



Original Article

Anti-Muslim Hatred in the U.S.: Couple Therapy Implications for Discriminated Muslim Couples

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Abstract

With the growing Muslim population in the United States, Islamophobia and discriminatory acts toward Muslims have been increasing. Negative images in the media, which have strengthened stereotypes about Islam, have affected Muslim individuals, couples, and families. Although the impact of islamophobia has been addressed for individuals, not enough attention has been paid to Muslim couples who experience discrimination due to their religious beliefs. Experience of harassment and negativity is likely to profoundly affect individuals' couple and family relationships. This lack of research may leave mental health professionals unprepared to sufficiently help Muslim couples that encounter discrimination. Thus, the present study discusses Muslims and their experiences in the U. S. before considering important concerns about couple relationships for mental health professionals working with this population. The purpose is to provide guidance and possible strategies to assist couple therapists for culturally competent practice with Muslim couples.

Keywords:

Couple therapy • Culturally sensitive therapy • Discrimination • Islamophobia • Muslim couples

ABD'de Müslüman Karşıtı Nefret: Ayrımcılığa Uğrayan Müslüman Çiftler için Çift Terapisi Uygulamaları

Öz

Amerika Birleşik Devletleri'nde artan Müslüman nüfusla birlikte, İslamofobi ve Müslümanlara yönelik ayrımcı eylemler artmaktadır. Medyada yer alan olumsuz imajlar sonucunda İslam hakkındaki artan kalıp yargılar Müslüman bireyleri, çiftleri ve aileleri etkilemektedir. İslamofobinin bireylere yönelik etkisi alanyazında yoğun bir şekilde çalışılmış olmasına rağmen, dini inançları nedeniyle ayrımcılığa uğrayan Müslüman çiftlere yönelik çalışmalar yeterince yapılmamıştır. Halbuki, bireylerin toplumda maruz kaldığı dışlanma ve olumsuzluk deneyimlerinin çift ve aile ilişkilerini derinden etkilemesi beklenir. Alandaki bu eksiklik, ayrımcılığa uğrayan Müslüman çiftlerle çalışan ruh sağlığı uzmanlarını gerekli yardımı sağlama konusunda hazırlıksız bırakmaktadır. Bu nedenle, bu çalışmanın amacı, Müslümanları ve onların ABD'deki deneyimlerini tanıtmak, daha sonra Müslüman çiftlerin ilişkilerinde yaşadıkları sorunları tartışarak çift terapistlerine kültürel açıdan yetkin uygulamalar konusunda rehberlik edecek bir kaynak sağlamaktır.

Anahtar Kelimeler:

Ayrımcılık • Çift terapisi • İslamofobi • Kültüre duyarlı terapi • Müslüman çiftler.

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At nearly 3.5 million people, Muslims are the third largest religious group in the United States (U.S.), and this number is expected to rise to over 8 million by 2050 due to immigration from foreign countries, births, and religious conversion (Pew Research Center, 2017). However, despite this growth, Muslims remain a minority population in the U.S. and encounter difficulties, such as adapting to society, acculturation issues, mistreatment in the labor market, rejection of employment, lack of social support, and insufficient resources to preserve their religious beliefs (Ahmed, et al., 2011).

After the terrorist attacks in the U.S. on 11 September, 2001, social disapproval and bullying of Muslims increased in parallel with media propaganda portraying Muslims as extremists (Aroian, 2012). Most Americans associated Muslims with violence, extremism, war, fanaticism, and terrorism while hostile attitudes, including hate crimes towards Muslims in the U.S., rise by 67 percent in 2015, the highest rate since 2001 (Federal Bureau of Investigation, 2016). These experiences of discrimination increased the risk of adverse mental health outcomes, including paranoia, anxiety, low self-esteem, and depression (Amer & Hovey, 2012; Ghaffari & Cifci, 2010; Lowe et al., 2019; Padela & Heisler 2010), and physical health problems, including heart disease, stroke, high blood pressure, preterm birth, cognitive impairment in children, obesity, and type 2 diabetes (Paradies et al., 2015).

Although exposure to discriminatory acts toward Muslims is very common in the U.S., little is known about the impact the romantic relationships of Muslim couples. Previous studies of minority couples (e.g., interracial and same-sex couples) provide some insights into minority discrimination and relationship outcomes. For instance, discrimination experiences reduce relationship satisfaction and interaction in interracial couples (e.g., Baptist et al., 2018; Genç & Su, 2021), although minority couples can mitigate the destructive effects of discrimination and protect their relationships (e.g., Baptist et al., 2018; Gamarel et al., 2014; Genç & Su, 2021). In particular, relationship maintenance strategies, such as positivity, honesty, problem solving skills, joint coping skills, and religiosity, lessen the effects of discrimination and strengthen relationship quality (Baptist et al., 2018; Genç & Baptist, 2020; Genç & Su, 2021). These responses could be essential in lessening the destructive impacts of discrimination on Muslim couples since, like minority couples, they may also use similar strategies to improve their relationships and alleviate the effects of religion-based discrimination.

Despite the rise in discriminatory attitudes against Muslims since 9/11, there is a lack of research on the discrimination experience of Muslim couples and its effects on their relationship outcomes. The current study therefore examines the religion-based discrimination experiences of Muslims and how these affect Muslim couple relationships. The findings may have therapeutic implications that can better equip couple therapists working with these couples.

Muslims in the U. S.

The U.S. Muslim population consists of different national groups: 65% is foreign-born, of which 58% is from the Middle East, 25% from North Africa, 35% from South Asia, 23% from Asia Pacific, 9% from sub-Saharan Africa, 4% from Europe, and 4% from other regions in the Americas (Pew Research Center, 2017). U.S.-born Muslims are also racially diverse, including Black (32%), White (35%), Asian (10%), Hispanic (17%), and mixed race (5%). While Muslim migration to the U.S. decreased after the Trump administration banned travel to the U.S. from seven predominantly Muslim countries (BBC News, 2018), the number of Muslims in the U.S. is projected to grow to over 8 million, making Islam the second largest religion after Christianity by 2050 (Pew Research Center, 2017).

Regarding the relationship status of Muslims in the U.S., 53% are married, 33% have never married, 8% are divorced, 4% are cohabitating, and 1% are widowed (Pew Research Center, 2017). Among married Muslim adults, 70% are foreign-born who married fellow Muslims (89%) compared to U.S. born Muslims (81%). According to a Pew Research Center report (2017), younger Muslims (ages 18-39) are more open to marrying non-Muslims (17%) than Muslims over 39 years old (9%). Muslims are more likely to prefer co-religionist partners if religion is important to them and/or they have mainly Muslim friends.

Muslims' History in the U.S.

Muslim immigration to the U.S. started about 400 years ago with three major waves. The first wave began as involuntary and forced immigration in the 17th century with the arrival of African Muslim slaves. Due to race and class struggles, there was no freedom of religion and religious practice was forbidden. Nevertheless, African slaves practiced in secret and passed on their religion to their children (Turner, 1997). The second wave began in the 19th century with Arabs escaping civil war from the Ottoman Empire's Syrian province (modern-day Lebanon, Syria, Jordan, and Palestine), and continued after World War I with Eastern European Muslims. This voluntary wave brought unskilled labor pursuing economic opportunities and safety (Azzaoui, 2009). The second wave continued after World War II with Muslims from India, Pakistan, Eastern Europe, and the Soviet Union looking for democracy, liberty, and/or opportunities for higher education (Azzaoui, 2009). This group brought many well-educated Muslim immigrants from different social and economic classes. The latest wave occurred following the 1965 Immigration Act, which opened the U.S. to immigration, thereby attracting well-educated and high-skilled Middle Easterners, Asians, and Africans (Haddad et al., 2009) pursuing education and career opportunities, and family unification.

In the last three decades, Muslims have been forcefully displaced or fled from their home countries due to fear of and persecution by Al Qaeda and ISIS (Islamic State of Iraq and Syria) extremists. During the Obama administration, many Muslim refugees were resettled in the U.S., because of continued war and terrorism in the Middle East (Connor & Krogstad, 2016). Yet, although Muslims immigrants arrived in the U.S. since the 19th century, they are not always accepted by Americans who associate Muslim people with terrorism (DeSilver, 2015). Hatred of Muslim immigrants has increased further since the 2017 executive order on immigration forbidding entry from certain Muslim-majority countries, specifically Iraq, Iran, Yemen, Sudan, Libya, and Somalia (Malone, 2018).

Muslim immigrants arriving in the U.S. to pursue a brighter future are commonly challenged by the poor reception they receive from American citizens due to the association of Muslims with terrorism, especially since the 9/11 terrorist attack. Additionally, they can struggle to adapt to living in a mainly Christian country as faith-based social support networks are limited. Muslims who settle in regions that lack fellow citizens from their home country and places for religious worship may feel particularly isolated (De, Van, & Keating 2015). The adjustment of Muslim immigrants to American culture can be conceptualized in terms of acculturation (Berry, 1997).

Acculturation and Assimilation of Muslims in the U.S.

Acculturation refers to the process of immigrants' learning and adapting to the host country's values, attitudes, lifestyles, and norms (Berry, 1997). According to Berry (1997), acculturation can involve four strategies: assimilation, separation, integration, and marginalization. Assimilation happens when an immigrant adapts to the host culture and rejects their original culture. Separation happens when an immigrant embraces their own culture and rejects the host culture. Integration happens when the immigrant maintains both the host's culture and their own. Marginalization happens when an immigrant wishes to keep their original culture and cannot form strong ties with the host culture. Acculturation is affected by several factors, such as demographic features (e.g., country of origin, age, gender, length of time in the U.S., occupation, and education), level of religiosity, language skill, and level of ethnic/religious identity (Berry, 2003).

Age is an important factor helping immigrants acculturate as younger immigrants tend to adapt more quickly than adults (Abbas, Sitharthan, Hough, & Hossain, 2018; Kim & Wolpin, 2008; Kalmijn & Kraaykamp; 2018). Likewise, adolescents have more time and opportunities for exposure to the host culture, which eases their acculturation (Berry, 1997, 2003). Conversely, adult immigrants commonly struggle to adjust, particularly if they perceive that adaptation means altering cultural beliefs, values, and traditions that are deeply embedded in their identity (Abbas et

al., 2018; Chudek, Cheung, & Heine, 2015; Marsiglia, Booth, & Baldwin, 2013). Acculturation becomes easier with time as immigrants become more familiar with the host culture's socio-cultural environment (Christmas & Baker, 2013). New immigrants may have more difficulties adjusting if they cannot speak the native language, which can increase isolation (Chudek et al., 2015; Lueck & Wilson, 2011). Education level also affects acculturation since a high level of education is linked with greater competence in English (Sheikh & Anderson, 2018). Assertiveness, social connectedness, and social interactions also facilitate acculturation and socializing with the local community, which helps immigrants discover and bond with the local culture (López-Rodriguez et al., 2015, Yoon, Lee, & Goh, 2008).

For Muslim immigrants, acculturation is complicated for several reasons. First, there is a lack of shared religious beliefs with many Americans (Awad, 2010; Haddad, 2004). Second, it has become harder due to discrimination experiences and negative stereotypes of Muslims in the U.S. since the 9/11 attacks (Kunst et al., 2012; Phalet, Baysu, & Van Acker, 2015). A third challenge concerns visible Islamic symbols, such as long beards for men, and hijabs or burqas for women covering the entire body (Fozdar, 2011). The hijab and/or niqab (i.e., a veil covering the face except for the eyes) are worn by some Muslim women in public to maintain privacy from men and show their submission to Allah. However, these garments may lead to more prejudicial and unfair treatment (Yasmeen, 2007) and even suspicion by law enforcement officers (Dellal, 2004), which may result in isolation from society. Another issue is the need to pray five times each day and eat only halal food, which is not available in many regions of U.S. (Amer & Bagasra, 2013). These are important practices for Muslims to preserve. However, their commitment to their religious identity, culture, and continued use of their mother tongue can increase the risk of discrimination, which may in turn hinder acculturation (Abbas et al., 2018; Al Wekhain, 2015).

Discrimination and Islamophobia

Islamophobia Pre- and Post-September 11, 2001

Discriminatory behaviors against Muslims have existed even before 9/11 (Bakalian & Bozorgmehr, 2011). Hostile attitudes toward Arabs and Middle Easterners in the U.S. began with U.S. foreign policy supporting Israel's occupation of the West Bank in the 1960s (Bakalian & Bozorgmehr, 2011). The double standards in U.S. policy toward majority-Muslim countries in the Middle East increased with World War II, and the Gulf War in the 1990s (Martin-Munoz, 2010). During the 1990s, Western media portrayed Muslims (particularly Middle Easterners) as brutal, barbaric, fierce, immoral, dishonest, extremist, and enemies (Park, Felix, & Lee, 2007; Sheridan, 2006). Following the 9/11 terrorist attacks, reported hate crimes

against Muslims (i.e., Islamophobia) increased before intensifying during the 2016 presidential election campaign with former president Donald Trump's call for a "total and complete shutdown of Muslim entering the U.S." (Sullivan & Zezima, 2016).

Islamophobia refers to unsubstantiated fear, intimidating attitudes and behaviors toward Muslims due to their religious beliefs that results in prejudice, hostility, discrimination, and even violence (Runnymede Trust, 1997). As a hostile attitude, Islamophobia can be either overt or covert in different settings. For instance, hate crimes are frequently reported, such as attacks on Muslim properties and places of worship, insulting messages through graffiti or drawings on mosques, verbal abuse like name calling, intimidating Muslims through leaving pork, pig heads or blood in religious places or residential areas, and excluding Muslims from chats (Abdelkader, 2016; Lorente, 2010; Sheridan, 2006). Such hostile attitudes against Muslims increased between after 9/11. Specifically, 50% of Muslims report that it has become more challenging to live in the U.S. as a Muslim in recent years, with almost half of Muslims experiencing at least one incident of discrimination per year (Pew Research Center, 2017). Hate crimes have also increased since 9/11 (e.g., shooting, physical assault, removing headscarves, insulting Muslims for their attire, vandalism, damage to mosques, particularly during Friday prayer or religious holidays, and leaving pig's heads or blood) (Abdelkader, 2016). Likewise, the Pew Research Center (2017) reported that anti-Muslim attacks increased by 19% from 257 in 2015 to 307 in 2016.

People who are hostile to Muslims are often triggered by traditional Muslim garments (e.g., women's headscarves) or grooming styles (e.g., long beards). Muslims whose physical appearance makes them easily identifiable are more likely to be targeted for discriminatory acts and hate crimes. Non-Muslims have more negative attitudes toward conservative Muslim outfits (e.g., hijab, niqab, and burqa) than Muslims in general (Helbling, 2014). Women wearing veils experience more discriminatory actions than Muslim men or Muslim women who dress in Western-style clothes (Weichselbaumer, 2019). For example, women who wear a headscarf are more likely to have their job applications rejected (Sterling & Fernandez, 2018; Weichselbaumer, 2019). Even if hired, Muslims may be asked to compromise their religious attire in the workplace or face biased performance evaluations (Ghumman & Ryan, 2013). In short, as the Muslim population increases, their clothing will become a substantial source of discrimination for prejudiced people in the U.S.

Discrimination and Mental Health

Increased religious hostility has left Muslims fearful of hatred and hostility from American society (Love, 2009). There is clear evidence that religion and race-based discrimination damages psychological and physical health (Kunst et al., 2012; Samari, 2016; Schmitt et al., 2014). In particular, insecurity since the 9/11 attacks

predicts post traumatic stress disorder (PTSD) symptoms among Muslims residing in New York (Abu-Ras & Suárez, 2009). Similarly, exposure to discriminatory acts is positively correlated with mental health problems, including stress, depression, anxiety, negative affect, PTSD, somatization, internalization, and suicidal ideation, thoughts, or attempts (Kunst et al., 2012; Lowe, Tineo, & Young, 2019; Phillips & Lauterbach, 2017; Samari, 2016; Schmitt et al., 2014).

On the other hand, several factors can buffer the effects of discrimination on mental health. Specifically, various individual and social factors, such as high self-esteem, social and family support, coping skills, religiosity, ethnic/religious identity, and religious congruence can protect the mental health of Muslims (Every & Perry, 2014; Genc & Baptist, 2020; Lowe et al., 2019). Conversely, failure to assimilate or integrate into American society can worsen their mental health (Abu-Ras & Suárez, 2009; Awad, 2010; Ghaffari & Ciftci, 2010).

Effects of Discrimination on Intimate Relationships

Although the U.S. is a diverse country that incorporates different races, faiths, and sexual orientations, certain kinds of minority couples (e.g., interfaith, interracial, and same-sex couples) still experience discrimination or social disapproval (Lehmiller & Agnew, 2006). Whether in the workplace, community, or from society in general, experience of hostility and discrimination due to minority status can significantly harm individuals, particularly if their religious identity reflects their values and guides their way of life. However, adaptive strategies may help alleviate the impact. Conversely, maladaptive strategies may exacerbate the situation by leading to conflict and harm to the victims and those close to them. Being in a minority and feeling rejected by society can often cause stress and tension between romantic partners (Baptist et al., 2018; Genc & Baptist, 2020; Genc & Su, 2021).

Such experiences can harm interaction between the partners, leading to invalidation, negative interpretation, and avoidance or withdrawal (Genc & Baptist, 2020; Markman, Stanley, & Blumberg, 2010). These negative styles of communication and interaction in turn cause relationship dissatisfaction, marital distress, reduced marital quality, relationship dissolution or separation, and higher divorce rates (Cox, Buhr, Owen, & Davidson, 2016; Genc & Baptist, 2020; Genc & Su, 2021). On the other hand, these difficult experiences may strengthen intimate relationships through creating chances for closeness and support. Thus, the relationship may function better through increased commitment, stability, and satisfaction (Baptist et al., 2018; Genc & Su, 2021; Kamen, Burns, & Beach, 2011).

Although the impacts of discrimination experiences on Muslim couples have been less studied, it can be predicted that Muslim couples, like other minority couples,

also face similar hostile attitudes from American society due to their religious beliefs. While exposure to hostile attitudes in society can harm Muslims' mental and psychological health (e.g., Lowe et al., 2019), its impacts on Muslim couples and their relationships are not well known. One recent study found that Muslim couples who experience couple discrimination in the U.S. lower relationship satisfaction and more negative interactions. However, the impacts on relationship satisfaction were buffered by their joint coping skills (Genç & Baptist, 2020). Given that the Muslim population in the U.S. is increasing, couple therapists need to better understand the discrimination experiences of Muslim couples to provide more effective therapy.

Religiosity and Muslim Couples: A religion that instructs people to be loving, faithful, patient, and forgiving promotes healthy relationship outcomes (Lambert & Dollahite, 2006; Mahoney, 2010). Accordingly, the partners' religiosity can significantly affect marital quality, satisfaction, and stability (e.g., Perry, 2014; Mahoney et al., 2008). Religiosity refers to a person's religious beliefs and behaviors as well as the subjective importance of religion to that person (Chapman, 2014). Religious involvement also reduces divorce rates (Brown, Orbach, & Bauermeister, 2008; Vaaler et al., 2009), increases marital adjustment (Schramm et al., 2012) and conflict (Lambert & Dollahite, 2006; Mahoney et al., 2008), and improves couples' communication (Parker, 2009). In Islam, marriage is obligatory and its benefits are emphasized in the Quran and the Hadith of the Prophet Muhammed. Devotion to Islam can protect Muslim couples and provide stability and commitment (Alshugairi, 2010). When Muslim partners have similar levels of religiosity and pray together, they report greater marital satisfaction (Abdullah, 2017). Given the role of religion in relationships and the importance for Muslim couples to practice their religion, it is expected that religiosity may protect relationships by buffering the negative effects of discrimination on relationship satisfaction.

Clinical Implications for Therapy with Muslim Couples

While couples' discrimination experiences are challenging, they could also provide a continuous source of growth in relationships. Thus, couple therapists could help Muslims to turn these negative experiences into growth opportunities. First, therapist self-awareness is essential for effective treatment, as indicated in article 1.1 of the 2015 American Marriage and Family Therapists Association (AAMFT) code of ethics: "[be] aware of and respect cultural, individual, and role differences, including those based on age, gender, ethnicity, culture, national origin, and religion". Non-Muslim therapists should therefore look closely at their own beliefs and biases while working with Muslim couples (Falicov, 2014; Kelly et al., 2013). Second, therapists must try to connect across differences with their clients in worldviews and values, experiences, and power. However, some therapists may be unfamiliar with religious-

based experiences or feel confident in addressing religious issues in therapy (Duba & Watts, 2009). To enhance their understanding of Muslim couples and establish rapport, therapists should consult and collaborate with Islamic religious leaders (imams) or religious advisors and scholars (Duba & Watts, 2009). Outreach work and environmental changes could increase therapists' awareness and help them adapt their therapeutic models (Amer, 2006; Tanhan & Young, 2021).

Given that discrimination experiences may cause distress and tension between partners, leading to conflict in romantic relationships, couple therapists should assess these experiences and identify potential conflicts in the relationship. Having established a therapeutic relationship, the therapist can identify the specific implications by exploring past experiences and hidden emotions to reveal their negative impacts on the couple's relationship. This can then be used to lessen distress and increase the emotional bond between Muslim partners. Several culturally appropriate therapeutic interventions can be offered for Muslim couples. For example, using emotionally-focused therapy (EFT) techniques, an EFT therapist can outline the couple's struggles and conflicts in their relationship before exploring their negative interaction cycle to reframe the problems and access underlying feelings and attachment needs. Afterwards, the therapist facilitates the expression of each partner's needs and wants to help the couple develop a new interaction response. Finally, the therapist focuses on new solutions to old problems and consolidates the new positions of each partner by evoking reciprocal positive responses from them (Johnson, 2004).

Solution-focused couples therapy (SFCT) can also be applied to Muslim couples in a religiously sensitive way (Ime, 2019). Using SFCT techniques, therapists can investigate the partners' potential strengths, hopes, and expectations to improve their relationships. While focusing on the relationship's strengths, miracle questions can be changed into Quranic expressions (e.g., "If a miracle happens..." can be rephrased as "If Allah wills..."). SFCT therapists guide couples to develop positive solutions to resolve their problems by discovering the couple's strengths and hopes for the future.

Integrative behavioral couple therapy (IBCT; Jacobson & Christensen, 1996) can also be recommended for distressed Muslim couples. IBCT, which focuses on emotional acceptance and positive behavioral change through communication and problem-solving skills, includes three phases, starting with observation of the problem to encourage the partners to develop a novel and accepting view of their relationship problems. In the second phase, they develop a 'deep' understanding of their relationship difficulties. To do so, they explore differences between them, hidden emotions, external stresses, and communication patterns that might exacerbate their problems. In the final response phase, the partners develop a plan to solve their problems and improve their relationship.

Positive psychology couples therapy (PPCT; Chan, 2018) could also be useful while working with Muslim couples. PPCT explores and enhances the positive features and strengths of the couple's relationship by reducing stress and changing negative communication patterns. Several positive interventions, such as HOPE (i.e., Handling Our Problems Effectively), can be adapted for Muslim couples by integrating behavioral and solution-focused techniques for conflict resolution. Additionally, the "best possible future" exercise can help Muslim couples develop positive emotions by considering positive incidents that might occur in the future while the "emotional bank account" exercise may help couples enhance their intimacy. All these interventions teach partners to support each other, develop empathy, express their love and gratitude, and show appreciation (Genç, 2021). This enables them to build strong ties and rely on each other when encountering distress, which ultimately helps to ease their relationship problems.

Empirically informed treatments need to be developed or formally adapted for Muslim couples experiencing discrimination. While some therapy models can be applied to distressed Muslim couples, as outlined above, it is unclear whether such treatments are effective for Muslim victims of hate crimes or other discriminatory acts. Thus, empirically tested interventions are urgently needed to ensure that discriminated Muslim couples receive effective and culturally tailored treatment.

Conclusion

Since the 9/11 terrorist attacks, discrimination and bias against Muslims in the U.S. has increased sharply. Although previous studies have revealed prejudicial attitudes toward Muslims, these unfavorable experiences also impact Muslims' romantic partners and their relationships. Such unpleasant experiences lead Muslims to seek mental health services to deal with stress, depression, anxiety, and marital distress. Despite this growing need, there has been little research on the effects on a couple's relationship of perceived religious-based discrimination. Furthermore, couples and family therapy programs are not yet sufficiently culturally sensitive while many relationships therapists do not feel confident enough to help Muslim couples because they lack even a basic understanding of Islam and Muslim family life.

Therefore, this study outlined the situation and struggles of Muslims in the U.S. as a minority population. It then suggested how couples therapy practices can be used with Muslim couples who experience religious-based discrimination in the U.S. The current study suggests that therapists should remember that Muslim couples encounter unique challenges due to their religious beliefs and values. Hence, couple and family therapists are advised to a) gain awareness about Islam and use this to build rapport, b) carefully assess how Muslim couples are affected by their struggles and

how Islam operates in their lives, and c) incorporate Islamic beliefs in the preferred therapy model that focuses on the couple's strengths to find new solutions for their relationship problems.

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