor identity, nature of the concern, and the unique circumstances that led participants to make particular decisions about whom to reach out to for help and who not to reach out to. This discussion included the fact that multiple attempts were needed to find suitable support, and that, many times, due to an existing bond of trust and understanding, religious leaders were first approached, which was not always helpful in addressing mental health struggles. On the other hand, when participants approached mental health professionals, which at times was not possible due to financial barriers or stigma, they faced the same issues: multiple attempts to identify the right person, with limited success. This reflects the previously discussed issue that the scope of practice for both religious leaders and counsellors is limited, in that religious leaders may not be trained in mental health counselling and counsellors not learned in Islamic sciences. In both cases, this may have a negative impact on a Muslim individuals’ experience of seeking mental health support.

Chaudry and Li (2011) found that Muslims viewed Islam as a lifestyle, and given the permeation of their beliefs into all aspects of their lives, the result is that they may begin seeking help from within their religious community rather than seeking help from outside of it.
Additionally, the religious leader (e.g., imam) is not only seen as a leader of the mosque but also of the local community, which may influence the role they play in supporting Muslims’ growing mental health needs within the community (Ali et al., 2005). Many participants shared similar reasoning for why they approached a religious leader first rather than a mental health professional. However, the lack of training in psychotherapy or lack of awareness regarding available community resources sometimes puts religious leaders in a position where they are not able to support Muslims in relation to mental health issues (Abu-Ras et al., 2008). The consequences of an imam’s lack of training in mental health education and counselling were demonstrated in some of the participants’ accounts of how their faith was impacted negatively due to not being supported appropriately by a religious leader in regard to mental health issues.

When describing their encounters with mental health professionals, participants discussed the difficulty of finding a suitable counsellor. Relatedly, participants discussed various factors related to compatibility with their counsellor, such as racial and religious identity, as well as the way in which the counsellor’s training or approach to counselling played a role in the participants’ experience as a client. Although not all participants indicated that having a Muslim counsellor would be or was helpful, many participants expressed that sharing lived experiences with their counsellor removed many of the burdens and fears of working with a non-Muslim counsellor, especially at the beginning of the counselling process. Such factors were particularly relevant to participants who explained that their negative experiences in counselling were due to facing judgment and Islamophobic microaggressions from their counsellor, as well as experiencing the burden of educating their counsellor regarding cultural or religious beliefs.

Participants also included their positive experiences in counselling, such as various learnings about themselves, mental health, and the positive impact counselling had on their
spiritual growth. These positive accounts did not all occur with Muslim counsellors, reflecting that working with a non-Muslim counsellor does not automatically mean that a Muslim client will be judged or encouraged to make decisions against their religious beliefs and values. In fact, two participants felt the need to work with a non-Muslim counsellor in the beginning of their counselling journeys, as they believed they needed a perspective from outside the Muslim community. Both these participants shared positive outcomes from their counselling experiences and indicated that getting an outside perspective strengthened their conviction in Islam. This came about due to learning about coping strategies or understandings of the self that were consistent with Islam (i.e., Islam is holistic and has the answers), which led them to seek more answers about their religion rather than internalizing the actions of the Muslim community that may not always be aligned with Islamic teachings. This increase in one’s faith convictions was demonstrated in a different way in a study by Suleiman (2017), where a female participant shared that she felt more empowered when she had her beliefs questioned by her non-Muslim counsellor, as she became more committed to her faith when combatting Islamophobic assumptions, rather than internalizing such notions.

In the present study, one of the main factors that led to positive counselling experiences was the counsellor’s attitude of cultural humility, curiosity, and taking responsibility for learning about the client’s religion/culture outside of the counselling room. This is consistent with existing literature indicating that it is not necessarily the shared background that facilitates a strong therapeutic alliance, but rather the counsellor’s ability to demonstrate empathy and curiosity, and ability to work in an anti-discriminatory manner (Qasqas & Jerry, 2014; Sadiq, 2019; Shafi, 1998;). Although such findings support the benefits of attending counselling, the unique findings of the current study are centered on how Muslim clients can be supported by
Muslim counsellors, and even more so, how Muslim clients can be supported by what I have conceptualized as a Muslim scholar-counsellor.

Participants discussed how, when they had a Muslim counsellor who was practicing their faith and was fairly knowledgeable about Islam, the reflections posed by their Muslim counsellor helped them contextualize their presenting concern through an Islamic lens, as well as in influencing the coping strategies or processing of such issues. Furthermore, participants discussed how having a Muslim counsellor who also possesses the Islamic knowledge to speak to religious rulings and contexts (i.e., an Islamic scholar) would be the most helpful. Specifically, they explained that a Muslim client’s identity would not have to be parsed into separate identities and issues while in the counselling room, as there would be the awareness, knowledge, and skills on the part of the counsellor to be able to holistically approach the work. This is especially the case for those who self-identified as practicing Muslims, as participants stated that Islam was a part of all of them, and therefore should not be separated from their counselling. A Muslim scholar who is also a counsellor reflects the ideal—a holistic approach, constituted within Islam as well as the current movement towards Islamic psychology—returning to Indigenous Islamic ways of being and knowing, in which the study of the human soul has always been embedded.

**Implications, Limitations, and Future Directions**

In this chapter, numerous implications regarding counselling practice and education/training, as well as research and policy have been presented. In this section, several additional specific implications will be discussed, related to the aforementioned areas, as well as implications relevant to the Muslim community. I also identify several limitations and future directions emerging from this study.
Implications for Counsellors and Community: Research, Practice, and Policy

Across disciplines that use a scientist-practitioner model, the assumption is that research is conducted to inform practice in an evidenced-based manner, and in turn, practice may identify areas that need to be further studied. That said, it is important to question whose voices determine what is worth researching, and who are the individuals in practice-related roles that implement this research? For instance, participants indicated that when searching through the Psychology Today website to look for a counsellor in their area, they found that counsellors were majorly white and very few were Muslim (indicated by the “Islam” label that can be chosen as a search filter). This same lack of diversity is reflected in research conducted to assess diversity within psychology faculties as well as the cultural and ethnic makeup of students in psychology-related programs.

A study by Maton et al. (2006) found that there is an increased number of students from minoritized backgrounds entering psychology programs, although they are still underrepresented. According to the American Psychological Association (APA; Smith, 2015), about two thirds of psychology doctoral students are white, and more than 78% of faculty in the psychology departments are white. Data from APA’s Center for Workforce (Lin et al., 2018) echoes this notion that the psychological workforce may be less diverse and less representative of a given population; in the US, more than 85% of psychologists were white and less than 20% were Asian, Hispanic, Black/African American or from other racial/ethnic groups. This is compared to the population as a whole, where 38% are of a racial/ethnic minority (Lin et al., 2018). The situation in Canada is likely to be similar. This reflects the participants’ experiences that both researchers and practitioners in the field hold privileged identities (e.g., white), and hence, are non-representative of their cultural and religious identities. As one of my participants expressed,
at times it feels as though racialized and religious minorities are the ones being studied and helped rather than doing the studying and helping. Essentially, the lack of representation in not only the counselling rooms, but also within the “ivory tower” (i.e., academia), must be addressed.

With more representation comes varying views of how phenomena such as counselling are researched and practiced (i.e., methodology, role of researcher/counsellor). Additionally, with researchers representing a particular community, there may arguably be a better understanding of the community needs due to in-group membership. Essentially, to address the gap of representation in research and practice, members of minoritized groups should be empowered through capacity building to work within their own communities, which includes being encouraged by supervisors and institutions to work from a lens that is congruent with their traditional practices and beliefs. This includes the use of methodologies that allow room for such research to occur. One example is the use of community-based participatory research (CBPR), which is meant to “create bridges between scientists and communities, through the use of shared knowledge and valuable experiences” where such collaboration “further lends itself to the development of culturally appropriate measurement instruments, thus making projects more effective and efficient” (Viswanathan et al., 2004, p. 1–2).

Specifically related to addressing social stigma and cultural mistrust within Muslim communities regarding mental health services, Amri and Bemak (2013) recommend that “it is important to solicit the input and support of the Muslim immigrant community” and to “encourage the community to develop their own interventions and support systems as a means of increasing access to much-needed information and help” (p. 15). Findings in a previous study (Ali, 2016) also point to a common theme that emerges within Muslim communities where there
is a “need to create allies between non-Muslim providers and the Imam” and the need to “engage the leaders of the Muslim community in addressing their mental health needs, while also creating evidence-based practices that are based primarily on Islamic principles” (p. 5). This can include academics and practitioners reaching out to imams, for example, to collaborate on mental health initiatives in both academic and community settings; many themes that emerged from this study reflect the need for such collaboration.

In regard to the role that religious leaders (e.g., imams) and Muslim organizations (e.g., mosque organizations, Islamic schools) can play in supporting the mental health of Muslims, there are various suggestions. From the findings, it is apparent that many times, religious leaders/organizations are approached initially when an individual within the religious community is experiencing mental health struggles. If the religious leader/organization is not equipped to adequately support this individual, it is critical that they are aware of the available resources both within and external to the Muslim community regarding mental health supports. Going beyond sharing resources, it is important that the imam or Muslim organization is familiar with the practitioners that they are referring individuals to (i.e., do they practice from an Islamic lens? do they have previous experience working with Muslim clients with such concerns?). This includes finding practitioners who have grounding in both Islamic sciences and mental health, to serve Muslim individuals who would prefer that combination, as was highlighted by most of the participants in this study. It would be beneficial to build ties between such practitioners and religious leaders and organizations, to engage in bidirectional learning and supports for Muslim clients. This may also reduce the Islamophobic experiences that an individual may experience in counselling, which may otherwise occur more often if an individual is referred to a practitioner that not known to the imam or Muslim organization.
Additionally, the religious leaders and Muslim organizations can raise greater awareness around issues of mental health, while shedding light on what the Quran and Sunnah (Prophetic tradition) has mentioned regarding one’s mental health and well-being and how this may differ than what is commonly perpetuated by cultural practice/understandings (i.e., shame around seeking support). This addresses the experiences that many participants in this study shared, that there is a misunderstanding of the relationship between mental health and faith. There currently exists an effort by religious leaders within the community to discuss mental health from an Islamic lens (e.g., Sheikh Navaid Aziz in Calgary). However, there is a need for more religious leaders and organizations throughout Canada to take on this responsibility. It is imperative that Muslims are directed by religious leaders and organizations to seek out the necessary means to support their mental health and well-being, which may require individuals in these positions of community leadership to overcome cultural/personal biases regarding mental health and counselling. That said, there are also efforts to better support leaders within the Muslim community to increase their awareness and knowledge of mental health issues as well as counselling. For instance, the Khalil Centre in Eastern Canada offers the Muslim Mental Health First Response Certification Training to community leaders. This includes training on how to recognize and effectively respond to various psycho-social issues Muslims may face, while utilizing an Islamically integrated counselling model of mental health.

In addition to the role of the imam as a key member of the community to collaborate with, there are members of the Muslim community who could be supported through various means to provide community-based mental health needs. For instance, there is a need to support Muslims in the process required to become educated and trained in the Islamic sciences, as well as mental health practice. This support needs to come from both within the Muslim community
(e.g., religious leaders, community members) as well as from institutions (e.g., research/clinical supervisors, professors, funding). Again, these recommendations are supported by findings from this study (e.g., the need for a Muslim scholar-counsellor). In working with Muslim clients or populations, counselling psychology educators and practitioners can advocate not only on behalf of their Muslim clients, but also for their Muslim students to have opportunities in training and education to better serve their cultural/religious communities. Embedded within this advocacy is the commitment to also combat inaccurate claims about Muslims and Islam, which repeatedly emerged as a concern in the experiences of participants in this study.

Williams (2005) explained that gaining an accurate understanding about Muslim clients’ beliefs and values, allows counsellors and educators to avoid making assumptions and confusing religious issues with cultural issues. Several themes that emerged in the present study indicate that counsellors should be encouraged to increase their awareness of Islam and to engage with reflexivity and learning when working with Muslim clients, as Muslims may occupy many spaces and identities that influence their experiences. There is a significant gap in this area, as not only is there is a lack of training in counselling programs specifically related to Islamic knowledge or training in working with Muslim clients, but more generally, the large majority of mental health professionals in Canada receive no training in religion and spirituality during their graduate and post-graduate education (Plumb, 2011; Grabovac & Ganesan, 2003). Therefore, increased counsellor training related to spirituality/religion, and specifically about Islam and Muslims (i.e., challenging Islamophobic narratives), may reduce the barriers Muslims face in approaching counsellors as well as how they experience the actual counselling (e.g., feeling more understood by the counsellor or experiencing fewer assumptions about their religion). This
reflects the potential positive effects that may occur when Muslim clients’ experiences are better understood and used in providing effective and informed care to such populations.

Furthermore, there is an underlying notion that those in positions of power and privilege (e.g., counsellors) should not only occupy such spaces and be contributing to research and practice that is linked to social justice, but rather, at the same time, they should be harnessing their privileges and power to advocate for causes that uplift the voices of minoritized communities (Arthur & Collins, 2014; Constantine et al., 2007; Ratts et al., 2015). Relatedly, Fassinger and Gallor (2006) suggested that the shift from working from the traditional model of “scientist-practitioner” to “scientist-practitioner-advocate” more clearly emphasizes the role that counsellors and academics must play in addressing broader social and structural issues. Arthur et al. (2013) explain how, although some counsellors may lack the “knowledge and skills for engaging in broader systems change,” social justice work can involve “advocating on behalf of clients and/or addressing the barriers that persist for groups of clients” (p. 15).

These points bring me to a critical implication related to the findings of my study: in accordance with social justice objectives, counsellors and academics in this field need to advocate against structural biases that unfavorably disadvantage Muslim individuals (i.e., the blatant and covert Islamophobia that exists in Canadian society) (Taha, 2021). This is especially relevant in current times where hate crimes are being committed against Muslims across the nation. Counsellors and academics alike can take an active stand against Islamophobia in Canada, which would involve acknowledging the existence of Islamophobia and working alongside Muslim organizations to advocate for Muslim Canadians. In Taha (2021), I suggested that this kind of advocacy could also be actualized by supporting Muslim advocacy groups, such as the National Council of Canadian Muslims (NCCM). There are multiple recommendations
found in a report by the NCCM (2021) presented at the National Summit on Islamophobia, that could be advocated for by mental health professionals. These recommendations are calls for policy change at various government levels, including petitioning against Bill 21 in Quebec, a discriminatory law that states that Muslim women who hold public sector positions cannot wear their hijabs. As discussed previously and highlighted in my findings, addressing systemic racism and Islamophobia is directly tied to the mental health and well-being of Muslims. Counsellors have a role to play in supporting their Muslim clients, by advocating for systemic change alongside the Muslim community.

There is clear evidence in my findings of the benefit of learnings and outcomes associated with counselling, especially when there is a strong therapeutic relationship present between counsellor and client. That said, at times the emphasis is hyper-focused on the individual, whether Muslim and/or of another minoritized population, to combat stigma and increase their use of mental health services. However useful this approach may be, it is critical that we acknowledge that if unjust policies and acts of oppression are not also simultaneously addressed, then the individualistic mental health and wellness culture may create more harm than good. If the onus is constantly placed on the individual, then social responsibility is removed and community members, organizations, and institutions will not address systemic issues and ensure justice and true collective well-being. This includes addressing other social issues such as housing, the right to decent work (Hudson Breen & Lawrence, 2021), and so on. Relatedly, mental health should not be considered separately from other dimensions of health (e.g., spiritual, emotional), as this privileges a Western conceptualization of the human psyche. For Muslim clients, such conceptualizations may negate what they deem most important to their
overall state of being, which is the human soul (ruh) that is connected to God and has eternal life beyond this temporal world (Asadzandi, 2018).

Overall, when we decontextualize mental health or remove a human being from the context of their lived experiences and the society they are embedded within, our work as counsellors may lend itself to perpetuating the very injustices that we aim to eliminate. This is especially evident in the findings that emerged from this research, where systemic challenges, such as Islamophobia, had a significant impact on the ways in which Muslim clients experienced counselling. Therefore, such systemic challenges must be challenged by counsellors and the wider community, in research, practice, and policy.

**Limitations and Future Directions**

Given the time and resource constraints of this research project, translation services were not an option, leading to the minimum English language proficiency requirement to take part in this study. All six participants identified as second-generation immigrants (i.e., Canadian born) or those who had arrived in Canada when they were less than 10 years old. This was an area of contention I considered as the voices of Muslim newcomers (i.e., refugees, first-generation immigrants) may not be represented, which presents an additional barrier such individuals experience in having their needs heard and met. Additionally, given the language criteria as well as the means of recruitment through social media platforms, I received much more interest to participate in this study from Canadian-born Muslims. In future studies, it may be valuable to approach the research processes in creative and non-traditional ways and to recruit individuals who may otherwise not hear about such opportunities. This is especially relevant when considering age and generational differences in how technology and media are utilized, as my participants were all 30 years of age or younger and had completed at least some post-secondary
education at the time of their participation. For this study, I was intentional in choosing participants who belonged to varying ethnicities and cultures, which I believe provided a broader range of experiences precisely because these individuals are likely to have very different life experiences from one another despite sharing a common faith. Therefore, when interpreting findings, it is important to not assume that the themes generalize to all Muslims. Although shared commonalities between participants were discussed, it is important to recognize that Muslims are a heterogeneous group and various influences impact a Muslim individual’s experiences (e.g., race, language).

Further, it is important to note that the stigma and shame surrounding mental health and counselling prevalent in many Muslim communities may have influenced who chose to participate in this research. Given the tight-knit nature of the community, there could have been eligible individuals who chose not to participate because they did not want me, as the researcher and an insider involved in the community, to be aware of their mental health challenges. This could be mitigated in future studies with research teams consisting of both external and internal members of the community. This would allow potential participants to have more options with regard to choosing an interviewer, while also formulating a team of educators, practitioners, students, and religious leaders, who could work collaboratively and all learn from one another.

An important direction for future research is for Muslim community leaders and counsellors/academics in the field of mental health education to collaborate to design and implement research studies and community initiatives to meet the mental health needs of Muslims in Canada. This direction includes the need for discussions about what it looks like for counsellors to be practicing from a scientist-practitioner-advocate model in their work with Muslim clients and communities. Additionally, there is a need for further research within the
Muslim community to better conceptualize how to actualize the notion of Muslim counsellors who are also trained in Islamic sciences, to a point where such counsellor-scholars are widely accessible across the nation. Furthermore, some of the suggestions and principles highlighted in this study may apply to other faith-based groups. However, this study was not designed to formulate findings that are applicable across all religions. Future research can replicate this study with clients of other faiths.

Canadian counselling psychologists and counsellor educators may also benefit from exploring how counselling and Islamic sciences are currently integrated by practitioners and training programs, and conducting research on how to adapt these practices to the Canadian context. This includes the role institutions can play in improving the exposure that graduate students receive in not only integrating spirituality/religion into counselling practice, but specifically, learning about Islamic psychology, as well as how one can approach their work with Muslim clients. For example, the International Association of Islamic Psychology, founded by the late Dr. Malik Badri, is a professional body that partners with academic institutions to offer training to develop Islamic psychology practitioners, while also focusing on publications and research in these areas. Another prominent figure in this field who serves as an invaluable resource is Dr. Rania Awaad, an Islamic scholar and director of the Muslims and Mental Health Lab at Stanford University. The work completed by her lab provides resources to clinicians, researchers, and community and religious leaders working with or studying Muslims. Lastly, the Khalil Centre, originally founded in the US, with one location now in Toronto, Canada, is a wellness center that provides psychological services rooted in an Islamic-based approach, while also housing a school of Islamic psychology, where clinicians can complete training in a therapeutic framework known as Traditional Islamically Integrated Psychotherapy (TIIP). These
are a few of the many resources that currently exist that can be better used within a Canadian context to support Muslim clients.
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https://doi.org/10.1177/160940690900800105

https://www.layeredsuspicion.ca/


https://careerwise.icer.ca/2021/06/24/islamophobia-in-canada-what-career-professionals-need-to-know/#.YRIwjNNKho4


Appendix A: Recruitment Flyer

MUSLIM PARTICIPANTS WANTED FOR RESEARCH STUDY:
Exploring Muslims’ Counselling Experiences in a Canadian Context

TO PARTICIPATE:

- Are you at least 18 years old?
- Do you self-identify as a practicing Muslim?
- Are you currently receiving individual (one-on-one) counselling or have in the past?
- Are you comfortable having a 1-hr interview in English?

If so, I am interested in hearing your perspective and gaining an understanding of how counselling felt for you.

As a participant, you will be asked to share your experiences in a 60-90 minute interview, and you will receive a $20 e-transfer/gift card.

FOR MORE INFORMATION, PLEASE CONTACT:

Walaa Taha, MSc Counselling Psychology Student
wtaha@ucalgary.ca

José Domene, Thesis Supervisor
jfdomene@ucalgary.ca

The University of Calgary Conjoint Faculties Research Ethics Board has approved this study (REB20-1116)
Appendix B: Participant Screening Form

Thank you for indicating your interest in participating for my research study titled: *Exploring Muslim Clients’ Counselling Experiences in a Canadian Context.*

You may choose to skip any question that you prefer not to answer. Thank you.

Gender: __________________

Current Occupation: __________________________

Age: _____________________     Ethnicity/Cultural Background: _______________________

1. Do you identify as a practicing Muslim? Yes: ___ No: ___

   a. How would you describe your religiosity/religious identity?

   ________________________________________________________________

2. Are currently attending counselling sessions or have you attended counselling in the past, in Canada? (check all that apply)

   Attended in the past: ___ Currently attending: ___

3. What age(s) were you when you received counselling: (check all that apply)

   12 or younger: ____ 13 to 17 years old: ____ 18 or older: ___

4. What was the title or qualifications/accreditation/certification of your counsellor? (e.g., registered psychologist, clinical social worker, family therapist)

   ___________________________________________________________________

5. What was the format of the counselling sessions: (check all that apply)

   Individual (one-on-one): ____ Couple/family: ____ Group (of unrelated clients): ___

6. Please describe the mode(s) of counselling (e.g., on the phone, in person, by video)

   ___________________________________________________________________

7. What language did the counselling take place in? __________________________

8. Are you comfortable having a one-on-one 60-90 mins. interview in English with a female researcher, Walaa Taha? Yes: ___ No: ___

Do you have any comments or additional information for questions above (optional)?

___________________________________________________________________________

Please send completed form to wtaha@ucalgary.ca. You will be contacted only if you have been selected for participation. Thank you for your interest and time.
Appendix C: Consent Form

Name of Researcher, Faculty, Department, Telephone & Email:
Walaa Taha, Main Researcher, MSc Counselling Psychology Student, wtaha@ucalgary.ca

Supervisor:
Dr. José Domene, Thesis Supervisor, Educational Psychology, jfdomene@ucalgary.ca

Title of Project:
Exploring Muslim Clients’ Counselling Experiences in a Canadian Context

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study. Participation is completely voluntary, and confidential.

Purpose of the Study

The purpose of this study is to better understand the counselling experiences of Muslims within a Canadian context. Given the increasing number of Muslims in Canada, and as a Muslim herself, the main researcher is interested in highlighting Muslim perspectives regarding how to improve mental health services for this group. From this study, the findings can provide a clearer depiction of the counselling needs of Muslims, and can be further utilized for counsellor education and training.

What Will I Be Asked to Do?

If you decide to take part, you will be interviewed by the primary researcher, Walaa Taha, about your experiences in counselling for approximately an hour. You will also be asked to complete a demographic information questionnaire, which will allow me to better understand the sample of participants that take part in this study. Information collected in this questionnaire includes identity and educational/occupational related information, as well as details surrounding counselling experience (e.g., mode of counselling).

Your interview will be video/audio-recorded and then later transcribed. Your name and any other identifying details will not appear in the transcript unless you would like them to. The interview transcripts will be used for data analysis, and I may use quotes from the transcript in the data analysis
write-up. You can indicate below if you would like to receive a summary of results once the study is completed.

Participation is entirely voluntary. If you decide to take part you will need to e-mail me to let me know and we will arrange a date and time for the screening interview. If you are eligible and still willing to participate, we will arrange another date and time for the full interview. You will be asked to sign two consent forms; one to be returned to me and one for your own records.

You can also withdraw your participation from this study, without giving a reason, any time up to a month after the interview date. You do not have to answer any questions you do not feel comfortable with. You can also stop the interview at any time, if you do not want to continue with it.

What Type of Personal Information Will Be Collected?

Should you agree to participate, you will be asked to provide your gender, age, current occupation, highest level of educational attainment, languages spoken, as well as ethnic and religious identity.

Recordings of the interview will only be accessed by the research team, for transcription and use in data analysis and results. Recordings will not be shown in public.

You can choose to include your own name in the study, however, you may be identifiable depending on the details you share during the interview. Another option is to choose a pseudonym, which is a different name you choose to be called in the study. This way all your data will be confidential. If you indicate you do not want to use your real name, any quotes from your interview that are used in my thesis and other publications from this study will have your identifying information removed to ensure you are not identifiable as a participant in this research. If you do decide to use your real name, I will include your name with any of your quotes; however, any information you provide that could identify other people (e.g., family members or counsellor) will still be changed. Please indicate your choice by choosing all, some, or none of the following:

I grant permission to be audio-taped: ________________________________ Yes: ___ No: ___
I grant permission to be video-taped: ________________________________ Yes: ___ No: ___
I wish to remain anonymous: ________________________________ Yes: ___ No: ___
I wish to remain anonymous, but you may refer to me by a pseudonym: ________________________________ Yes: ___ No: ___
The pseudonym I choose for myself is: _____________________________________________
You may quote me and use my name: ________________________________ Yes: ___ No: ___

Would you like to receive a summary of the study’s results? ________________________________ Yes: ___ No: ___
If yes, please provide your contact information (email address, or phone number): ________________________________
Are there Risks or Benefits if I Participate?

Your contribution will help me to understand Muslim clients’ experiences of counselling in Canada. This research will also add to information about counselling and religion and I hope other counsellors and therapists will gain an insight into experiences of the Muslim client group. I also hope you feel a personal benefit from taking part in that you may enjoy talking about your experiences with me.

There is potential for you to feel distressed when sharing your experiences and views about counselling. You are free to disclose as little or as much as you wish, but if you become distressed you can take a break or ask to skip a question, and if you prefer not to carry on with the interview you can ask to stop. If you would like to seek support after the interview I have included contact details of some professionals and agencies in the resource sheet that you can contact.

To thank you for your time and participation, you will receive a $20 CAD electronic fund transfer or gift card at the end of the interview. If you decide to stop the interview at any point or withdraw anytime within the one month post-interview, you will still receive the $20 CAD e-transfer or gift card.

What Happens to the Information I Provide?

As previously mentioned, only the principle investigator and research team will have access to the information collected. No one except the researcher and her supervisor will be allowed to see or hear any of the answers to the questionnaire or the interview tape. Pseudonyms will be used for all participants, unless indicated otherwise at the time of consent. This includes interview data used in any presentation or publication of results. To protect your data, I will store the digital recording on my computer in a password-protected and encrypted folder, and paper documents will be stored safely in a locked cabinet.

Participants are free to withdraw any time up to a month after the interview date. If you wish to withdraw from the study you can contact me via e-mail up to a month after the interview to let me know, and I will remove your interview transcript and all your quotes from the study documents.

Signatures

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.
Participant’s Name: (please print) __________________________________________

Participant’s Signature: __________________________ Date: __________

Researcher’s Name: (please print) __________________________________________

Researcher’s Signature: __________________________ Date: __________

Questions/Concerns

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Walaa Taha  
Department of Educational Psychology, Werklund School of Education  
wtaha@ucalgary.ca

and Dr. José Domene,  
Department of Educational Psychology, Werklund School of Education,  
jfdomene@ucalgary.ca

If you have any concerns about the way you’ve been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at 403.220.6289 or 403.220.8640; email efreb@ucalgary.ca. A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.
Appendix D: Demographic Information Questionnaire

Please answer the following questions about yourself so that I can describe the sample of people taking part in my study. You may choose to skip any question that you prefer not to answer.

Pseudonym (or name): _____________________

Age: ___________________________

Gender: ________________________

What is your current occupation? ____________________________________________

What is your highest level of educational achievement? (e.g., high school, college certificate, doctorate) __________________________________________

What is your first language? __________________________________________________

Other languages spoken? ______________________________________________________

How would you describe your ethnic and/or national identity? __________________

How would you describe your religious identity? ________________________________

What is the name of the organization/practice that you received counselling from? __________________

What format did the counselling take place in (e.g., in-person, phone)? ______________

What language did the counselling take place in? ________________________________
### Appendix E: Resource Sheet

#### MUSLIM PROFESSIONALS AND ORGANIZATIONS

**Psychological Services and Counselling**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amal Souraya</td>
<td>Registered Counselling Psychologist</td>
<td>Inner Strength Counselling</td>
<td><a href="http://www.inner-strength.ca/">http://www.inner-strength.ca/</a> (855) 908 3843 Calgary, AB</td>
</tr>
<tr>
<td>Marwa Fadol</td>
<td>Registered Counselling Psychologist</td>
<td>Lantern Psychology and Consulting</td>
<td>(587) 414 6165 Calgary, AB</td>
</tr>
<tr>
<td>Nadia Ramadan</td>
<td>Family Counsellor</td>
<td>Calgary Immigrant Women's Association</td>
<td><a href="mailto:nadiar@ciwa-online.com">nadiar@ciwa-online.com</a> (403) 263 4414 x 172 Calgary, AB</td>
</tr>
<tr>
<td>Labiba Majeed</td>
<td>Registered Counselling Psychologist</td>
<td>Elevate Psychological Services</td>
<td><a href="https://elevatepsychological.com/">https://elevatepsychological.com/</a> (587) 907 5246 Calgary, AB</td>
</tr>
<tr>
<td>Dr. Al-Noor Mawani</td>
<td>Registered Clinical Psychologist</td>
<td>Dr. Al-Noor Mawani &amp; Associates</td>
<td><a href="http://www.drmawani.ca">http://www.drmawani.ca</a> (844) 311 4875 Calgary, AB</td>
</tr>
<tr>
<td>Seada Karalic</td>
<td>Registered Provisional Psychologist</td>
<td>JS Wellness Counselling and Consulting Services</td>
<td><a href="https://jswellness.ca/">https://jswellness.ca/</a> (587) 418 8105 Edmonton, AB</td>
</tr>
<tr>
<td>Dr. Mahdi Qasqas</td>
<td>Registered Counselling Psychologist</td>
<td>Qasqas and Associates</td>
<td><a href="https://qasqas.secure-client-area.com/portal/">https://qasqas.secure-client-area.com/portal/</a> (780) 809 8668 Edmonton, AB</td>
</tr>
<tr>
<td>Dr. Mohamed Sadiq</td>
<td>Registered Clinical Psychologist</td>
<td>Shifa Psychological Services (online/phone)</td>
<td><a href="http://www.shifa.ca/">http://www.shifa.ca/</a> (780) 710 7230 Edmonton, AB</td>
</tr>
<tr>
<td>Khalil Centre</td>
<td>Registered Counselling Psychologist</td>
<td>Islamic Family &amp; Social Services Association (IFSSA)</td>
<td><a href="https://www.ifssa.ca/counselling">https://www.ifssa.ca/counselling</a> Edmonton, AB</td>
</tr>
<tr>
<td>Salma Silim</td>
<td>Social Worker</td>
<td>AISH, Government of Alberta</td>
<td><a href="mailto:sasilimn@gmail.com">sasilimn@gmail.com</a> (403) 383 3055 Calgary, AB</td>
</tr>
<tr>
<td>Wendy Mitchell</td>
<td>Social Worker</td>
<td></td>
<td><a href="mailto:windymitch@hotmail.com">windymitch@hotmail.com</a> (403) 813 0622 Calgary, AB</td>
</tr>
<tr>
<td>Dr. Dahlia Mostafa</td>
<td>Marriage and Youth Counsellor and Certified Master Life Coach</td>
<td></td>
<td><a href="mailto:dahlia@dahliamostafa.com">dahlia@dahliamostafa.com</a></td>
</tr>
<tr>
<td>Seema Khan</td>
<td>Certified Life Coach</td>
<td>SisterinFocus</td>
<td><a href="mailto:seema@sisterinfocus.com">seema@sisterinfocus.com</a></td>
</tr>
</tbody>
</table>

**Social Work and Life Coaching**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salma Silim</td>
<td>Social Worker</td>
<td>(403) 383 3055 Calgary, AB</td>
</tr>
<tr>
<td>Wendy Mitchell</td>
<td>Social Worker</td>
<td>(403) 813 0622 Calgary, AB</td>
</tr>
<tr>
<td>Dr. Dahlia Mostafa</td>
<td>Marriage and Youth Counsellor and Certified Master Life Coach</td>
<td><a href="mailto:dahlia@dahliamostafa.com">dahlia@dahliamostafa.com</a></td>
</tr>
<tr>
<td>Seema Khan</td>
<td>Certified Life Coach</td>
<td><a href="mailto:seema@sisterinfocus.com">seema@sisterinfocus.com</a></td>
</tr>
</tbody>
</table>
### COMMUNITY RESOURCES

Dial **2-1-1** to access community or social resources in Calgary, including financial, social, food and mental health support. This service is free and confidential and translation services are available. Visit informalberta.ca for more information. You can also visit Access Mental Health to access mental health services across Alberta.

Dial **8-1-1** to access health link, for quick and easy physical or mental health advice from a registered nurse 24/7 who will ask questions, assess symptoms and determine the best care for you. Translation services available.

In a medical emergency, always call **911** or visit the nearest emergency department.

### Counselling and Support

- Calgary Counselling Centre (403) 265 4980
- Calgary Communities Against Sexual Abuse (CASAA) (403) 237 5888
- Calgary Family Services (403) 269 9888
- Calgary Healthy Families Collaborative (403) 204 0800
- Calgary Immigrant Women’s Association (CIWA) (403) 263 4414
- Canadian Mental Health Association (403) 297 1700
- Centre for Newcomers (403) 569 3325
- Children of Divorce Group (403) 265 4980
- **Distress Centre (24/7 phone support, chat and counselling services also available) (403) 266 4357**
- Eastside Family Centre (403) 299 9696
- Families Matter (403) 205 5178
- Immigrant Services Calgary (403) 265 1120
- Men’s Counseling Service (403) 299 9680
- Men’s Domestic Conflict Help Line (403) 266 4357
- Mental Health Help Line (877) 303 2642
- Women in Need Society of Calgary (WINS) (403) 255 5102
- Wood’s Community Resource Team (403) 299 9699
Appendix F: Interview Guide

Name/Pseudonym: __________________ Date: ________________________

Start time: ______________________ End time: ___________________

If you have seen multiple counsellors, please talk about the counsellor and counselling experience that was the most meaningful for you. For many people, this is the counsellor that they saw the most times.

1) Can you tell me about what was happening in your life at the time that led you to seek out counselling?
   i. Did you seek out help from others (i.e., family members, friends)?
   ii. Did you seek out any professional help (i.e., doctors, psychologists) or religious support (i.e., God, local imams/sheikhs)?
   iii. Why counselling and not some other form of help?

2) Can you share with me some details about your counselling experience, such as where you attending counselling, for how long, and the number of sessions?
   i. Was your counsellor Muslim or not, and was that an important consideration for you?
   ii. Was anything else important to consider in where and who you went to for counselling (e.g., gender, culture or the level of religiousness of the therapist)?

3) How was your experience with receiving counselling?
   i. Did your experience change as counselling continued? If so, how?
   ii. What was helpful or things that you liked? Why do you think this is so?
   iii. What did you find unhelpful or things you did not like? Why do you think this is so?

4) Did Islam come up at all in counselling?
   i. Why or why not? Is this important for you?
   ii. If so, how was it discussed?

5) What is your perspective on how professional counselling and religion fit together?
   i. How, if at all, did your religious and cultural beliefs help or prevent you from participating in your counselling?
   ii. How, if at all, did your counselling experience affect your religious practice?

6) Is there anything else you would like to add that I haven’t asked about?