



ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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Start with Hospitality: Towards Enhancing the Counselling Experience with Muslims

Mahdi Qasqas

My life's journey has given me opportunities to promote aspirational and relational ethics—reaching for the stars, but accepting that what one contributes to the journey may be more important in one's lifetime and more realistic than achieving Utopia.

Pettifor, 2005, p. 213

Above all other principles, *Respect for the Dignity of Persons and Peoples* (herein referred to as Principle I) “is the most fundamental and universally found ethical principle across disciplines” (Canadian Psychological Association [CPA], 2017, Principle I, Values Statement). If ethics sits at the core of the professional practice of psychology, then, it stands to reason that Principle I lies at the core of our ethics as psychologists. In this chapter, I posit that the virtue and practice of hospitality is advantageous in upholding Principle I and in demonstrating cultural competence; in turn it enhances the likelihood of positive therapeutic outcomes and reduces premature termination, especially amongst underserved populations.

Scholars have identified a range of challenges in relation to accessing and benefiting from mental health services by immigrants, refugees, ethno-cultural communities, and racialized Canadians (Arthur & Collins, 2010; Collins, 2018).

The primary barrier to accessing services is subsumed under the generic category “cultural incompatibility of existing services” (Mental Health Commission, 2016, p. 12). Although Canadian-based research is still developing in this area, the position taken in this chapter is that hospitality, when culturally responsive, can serve to mitigate feelings of cultural incompatibility and build strong bonds of trust and respect early on in the counselling journey. By doing so, the weight of the working alliance is also likely to mitigate minor ruptures in the relationship due to the lack of initial cultural compatibility.

The order of this chapter is as follows: After introducing myself to you, I will explain why I chose to write on this topic and the reasons I prefer to call the recipients of my psychological services guests, over all other terms (e.g., “customer,” “client,” “patient”). I then analyze the relationship between hospitality and overcoming constraints that are known to prevent Muslims (and likely others) from accessing mental health services or prematurely terminating such services. For those with more limited knowledge and/or experience of working with Muslims, I hope to reduce feelings of inadequacy or assumed incompetence (e.g., impostor syndrome) by offering some practical strategies, using Muslims as the running example.

As an important caveat, despite having over 20 years of experience working with thousands of diverse Muslims in varying roles, I am still passionately learning about the vast intracultural differences. With over one billion Muslims living across the world (Pew Research Center, 2011), and over one million in Canada (a number that is estimated to reach over 3 million by 2030 [Statistics Canada, 2013]), it is essential to know (and I imagine you already do) that Muslims are not a monolithic community. Furthermore, there are no quick fixes or one-size-fits-all practices to working with Muslims (Graham et al., 2009, 2010) or any other groups for that matter. Nonetheless, a practical and essential first step to demonstrating cultural competence and building a therapeutic alliance would be to practice hospitality. I hope to demonstrate through the brief examples of Sarah, Fatima, and Adam how this looks. Although this chapter is mainly focused on Muslims, I believe that hospitality almost always has a positive impact on the therapeutic alliance and thus should be considered an essential micro-skill for psychologists and other practitioners in adhering to Principle I. The reflection questions at the end of this chapter are aimed at providing readers with a strategy to extrapolate learnings from this chapter that can be applied to other culturally diverse populations, while also hopefully deepening your critical thinking.

Positionality and Purpose

Currently, I am a registered psychologist in Alberta with a Master of Counselling degree and PhD in social work; however, my journey to this end was certainly

not linear. Rather, I started off in computer science, meandered into the field of psychology, then continued the journey into criminal justice. Eventually completing a Bachelor of Arts in Psychology with a mathematical sciences minor and later a Bachelor of Professional Arts in criminal justice. The intersection between these fields makes issues of social justice and cultural competency important and exciting for me in my practice, education, and research.

At the practice level, as one of the few Arabic-speaking Muslim psychologists in Alberta operating a private practice, I have the privilege of assessing and treating individuals from various cultural backgrounds, with a specialization in working with Muslims. Furthermore, I also have the honour of offering contracted and pro bono consultation with non-profit Islamic organizations and provide train-the-trainer programs that apply much of what I have learned throughout my doctoral research. For example, I often train Muslim clergy and youth workers (male and female) in counselling techniques and support future mental health professionals through mentorship and supervision. I find these roles have helped me to build strategic partnerships towards addressing constraints to services. I believe my specialization is attributable not only to my academic credentials but also has been gradually building over the last 20 years by volunteering in the community as a serious leisure pursuit.

Working *in* the Muslim community as a youth counsellor many years ago was quite eventful and full of learning experiences for me. My first set of activities included giving motivational talks, which were often rehearsed and quite terrible, to Muslim youth in public schools. Over time and through constructive feedback from others, the quality of my talks appears to have improved. I also became more heavily engaged in developing and executing a range of programs tailored for Muslim youth. Ongoing collaboration with community leaders and stakeholders led to the purchase of a building to house a locally funded and operated Muslim Youth Centre in Calgary. As the director of the centre, I had the honour and privilege of working with others to run many programs, with hundreds of Muslim youth being served on a weekly basis.

Student leadership at the post-secondary level was also an important part of my journey. In 2002, my best friend (Moaz Sabbah) and I initiated the first Muslim Students' Organization at Mount Royal College in Calgary (currently Mount Royal University). In 2004, after moving to Edmonton, I launched the first Muslim Students' Organization at Grant MacEwan Community College (currently MacEwan University). Shortly after, I returned to Calgary to bury my best friend. I recall that despite all the leadership activities we had done together, our favourite activity was fundraising to support international orphans. I learned from Moaz (and Jean Pettifor) that collecting pennies was just as satisfying as raising thousands of dollars and that it's the process that matters most. The positive influence Moaz had on my life and the lives of so many other people can

be clearly seen and has been paid forward with their dedication to contribute their time and money to the orphan sponsorship program. For me, volunteering for this cause became much more than a leisure pursuit and began to feel like a serious, but volitional, obligation to help others at a deeper level. Although this is not related directly to why I became a psychologist, it certainly laid the foundation to get to where I am today.

Despite these successes, my impostor syndrome would kick in from time to time and I would question how I had acquired the status of being “the youth guy”; that is, the expert on Muslim youth. Anytime a youth issue was brought to community leaders, I was included in the decision-making process and delegated the responsibility of addressing the issue. However, I had not undergone any training or any formal evaluation of my progress. Despite completing course work in psychology, it was not until I engaged in supervised practice at the Calgary Young Offender Centre that I began to truly develop my counselling competencies. Nevertheless, I believe it is important to recall that even though we may never feel truly competent, it is the small contributions to our knowledge and skills development along the journey that really matter. Especially in how we apply our ethics to populations suffering from injustice, something quite pronounced after 9/11.

After 9/11, Everything Changed

When 9/11 happened, everything changed, with Islamophobia and outright hostility to Muslims becoming much more apparent, along with a surge of social welfare and mental health needs amongst Muslims and unprecedented challenges facing Muslim community leaders and activists (Shier & Graham, 2013). Ten years later, the crisis of ISIS (the Islamic State of Iraq and Syria) and the so-called war on terror has aggravated Islamophobia even further and created more complex challenges in the Muslim community. For example, despite the tremendous pro-social activities inspired by their faith, public discourse indicated that the Islamic faith was seen as a primary risk factor to youth radicalization (Qasqas, 2018a). This prompted many others and me to hold a summit on the topic of preventing criminal radicalization. I used the term criminal radicalization for two reasons: (a) to discourage the use of inaccurate, inflammatory, and disrespectful terms like “Islamic radicalization,” and (b) to provide researchers and practitioners with clarity on a stretched concept. By doing so, I believe it made it easier for the community to work more interdependently with security officials and law enforcement towards crime prevention under the assumption of respect for the dignity of the Muslim community.

I have been to the Pentagon, toured across the United States in an international visitor leadership program, given testimony to the Canadian senate,

and provided keynote speeches at international Universities addressing criminal radicalization. The message I consistently delivered is that there is absolutely nothing wrong with Islam, but that some Muslims need reform. That is to say that, regardless of where I presented, the primary concern was preventing criminal radicalization, which cannot be done by challenging the faith and ultimately alienating its followers. In my opinion, such an approach is insulting and an affront to respecting the dignity of the entire population. Rather, it is important to recognize that adherence to an authentic version of Islam is the key to preventing criminal radicalization and reforming Muslims who are ignorant of their own faith and use it to justify heinous crimes.

Ignorance of the Islamic faith by both Muslims and others is certainly a troubling context and one primary reason behind choosing to focus my writing on this diverse, large, and dynamic topic. However, I also realize that developing cultural competency on any diverse population takes time and a great deal of effort in building a solid foundation. Thus, as a necessary first step, I suggest starting with reflection on what it truly means to respect the dignity of persons and peoples, and on how one's views of Muslims are either grounded in Principle I or perhaps require some reconstruction through a reflexive process. To this end, I suggest considering how the adoption of the virtue and practice of hospitality can be a pragmatic and promising step in this journey.

A Reflection on Terminology: Whom Do We Serve and Why?

In the most recent edition of the *Canadian Code of Ethics for Psychologists* (CPA, 2017), one of the major changes in terminology reflects a higher degree of attention to cultural diversity. I recall, during my master's level education, having fruitful discussions about the most useful term to use when referring to the recipients of our services, and why. For instance, are they patients, customers, clients, or patrons? The purpose, I believed, was to have students think about the importance of language and its influence on attitudes and behaviours. In retrospect, I can see that this exercise offers a rich learning experience as it allows one to bring to consciousness moral sensibilities in relation to our practice.

Let us start from the beginning of the counselling process to answer the question of labels. I find it reasonable that, prior to informed consent for services, and at the most basic level, we are initially a host to a stranger. Engaging in pre-service planning that maximizes the sense of hospitality (so the guest does not feel like a stranger) becomes a primary objective. Making the terms "guest" and "hospitality" applicable is a fundamental component of this process. Various activities can influence the guest's perceptions and, in a small way, enhance adherence to Principle I. The service begins with the initial greeting and,

in the sections that follow, I hope to provide you with a deeper and more nuanced cultural understanding of the role culturally responsive hospitality can have in enhancing therapeutic alliances with Muslim guests; which in turn increases the positive experience and decreases the likelihood of premature termination.

Hospitality, Greeting, and Understanding

Hospitality in this chapter is defined as “the friendly and generous reception and entertainment of guests, visitors, or strangers” (Oxford Dictionary, 2020). The greeting phase of the intake process can serve to enhance the guest’s perception of the counselling experience; therefore, it is important to reconsider the impact of conventional practices on the sense of hospitality amongst culturally diverse guests.¹ There are many ways of practising hospitality and making people feel safe and respected; however, at times, conventional practices may have the unintended result of hindering such feelings.

Take for example how obtaining informed consent is commonly practiced. Since informed consent is a process and not the outcome of a signed document, this common practice requires some reflection. Furthermore, despite a signature on a form implying a contractual agreement, it is in no way a substitute for the essential process of ensuring that the guest is clearly informed on what they are consenting to. Although a signed document may occur eventually, it can be done more meaningfully after developing a deeper understanding of the guest’s worldview, presenting concerns, and expectations. In my opinion, making the process as familiar as possible from the beginning is an optimal practice and demonstrates a higher adherence to respecting the guest’s worldview. In the next section, I highlight the importance of matching the greeting phase of counselling with cultural norms grounded in the worldview of the guest. With Muslims, this small act starts with a common phrase and value simplified in two words, *Salamu Alaykum*.

Salamu Alaykum is More than Just a Greeting, it is a Commitment to Hospitality

If you have never heard the phrase *Salamu Alaykum*, then how exciting it is for me to be the first to introduce it to you. It literally translates into *Peace Be Upon You*. It is the common greeting made between Muslims but goes far beyond just a greeting and is understood regardless of linguistic background. Nonetheless, beyond the words themselves, it is the spirit of peace that is a hallmark of this greeting, and subsequently of hospitality.

To go a little deeper into the cultural nuances, by offering a range of exotic teas, coffee, instant soup, or even a light snack, is an effortless gesture that can

have profound impact on the guest's experience. Although such offerings are not mentioned in the *Code* or in practice standards, it is here where the practice and virtue of hospitality can be seen as taking on a higher degree of respect for the guest than what is expected. I believe the simple offerings are a basic minimum requirement that has a lot to do with cultural norms in collectivist societies, especially amongst Arabs. To take this a step further, greeting the guest with an offering is filled with cultural nuances. For example, in Arab cultures (even if born and raised in Canada), it is quite common for the guest to reject the first offer for tea or coffee. It is important that such cultural nuances also be understood by office staff. Consider the following scenario:

Receptionist (In Arabic): Would you like tea or coffee?

Guest: No, I am Ok, thank you!

Receptionist: Are you sure?

Guest: Yes, I am sure.

Mahdi (After welcoming the guest into the counselling room):
What would you like to drink? (Followed by a list of different types of tea in the guest's common tongue)

Guest: I am OK.

Mahdi: Ok, coffee then.

Guest: Actually, tea would be great.

Now, had this been someone who clearly did not want anything to drink, it could have been perceived as annoyingly pushy. However, this act alone has a tremendous amount of utility, as it not only relaxes the guest but also enhances rapport and provides opportunities to begin the counselling process more naturally. That is, it often leads to a smooth transition into exploring the guest's worldview and thus transitioning quickly into developing a deeper understanding of their lived reality. By making the first few minutes more familiar, it is also likely to reduce their uncertainty and, ultimately, their anxiety. At that point, I believe the bonds of trust and respect begin to form.

I also found that by learning as much as possible outside of the counselling session about common terms used for simple day-to-day activities in different cultures, can send a strong message of familiarity. For example, there is a well-known drink amongst Lebanese people called *matte*. Each time I offer something, and they refuse, I say something like "I'll bring you *matte* next time." It

always results in a chuckle. Although having a high degree of knowledge of the cultural nuances and micro-details related to the guest may feel overwhelming at first, it is more reasonable to view it as a cumulative process that builds over time. Also, starting from the position that hospitality is critical encourages the psychologist to keep developing this area of knowledge. As you develop a deeper understanding of the guest's unique experiences and strongly held values, infusing these values into each stage of the therapeutic process is more likely to enhance satisfaction, commitment to therapy, and therapeutic outcomes (Arthur & Collins, 2010). In the next section, I provide an example of how this can be done with Muslims during the essential informed consent process phase.

Informed Consent, Privacy, and Confidentiality

When discussing issues of confidentiality and anonymity, I find it advantageous to integrate evidence from the guest's strongly held beliefs. With Muslims, integrating Islamic sources bolsters the centrality of these ethical values and likely adds an extra level of reassurance to the guest that their private life will not be leaked to their community. With one guest who came to me for help with a very sensitive and unique case, I added to the conventional discussion on privacy and confidentiality that breaking confidentiality would be tantamount to hypocrisy from an Islamic perspective. In the Islamic faith, hypocrisy is regarded as the worst possible sin and based on Prophetic communications (called *Hadith* in Arabic²), the signs of a hypocrite include lying, breaking a promise, and violating trust (*Sahih al-Bukhârî*, 3: 847).

Therefore, breaking confidentiality without agreed-upon rules and standards would be tantamount to lying to the guest, breaking the promise, and destroying the trust. By grounding the informed consent process in the guest's worldview, it is likely to send the message that the trust in the relationship is built upon more than just conventional practices known to the psychologist and that are possibly foreign to the guest. The issue of incompatible views on ethical dilemmas is even more complicated when it comes to dual-role relationships amongst smaller groups that resemble rural communities, and these dual relationships are discussed next.

Dual Relationships

Dual-role relationships can be harmful. However, I do believe that not having a deeper understanding of this ethical issue and assuming that dual-role relationships are always unethical is a misreading of the underlying values involved. As one of the few Arabic-speaking psychologists in Alberta, I have spent a lot of time and energy on preventing ethical dilemmas from arising due to my active

involvement in the community. However, despite the differences accepted by the regulatory bodies related to psychologists working in rural or small communities, preventative steps are important to consider and well worth the perceived personal sacrifices.

For example, when working with Muslim guests, even in large cities, the likelihood of running into them in the Mosque during *Eid*³ (a major celebration), weekly congregational prayers, a wedding, or even at the local supermarket is high. Thus, I usually explain to my Muslim guest that, if I see them in the community, I will intentionally not approach him or her, but if they happen to approach me, I will not ignore them. Attending to this issue in the intake session can reduce their worries about having their privacy violated in those various scenarios and prevent a situation that may have the guest feeling disrespected or ignored. Furthermore, addressing this issue reinforces respect for their moral right to privacy and adds another potential factor to a building rapport early on.

Furthermore, I have reduced many of my social activities in the community and appear in public primarily only when I am in a teaching or in a public-figure role. This is a lifestyle that I have accepted as I believe that the duty to the guest comes first, far before my own personal benefits. Psychologists who take up a trailblazing role in non-dominant populations may have to do much more than other psychologists working in the mainstream. It may sound unfair, but personally I do not see it that way. Rather, I believe it to be part of the higher duty of care that psychologists have to their guests and is rooted in both the values espoused by the *Code* and the psychologists' personally held principles. In relation to the virtue and practice of hospitality, there is an old Arabic adage that establishes the degree to which hospitality is applied. It states that if you are happier with a guest taking something from you rather than bringing you something, then you are truly hospitable. I like to believe that I fall under the latter group. As such, it is easier to reframe the costs not as sacrifices, but as small contributions to the requirements of hospitality which can be very beneficial in helping to overcome challenges related to premature termination and poor therapeutic alliances. In the next section I will shift the focus towards integrating the guest's worldview as an important factor related to Principle I and to ameliorating two types of constraints.

Overcoming Constraints Through a Deeper Understanding of Principle I

Barriers are assumed to be insurmountable challenges (Crawford et al., 1991), whereas constraints are defined as aspects that limit the “use of services, and satisfaction or enjoyment of current activities” (Scott, 2003, p. 75). Therapy

constraints can be structural (e.g., cost of therapy and language barriers), intrapersonal, or interpersonal.

“Is He Pushing Religion on You”

Applied to counselling, the attitudes people hold about mental health, as well as how therapists evaluate the worldviews of others, can both be seen as intrapersonal constraints (Scott, 2003). One area where I have found Principle I to lead to positive therapeutic outcomes in many guests is related to integrating faith-based concepts into practice. Early in my counselling practice, I would always hold back from integrating faith-based concepts with guests due to not being able to directly point to any evidence in the literature to support that exact intervention (which I now know is an area of research with many opportunities). Although I assumed it was competence holding me back, when I reflect on this issue, I realize that part of the problem is related to how faith, especially the Islamic faith, is perceived by other professionals. I recall one experience that still pops up in my mind from time to time that I would like to share with you.

Sarah (pseudonym) was a pleasant young girl enrolled in a highly prestigious private school. Her parents had reached out to me for support. After meeting her and building a strong rapport, she began to make considerable progress. The school psychologist who had been working with Sarah had said to her “Is he pushing religion on you?” Sarah was offended by this and informed her parents, who relayed the information to me. My response to them was that “I am sure she is just looking out for her best interest.” But deep down inside I was troubled, and still am. It made me think a lot about the first ethical standard in Principle I, respecting the dignity of other professionals and how this simple question can be perceived as a disrespectful.

Although Sarah’s school psychologist’s views of Islam were unknown to me, the socio-political climate surrounding Muslims may have had something to do with it. Nonetheless, when it comes to integrating faith into counselling, despite ample evidence to support such a practice (Gonçalves et al., 2015), I approach this issue with careful consideration and engage in a series of techniques to ensure that doing so is in line with the guest’s right to self-determination. I also believe that pushing religion on anyone is morally wrong, especially when such a power differential exists in therapy. In training Mosque staff and clergy, I often quote a verse from chapter 2, verse 256, in the Quran to support this view. The quote declares that there should never be any compulsion in religion (Khattab, 2017).

Over time I have developed many strategies to explore the guest’s worldview and to explain my approach during the informed consent process, looking for cues as to whether they want the integration of faith into the evidence-based practice I use. Initially, I do not ask explicitly if they prefer a spiritually integrated approach as I worry that it may be perceived as a form of coercion. After all, if

the individual perceives themselves to be a practising Muslim, they may feel that it somehow may be wrong to decline. It is also possible that guests may feel obligated to present as religious when in fact they are not. Regardless, as complicated as this strategy may appear, it should be noted that these issues are related to specialized practice and thus not expected by all therapists, whereas core skills that lead the guest to feel safe enough to speak freely and without judgement or criticism would be expected.

“What! I’m Not Crazy!”

Interpersonal constraints also can emerge from social interactions such as a loved one or a trusted figure having a negative view of seeing a stranger for counselling. Such challenges are common amongst Muslims (Saleem & Martin, 2018). It is not uncommon for Muslim guests (and many other cultural groups I work with) to hold the belief that seeing a psychologist somehow indicates that one is “crazy.” At the greeting phase, overcoming this constraint goes something like this:

Mahdi: Have you ever seen a psychologist before?

Guest: No!

Mahdi: When they referred you to me, what did you think?

Guest: . . . (with eyes wide open and looking at me as though I was offended)

Mahdi: Let me guess, you probably thought, “What! I’m not crazy!”

Guest (Bursting out in laughter as the “Ha-Ha” enables the “Ah-Ha”): Yah, Yah!

This exchange quickly transitions into challenging the stigma, explaining what they can expect in therapy, and making the therapeutic process seem as though it is something already inherent in the guest’s worldview rather than foreign to it. However, normalizing the process requires an understanding of what is normal for the guest. This may require us to go beyond our own assumptions of normalcy. After all, our world may be totally foreign to the guest, and vice versa. Paying careful attention to possible cultural mismatches is key to preventing ruptures in the relationship.

“I do Not Want Western Psychology”

Interpersonal constraints also can emerge from previous negative experiences with counselling. I recall a guest from several years ago who was referred by

her physician with concerns of possible post-traumatic stress disorder. Fatima (pseudonym), a married woman in her sixties, was born in Africa and had moved to Canada over 10 years before. She had seen a therapist and was displeased with the service, returning to her physician in disappointment. Knowing that I am a Muslim, she felt more comfortable trying again, but was still reluctant. She was brave enough to attend the session and assertively stated in the first few minutes of our Interaction, “I do not want Western psychology. I am a Muslimah⁴ and I want Islam.”

For Fatima, it was not the first time she had seen a psychologist. Whereas the stigma may be common to those who have never seen a psychologist due to the uncertainty of what to expect, she had been referred to a therapist and was displeased with the service. Without exploring her experience in detail here, it was apparent that her view of the field was shaped by her negative experience. I was able to discern with a reasonable degree of certainty that the issue she had with her previous psychologist was primarily due to a clash of worldviews. By the end of our journey together, she became convinced that what we had been doing in-session was indeed Islamic from her perspective and evidence-based from mine. For example, when the session was structured around spiritual development, she felt safe and would engage in the techniques we would discuss, with no hesitation. Even if such techniques required challenging some of her religious perspectives (this will be discussed in more detail later in the chapter with a different client). Furthermore, she would complete the homework with pleasure, despite being so busy in her personal life, and she was adamant about returning—all positive indicators.

I believe that it was the feeling of being respected that solidified the bond. In turn, this contributed to the positive therapeutic relationship and outcomes. Irrespective of one’s expertise in interventions, if Principle I is not upheld, premature termination is more likely. Whereas others may have a general reluctance and anxiety stemming from uncertainty or stigma, Fatima had had a negative experience with another therapist that made her feel disrespected. It is reasonable to conclude that such a poor previous relationship would make challenging dysfunctional patterns of thinking that were grounded in religious beliefs practically impossible and that questions and comments to this effect could be experienced as offensive, even if challenging the patterns was evidence-based, rational, and necessary.

Challenging Religious Views

Cultural competency is necessary, as adherence to Principle I may lead a therapist to not challenge dysfunctional religious views due to a fear of offending the client. One frequent concern Muslim guests express about seeing a non-Muslim

psychologist is that they are worried their religion will be seen as contributing to their pathology, will be excluded from the process, or will be misunderstood. Although this is usually a misconception, it can be true. This is perhaps where Islamically integrated therapy is most applicable but also most dangerous if the therapist is not competent in such therapy, even if the therapist is Muslim (See Principle II for more information on the importance of competence.)

For example, with Adam (pseudonym), the primary concern was obsessive compulsive disorder of the Islamic variety (not an actual type of OCD, but a phrasing that I find useful). When he engaged in the ritual ablution or washing up before prayer, he obsessed over whether he did it right or not and would repeat the ablutions several times. There were other problematic areas, including his fixation on whether the detergent his mom used had by-products that came from pigs (a religiously prohibited animal to consume in Islam) or whether his ill-feelings towards others would somehow cause them harm, and his excessive search for the right way of doing things from an Islamic perspective. These behaviours were causing him extreme distress and problems with his family. Although many different interventions were used in a culturally adapted format, the excerpt below demonstrates one reframe that opened the door to challenging the errors in his Islamic understanding as it related to his compulsive behaviours:

Mahdi: What is the purpose of Islam?

Adam: Uh . . . to guide us, tell us what is right and wrong . . .

Mahdi: All that sounds like control.

Adam: . . .

Mahdi: You see, all that is a function of Islam that leads to the ultimate purpose, which is to know God.

Adam: I never thought of it that way.

This type of dialogue has been well received by many of my Muslim guests and helps to differentiate between extrinsic and intrinsic forms of religiosity. Extrinsic forms of religiosity focus mainly on obligations and include a sense of external or internal pressure. The intrinsic form of religiosity includes a feeling of volition and wanting to engage in a religious act because the guest values it, or it is internalized into their sense of self. If the guest is motivated to practice their faith at a stronger level, adding a more spiritual dimension to their religiosity is warranted. If religiosity is seen as objective behaviours (e.g., prayer and fasting), then spirituality is the unseen quality of those behaviours based on the intention and sincerity of the act (Qasqas, 2018b).

Focusing on the ultimate purpose of Islam was not an attempt to suggest in any way that what Adam believed to be obligatory should be dropped; rather, it was to help him shift his motivation from extrinsic to intrinsic and from religious to spiritual. Utilizing the Islamic concept of intentions was essential and advantageous to move this line of thinking forward. Contrary to what might be assumed, freedom and self-determination are fundamental concepts in Islam.

Furthermore, the same concept can apply with Muslims parents who often are distressed over whether their children will keep their Islamic identity strong or not in a Western environment (Yousif, 2008). When the guest's faith is integrated into the process, it allows for stronger relationships to be built between family members as they begin to drop dysfunctional ways of unknowingly using religion as a form of control rather than a tool for liberation and happiness. Not having a deep understanding of the Islamic faith may not be something that most current and future psychologists need to stress over; instead, they can rely on their unconditional positive regard, openness, and effective listening. However, having a negative view of Islam and Muslims with no rational justification or concern for addressing such views, may not only be a direct violation of Principle I, but also a symptom of Islamophobia.

Limitations to Hospitality

Although being hospitable may be something that a guest expects or becomes comfortable with, it should not be assumed that it is universally acceptable. Some guests may conflate formalism with professionalism and not interpret the act in the same way. In addition, it should not be held as a virtue that always has benefit. If the construct of hospitality is to be studied further, possible negative aspects certainly should be explored. There may be times when being hospitable can have negative impact. For example, being hospitable may come off as insincere or manipulative. It also may run the risk of the guest-host relationship becoming overly familiar rather than friendly. As such, establishing clear boundaries becomes paramount—another area related to the informed consent process. There are likely many more limitations, but for now, culturally responsive hospitality does not require an unreasonable degree of work.

Nonetheless, I believe with reasonable evidence that integrating the guest's worldview into therapy is very advantageous and that it is supported by Principle I and ample research. This, in my view, is the hallmark of respecting the guest's inherent worth, dignity, and right to self-determination. Furthermore, gaining a broad level of knowledge about various cultures and the many intracultural differences is one important aspect of developing cultural competency. However, knowledge is necessary but not sufficient for competency. Skills, judgement, and

diligence are also necessary and are likely to develop over time. Starting with culturally responsive hospitality may prove to be a great step.

Recommendations Towards a Deeper Understanding of Muslims

To develop a deeper understanding of the lived reality of Canadian Muslims, visiting a Mosque or getting connected to a post-secondary Muslim Students' Association is strongly recommended. If neither of these practical strategies work for you, a third could be offering your Muslim guest a free session for you to ask questions about their lived reality (with their consent, of course).

Mosques and Muslim Students' Associations

If you have never visited a Mosque before or have apprehensions about it because you would feel like a stranger, I hope this section will change your mind. By visiting a Mosque, you may be able to get a better sense of how it may be useful for your Muslim guests. Of course, not all Mosques are the same and some may not have an open-door policy—not for any specific cultural reasons but primarily due to the lack of staffing. Keep in mind that most Mosques are grass-roots associations that are usually made up of volunteers. To increase the likelihood that your initial attempt is successful, search online for the term “Muslim cemetery” and identify the Mosque associated with it. The reason for this is that they are often the Mosques with the longest heritage in Canada (or other Western nations) and tend to be more open to outsiders dropping in. In such Mosques, hospitality is key, and you will be able to gain access to the list of open houses or other outreach programs they have.

More importantly, go with the attitude of being an invited guest and expect hospitality. Furthermore, allow the anxiety or excitement before going to add to your empathic understanding of how someone who may have a negative view of the field of psychology would feel meeting a psychologist. To be better prepared, perhaps ask about their hours of operation and book an appointment to meet someone. That is, apply everything you would do before visiting someone whom you do not really know well—yet!

If the Mosque is inaccessible, then know that nearly every post-secondary institution has a student union (or association) of Muslim students. There you will find a fruitful source of cultural informants who, in my experience, often are delighted to talk about their faith and lived experiences. In fact, on a yearly basis, Islamic Awareness weeks are common. Perhaps finding out when the next one occurs would be a great contribution on your part to get connected. You may find one or two students who are majoring in psychology (but do not be surprised

if they are mostly Engineering students); these students would benefit from your knowledge and experience as well.

Conclusion

Principle I, *Respect for the Dignity of Persons and Peoples*, was the focus of this chapter, primarily as it relates to cultural competence and the virtue and practice of hospitality. Principle I is far too sophisticated and complex to summarize in one chapter. In fact, hundreds of books have been written on the topic and I encourage you to read the works of many others to arrive at your own conclusions and practical strategies. This chapter, albeit a brief introduction, was intended to provide a foundation for working with persons from other cultures or faiths by expanding your understanding of hospitality. Although the focus was on Muslims, the concepts explored can be extrapolated easily to other cultures and faiths. This is something that I intend to continue to learn about and build upon for years to come, and I hope you will to, one small contribution at a time.

Stigma is often cited as a fundamental barrier to accessing services by immigrants, refugees, ethno-cultural and racialized communities (Mental Health Commission, 2016). However, this claim, supported by some evidence in Canada, still requires both more research and deeper thought. In my opinion, the stigma is a major red flag. As a field, we need to be doing more towards making the field seem more familiar to the worldviews of non-dominant populations. Understanding the high dropout rates and negative experiences of such populations when they receive services, as well as enhancing research and education about these populations (while not forgetting that each individual is unique) are steps in the right direction. Furthermore, respecting the dignity of Muslims or any other peoples should not be considered aspirational, but fundamental as an inalienable right that needs us all to reflect on our assumptions, biases, and prejudices. I can only hope that this humble submission can contribute to that truth and enhance our own attitudes, knowledge, and practices towards respecting the dignity of all those we come into contact with, professionally and personally.

Questions for Reflection

1. Within the context of Principle I, this chapter has placed a high degree of focus on the construct of the client as a guest. What are your thoughts about this construct?
2. Recall Fatima who said, “I do not want Western psychology. I am a Muslimah and I want Islam.” What would be your response to that statement? How would you demonstrate respect for her right to self-determination?

3. Although it is common for therapists to learn about the guest's culture in the session, it can be argued that depending on the guest to provide all cultural information could be an ethical problem. What are some arguments for and against this claim?
4. What are some benefits and challenges when working with someone of a different culture? Do you sense a conflict between holding to your own beliefs and respecting and utilizing the guest's beliefs?

NOTES

- 1 It should be noted that once bonds of trust and respect are formed (i.e., therapeutic alliance), the perks that go with hospitality would probably be far less important to the guest than the therapeutic relationship.
- 2 The two primary sources of Islamic doctrine are found in the Quran and the Hadith. However, it is important to note that Islamic studies is an entire field and thus there is much more to it. Also, sectarian differences may mean that individuals do not necessarily agree, and this is yet another testimony to the diversity of Muslims.
- 3 Eid is celebrated twice a year, after the month of Ramadan (a month of fasting from dusk to dawn) and after the greater pilgrimage called Hajj.
- 4 *Muslimah* is the term for a female Muslim and although the term Muslim is gender neutral, I wanted to honour her voice by not changing it.

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