

Manijeh Daneshpour. *Family Therapy with Muslims*. New York, NY: Routledge, 2017.

In 2018, a Pew Research Center article entitled “New estimates show U.S. Muslim population continues to grow” took a national stance. To the surprise of many, it highlighted a new discussion: Islam will be the second largest religion in the U.S. by 2040 (Mohamed 2018). For some, this marks a moment of change and a long-awaited potential for inclusion; for others it marks fear, mostly due to the unknown and the negative and oppressive rhetoric spread by the rise of global Islamophobia. As we progress towards this pivotal year, one thing remains clear: We as clinicians need as many tools as possible to provide the most cultural, religious, and spiritually aligned interventions for our American Muslim communities as possible. Previously, the accessibility and range of resources that supported their mental health care was very bleak, as most Muslims were seen as a monolith and securitized under the threat of terror.

As research began to shift, we started to embrace the wealth of diversity found within this specific population. Although this can be quite invigorating, it comes with several inherent shortcomings. As highlighted by the Pew Research Center article, the community’s ongoing growth can be connected to several factors, such as immigration patterns and rising conversion rates (Mohamed 2018). While this provides *some* insight into what is occurring in the country, it only gives us a partial picture of how to *serve* these various community needs. Therefore, two questions need to be asked and addressed with regards to the clinical training that mental health practitioners provide to this community:

1. Have clinicians identified how Western clinical training could stifle the understanding of distinct needs within Muslim families?
2. How do clinicians incorporate an Islamic-centered lens into Western clinical training?

Manijeh Daneshpour – a professor in the Department of Couples and Family Therapy of Alliant International University in Irvine, CA; and a licensed marriage and family therapist with 20 years of academic and clinical experience – takes a beautiful and concise systematic approach within her guide, *Family Therapy with Muslims* (2017). The first of its kind, she provides readers with a plethora of knowledge for both Muslim and non-Muslim practitioners. Her insights are broken into two parts: Part 1: Muslim Spiritual, Social, Family, and Political History; and Part 2: Family Therapy Theories.

Part 1 provides mental-health practitioners with a general foundation of Islamic religious practice. The author both highlights and describes the importance of understanding Islam’s foundational beliefs and dedicates an entire section to major cultural differences and similarities pertaining to family systems within various Islamic civilizations. For example, the distinction between South Asian, Arab, and African nations are described to better inform the reader on cues to enhance cultural understanding. All this tie into how we, as Western providers, have “umbrella-ed” the entire American Muslim experience into one, without understanding the inter- and intra-cultural differences, as suggested by the author.

As most Muslim countries were the creations of European colonialism, “examining the history of the people affected, particularly who did what to whom, helps explain Muslim family identity and many relational and cultural issues they currently face” (p. 55). Basing herself on this history, Daneshpour then analyzes the impacts of colonialism, gender, and power, implying thereby that we cannot grasp the very diverse American Muslim experience without first dissecting the interconnection between these three nuances. When considering the first proposed question of this review, the intersection of colonialism, gender, and power builds a model to understand and challenge the Western clinical training provided in major American institutions. Rather than generalizing Muslims, we now see the importance of bringing East and West together.

The manual’s second part describes the popular Western family therapy theories used to train mental health practitioners. The author begins by assessing family therapy, which guides the family to conversation and builds the backbone to how clinicians will discuss and choose the proper course of treatment. In this section, Daneshpour provides profound points on how to stay transparent with American Muslim families while seeking to understand how to earn their trust. Once this rapport has been established, she then provides a theoretical and clinical context to the following modalities: Structural Family Therapy, Bowenian Family Therapy, Experiential Family Therapy, Contextual Family Therapy, Feminist Family Therapy, and Post-Modern Family Therapy.

The information provided on the theoretical frameworks and tools is both easy to comprehend and simplified to promote clinical confidence. However, this analysis went beyond a mere theoretical outline, for it presented an additional lens on how this could be applied with an Islamic perspective. This not only answered the second proposed question of this review, but also demonstrated how attainable this goal could be. As evidenced through case studies, Daneshpour showed the lifecycle of a therapeutic intervention through her own practice, described the symptoms that practitioners need to identify within families to better understand the ever-changing nuances, and, importantly, contended that these theoretical models can be seen as a scale to better serve the wide collective of American Muslim identities. All in all, there should be no “one size fits all” approach, but rather an understanding of the family system, culture, and religious practices to better guide one toward which model to choose.

One area that was not highlighted was guidance, particularly to Muslim mental health practitioners. Granted that this book was written to help all practitioners interact with Muslims, several practitioners will self-identify as Muslim. Therefore, additional guidance on how to navigate complex scenarios would benefit the Muslim mental health community. One example of discussion could be how to be a part of the Muslim community while being a practitioner. For example, what if a practitioner and the patient attend the same mosque? After all, the Western clinical lens would suggest maintaining confidentiality and avoiding contact unless the client makes the first contact. Would this perspective also apply to the American Muslim population, or would it cause more harm to the therapeutic relationship?

In conclusion, this book lays out an intentional path for mental health practitioners interested in serving this country’s Muslim community. It also provides a lens that can

challenge Western clinical training while promoting a new perspective that can sustain healing and growth with a community that continues to diversify.

Review by Newzaira M. Khan, LCSW

Newzaira M. Khan is a Licensed Clinical Social Worker that treats anxiety, depression, and chronic trauma within her private practice, Salaam Initiative. She is also a Community Engagement Specialist for Eastern Virginia Medical School where she contributes to the work of community inclusion and health equity. Within her on-going studies, she is currently a PhD student at Old Dominion University where she intends to study the role of media and representation on American Muslim politics. In addition, she is attending The Islamic Seminary of America to obtain her Master's degree in Islamic Studies. Within her free time, she likes to spend time with her husband and three cats, play lots of pickleball, and read.

References

Mohamed, Besheer. 2018. "New estimates show U.S. Muslim population continues to grow." *Pew Research Center*. Accessed September 29, 2023. <https://www.pewresearch.org/short-reads/2018/01/03/new-estimates-show-u-s-muslim-population-continues-to-grow/>.