Religion, Ethnicity, Culture, Way of Life: Jews, Muslims, and Multicultural Counseling

Lewis Z. Schlosser, Saba Rasheed Ali, Sandra R. Ackerman, and J. Jane H. Dewey

Jews and Muslims represent 2 unique cultural groups that have been relatively under-examined by multicultural counseling scholars. In this article, the authors review the recent literature on Jews and Muslims, synthesize and discuss the commonalities across these 2 groups, provide some recommendations for counseling members of these populations, and offer suggestions for future research.

Since Pedersen's (1991) articulation of multiculturalism as a generic form of counseling, there has been an explosion of research on cultural and diversity issues. During the same time period, however, there has been much less scholarship focused on religious diversity in general (Schlosser, Foley, Poltrock, & Holmwood, in press) and on Jews and Muslims in particular (Ali, Liu, & Humedian, 2004; Langman, 1995; Schlosser, 2006). For example, there has been recent survey research examining the frequency of the explicit inclusion of Jews and Muslims as a topic of training in multicultural counseling courses associated with counseling psychology doctoral programs accredited by the American Psychological Association (Priester et al., 2008). Priester et al. found that only 8% of the courses covered Jews as a distinct cultural group, and only 2% of the courses presented Muslims as a distinct ethnic group. This inattention is partly due to Christian privilege (i.e., the unearned benefits afforded solely to American Christians; Schlosser, 2003) and the assumptions of the universality of Christianity.

Christian privilege is one of several nonconscious ideologies—like White privilege and male privilege—that pervade U.S. society and are typically unnoticed and unquestioned by the dominant religious, ethnic, or cultural group. In the case of Christian privilege, the dominant religious group in the country is Christianity, and this has many manifestations and implications (e.g., school calendars that reflect only Christian religious holidays; Schlosser, 2003). The inattention to Jewish and Muslim topics in multicultural research and training may also be a function of the complexity of religion as a construct of interest for scholarly inquiry (for a more detailed discussion of the inattention to religion in psychology, see Schlosser et al., in press). Because American Jews and Muslim Americans cannot be described adequately by the current demographic taxonomies of race and ethnicity (Ali et al., 2004; Schlosser, 2006), these groups

Lewis Z. Schlosser, Sandra R. Ackerman, and J. Jane H. Dewey, Department of Professional Psychology and Family Therapy, Seton Hall University; Saba Rasheed Ali, Division of Psychological and Quantitative Foundations, University of Iowa. *The order of authorship for the third and fourth authors was determined alphabetically. The authors are grateful to Julie R. Ancis and Paul E. Priester for their helpful comments on an earlier draft of this article.* *Correspondence concerning this article should be addressed to Lewis Z. Schlosser, Department of Professional Psychology and Family Therapy, Seton Hall University, 316 Jubilee Hall, South Orange, NJ 07079 (e-mail: lewis.schlosser@shu.edu).*

© 2009 by the American Counseling Association. All rights reserved.

are frequently seen as solely religious identities and excluded from the multicultural discussion. Therefore, our purpose in this article is to discuss the extant research on American Jews and Muslim Americans and to provide direction for counseling efforts and future research with these populations.

Being Jewish or Muslim is often a central, if not primary, aspect of identity. Jewish and Muslim identities comprise cultural, ethnic, religious, spiritual, and secular components (Ali et al., 2004; Schlosser, 2006). These integral identities must be attended to with greater consistency, clarity, and quality in the science and practice of multicultural counseling because being Jewish or Muslim extends beyond religious identity as it has been traditionally conceptualized. For example, many people tend to view religious identity as existing on a spectrum of religious adherence (e.g., conservative to liberal). However, this approach fails to consider the important secular or cultural identity that can be just as important for some Jews and Muslims as is an identity that is centered on religious beliefs and spirituality. In addition, this approach fails to take into account the behavior of Muslims and Jews in the context of religiosity and does not acknowledge within-group variability. Muslims, for example, might consider themselves to be highly religious but choose not to attend a mosque because they do not agree with the conservative values represented in that particular mosque. This behavior might be misunderstood as a lack of religious conviction, when it may actually be more about a lack of identification with a specific type of religiosity. Furthermore, religious identity is a multifaceted and fluid concept that can have a variety of influences on significant life choices (e.g., choice of romantic partner and/or career path).

Of course, there is substantial within group variability for Jews and Muslims. Some examples of how this variability manifests include nationality, language, acculturation and enculturation status, gender-related issues, child-rearing practices, and differences among the sects and denominations within Islam and Judaism. Regarding rearing children, American Jews and Muslim Americans must contend with the additional stress of raising their children in a country (a) with a historical bias toward Christian beliefs and values; (b) with an overwhelming Christian majority (i.e., 78% Christian; Pew Forum on Religion and Public Life, 2008); and (c) that is, at times, hostile toward non-Christians (Schlosser, 2003). It is also important to remember that many Jews and Muslims have more than one identity for which they might experience oppression (e.g., African American Muslims, Jewish women). As a result, there may also be significant within-group differences for Jews and Muslims along the dimensions of race, gender, denomination, and/or sect.

The identification of Muslims and Jews as ethnic minorities is crucial to the counseling field for several reasons. First, significant numbers of Muslims and Jews may seek counseling at some time in their life. Muslims and Jews are the two largest non-Christian groups in the United States; there are between 6 and 8 million Muslim Americans (Ali et al., 2004) and between 5 and 7 million American Jews (Schlosser, 2006). Islam is also the second largest religion worldwide (Esposito, 1998) and one of the fastest growing religions in the United States (Ali et al., 2004). Jews are known to value and use mental health services (Schlossberger & Hecker, 1998). Some cultural barriers exist that may

block many Muslims from seeking therapy; however, the societal stressors faced by Muslim Americans are abundant, and this may lead some to seek the services of mental health professionals despite these barriers.

Second, members of these groups continue to be subjected to negative attitudes, hostility, and discrimination (Ali et al., 2004; Schlosser, 2006). For example, of the 1,405 religiously motivated hate crimes committed in 2005, 976 (69.5%) were anti-Jewish and 150 (10.7%) were anti-Islamic; these 1,126 crimes represent 13% of all reported hate crimes in 2005 (Federal Bureau of Investigation, 2006). When placed in the context of the numerical status of these groups as minorities in the United States, these statistics are especially worrisome.

Third, it is critical to understand the complexity of Jewish and Muslim identities. Being a Jew or a Muslim encompasses much more than just identifying with a particular set of religious beliefs; it includes cultural, racial, gender, economic, and familial considerations as well (Ali, Mahmood, Moel, Hudson, & Leathers, 2008; Friedman, Friedlander, & Blustein, 2005; Herzbrun, 1999). In addition, as noted previously, one's Jewish or Muslim identity is often central to one's overall identity (Ali et al., 2008; Friedman et al., 2005).

Fourth, it is with good reason that we present American Jews and Muslim Americans together in this article. These two Abrahamic religions have a common ancestor and, thus, a common narrative. For Judaism, the story is about the covenant between G-d and Abraham. For Islam, the significance of Abraham's story lies in the fact that he is a prophet and the father of Ishmael—a Muslim patriarch. In fact, many Muslims view Islam as the full mature development of the religion created by Abraham. As a result, Jews and Muslims have some similar traditions and shared practices (e.g., dietary restrictions). Furthermore, both Jews and Muslims experience xenophobic intolerance and must contend with Christian privilege (Ali et al., 2004; Schlosser, 2003, 2006).

The remainder of this article is divided into three parts. The first two sections are reviews of the research published since Pedersen's (1991) special issue on multiculturalism, with one section focused on Muslims and the other on Jews. We identified the sources reviewed through a search of the PsycINFO database for relevant terms (e.g., *Jews, Jewish, Muslims, Islam*). The final portion is a discussion and synthesis of the extant research on Muslims and Jews, including an integration of common themes, implications for counseling professionals, and suggestions for future research.

Research on Muslims From 1991 to the Present

Despite Islam being the fastest growing religion worldwide and in the United States, there is relatively little research that discusses the experiences, identity issues, and counseling needs of Muslims. Since Pedersen's (1991) special issue articulating multiculturalism as the *fourth force* in psychology, one catastrophic event brought Muslim Americans to the forefront of the American public consciousness and to the mental health community. The terrorist attacks of September 11th, 2001, highlighted a growing need among counselors to understand Islam (Ali et al., 2004). Much of the literature discussed in this section has been generated post-September 11th in an effort to educate mental health professionals about Islam.

Identity Development

Identity development among American Muslims is a complex issue given the substantial variability regarding nationality, ethnic background, immigration status, and sectarian differences. In terms of national identity, the American Muslim population is divided between immigrants and nonimmigrants (Ali et al., 2004). The ethnic breakdown of Muslim Americans is as follows: South Asians (33%), Arabs (25%), Middle Eastern/non-Arabs (5.2%), and East Asians (1.3%); groups representing nonimmigrant Muslims include African Americans (30%) and Caucasians and Latinos/as (2.2%; Bagby, Perl, & Froehle, 2001, p. 17). As stated previously, contextual issues greatly influence Muslim identity development. Consequently, culture of origin, generational status, geographic area, religiosity, political context, and access to other Muslims or Muslim communities all affect the development of a person's Muslim identity.

There is limited empirical research on the constructs of Muslim identity; most of this literature is conceptual in nature. One concept that has been discussed is the issue of *collectivism* and its influence on Muslim identity development. The majority of Muslims in the United States are ethnic minorities from collectivistic cultures. Dwairy (2006) argued that Western perspectives on personality development have failed to consider the values of people who live in a collective cultural system and the ways in which this system may influence personality development. He also asserted that Muslim identity development is predicated on a collectivistic mentality. Commenting on this point, Dwairy noted that "traditional Arabs/Muslims simply believe that they and their families are one entity. They are not aware of a personal self or identity that is differentiated from the family" (p. 66).

Consistent with writings on other minority groups, Dwairy (2006) pointed out that a holistic and systemic approach, as opposed to a focus on intrapsychic conflict, may be the best approach to conceptualizing Muslim identity, arguing that the majority of the problems that Muslims and Arabs experience are intrafamilial. For example, conflicts that arise that may appear to be intrapsychic in nature (e.g., symptoms of obsessive-compulsive disorder) are often rooted in or related to a family conflict (Dwairy, 2006). Another construct that has been discussed in the literature concerns the *acculturation* process for Muslims who have migrated to the United States from other countries. Hedayat-Diba (2000) pointed out that as immigrant Muslims integrate into U.S. society, they increasingly identify more with Western values than with their own cultural values.

Mahmood (2006) identified Islamic *sectarianism* as another aspect of religious identity that has a great influence on personality development. Within Islam, there are two main sects, Shi'ites and Sunnis, and religious practices and cultural norms can vary between these two groups. For example, Mahmood discussed the importance of the concept of martyrdom in the Shi'ite philosophy and how this is central to personality development.

The cultural (i.e., secular) identity of an individual or group also often heavily influences the religious identity and practice of Islam. Regarding cultural identity, it is important to understand that not all Muslims are actively practicing their religion. Similar to some American Jews, some Muslim

Americans consider themselves to be cultural Muslims; others identify more strongly with their faith and adhere more strictly to Islamic tenets.

Other scholars have described some of the basic underlying Islamic beliefs that may influence Muslim identity and personality development. For example, Ansari (2002) described personality/identity development from the Islamic perspective stating that a person is composed of the body (physical), the spirit, and the mind. The mind is considered to be the psychological personality of a person and acts as an intermediary between the physical needs and the spiritual aspirations of the individual, ensuring that a balance exists between the two (Ansari, 2002). In Islam, achieving a harmonious balance between physical and material needs and spiritual and religious obligations is paramount to a healthy identity. Therefore, it is expected that a person will maintain self-discipline in the worship of Allah, while also participating fully in life (Ali, 2006). From this perspective, Muslims are expected to identify and develop an occupation, acquire wealth (but not to hoard it), and be responsible for meeting the needs of their family while also remembering to worship Allah through prayer and charitable actions. Thus, a central focus of one's thoughts, feelings, and behaviors is to serve Allah through daily acts of worship.

Although very little empirical research has been conducted on Muslim identity, there have been a few recent examinations. One such research study examined the feminist identity of Muslim women living in the United States. Ali et al. (2008) explored the views of feminist identity and religion among a group of Muslim and Christian women. They found that despite the misperception that Muslim women are not feminist and are oppressed by religion, many of the Muslim participants identified themselves as feminist and described their religion as supportive of feminist ideals.

Another study conducted by Cole and Ahmadi (2003) investigated the expression of religious identity in relation to wearing the *hijab* (commonly known as the *headscarf*) among Muslim women on a college campus. The participants in this qualitative study described the hijab as a cultural and religious obligation and reaffirmation of their Muslim identity. A few of the participants indicated that they periodically removed the hijab when they were in school to avoid negative and discriminatory attention from non-Muslim classmates.

Finally, Inayat (2002) conducted a study of Muslims living in England investigating the meaning of being Muslim in the wake of the September 11th, 2001, terrorist attacks. Many of the participants reported a loss of identity, confusion, and a fear that their children would not retain a Muslim identity. Similar studies have yet to be published regarding Muslim Americans. Further research that focuses on understanding multiple identities (e.g., religion, ethnicity, immigration status) among Muslim Americans will increase counselors' understanding of the relevance of these identity issues for counseling practice.

Counseling Muslims

Commensurate with the literature on Muslim identity, research on counseling and psychotherapy with Muslims is also limited to a few published books, book chapters, and conceptual articles. Some authors (e.g., Ali, 2006) have

contended that Islam and counseling are not inherently in conflict. In fact, some elements of Islam could be seen as strongly supporting the counseling process (e.g., the hadith, literally "sayings of the Prophet," that one should go as far as China to seek knowledge—and counseling is a form of seeking self-knowledge). However, within most Muslim communities, there remains a stigma connected with seeking mental health services. Many authors (Dwairy, 2006; Hedayat-Diba, 2000; Kobeisy, 2004) have recognized that most of the Muslim world still considers mental health issues to be the fault of those persons who are experiencing distress in their life. Among the common explanations in this regard is the assertion that individuals who experience mental health problems may lack sufficient religious faith or family support.

In a study exploring universal and mental health attitudes among a sample of Muslims, Kelly, Aridi, and Bakhtiar (1996) found that a substantial minority of Muslims indicated a willingness to seek counseling from a non-Muslim counselor, but most would want the counselor to have a good understanding of Islam. There are many writers who have discussed ways in which therapists and counselors can increase their multicultural counseling competence in working with Muslim clients. For example, Ali et al. (2004) noted that being aware of negative stereotypes about Islam and Muslims is a good strategy for building rapport with Muslim clients. At the same time, demonstrating awareness of said stereotypes may facilitate Muslim American clients' comfort with discussing any anti-Islamic experiences. Furthermore, counselors need to address Muslim clients' attitudes about seeking counseling, including the perceived stigma associated with issues related to mental health. Ali et al. (2004) cautioned counselors about imposing a Western value system on Muslim clients because focusing on oneself and self-disclosure are discouraged in most Islamic communities. As with most clients, building trust is essential to effective counseling with the Muslim client. In summary, Ali et al. stated that counselors should allow the client to explore issues related to cultural mistrust. For example, it might be helpful for Muslim clients to discuss their concerns about revealing personal information about themselves with someone outside their family before they begin the process of disclosing information.

Furthermore, in a study conducted among British Muslims examining religious factors related to coping with depression, Loewenthal, Cinnirella, Evdoka, and Murphy (2001) found that Muslims believed that their faith and social support were better coping mechanisms for dealing with depression than was mental health treatment. This finding was consistent when Muslims were compared with other religious groups as well. Recent scholarship suggests that the integration of religious and spiritual themes and/or practices into counseling may be effective with Muslims (Ahmed & Reddy, 2007; Hamdan, 2007). For example, Hamdan stated that offering reframes or alternative beliefs using religious coping statements and beliefs may help Muslims clients to counter faulty cognitions regarding counseling. Razali, Hasanah, Aminah, and Subramaniam (1998) found support for using cognitive techniques that incorporate the Qur'an and Hadith in countering faulty beliefs with clients who were diagnosed with anxiety and depression. Ali et al. (2004) suggested that this evidence supports the notion that

integrating religious principles and coping strategies (e.g., reading the Qur'an, using the five daily prayers) into therapy might be helpful for Muslims who are coping with depression and anxiety. However, they caution that this may not be useful for Muslims who may be experiencing depression because of religious identity conflict. In these instances, mental health professionals should help Muslim clients explore their religious identity conflict to determine its potential role in the client's depression.

Another clinical issue that may be affecting Muslim clients is post–September 11th, 2001, terrorist attack anxiety (Ali et al., 2004; Mahmood, 2006). This type of anxiety may be associated with a Muslim's concerns that government entities are targeting them unfairly or that they will be required to demonstrate loyalty to the United States by denouncing their religious beliefs. Although many members of Muslim communities openly discuss their concerns and fears with one another, they may be reluctant to share their fears with a non-Muslim counselor, even though these fears are a significant source of distress for them. Non-Muslim counselors may be able to learn more about the concerns of Muslim clients by visiting with religious leaders in their clients' community. These individuals may be able to give counselors a general sense of the common issues facing Muslims in a specific community, which would provide the counselor with avenues for approaching these topics with Muslim clients.

Further research in this area is warranted. With the rapid growth of Islam, it is imperative that counselors consider how Islamic identity and attitudes toward counseling relate to one another. In addition, with the ever-increasing numbers of Muslims in the United States, it is likely that religious identity, conflicts, and misunderstandings may be salient issues not only for Muslim clients, but also for enhancing cross-cultural dialogues among counselors and society.

Research on Jews From 1991 to the Present

Although multicultural counseling has helped increase the attention given to Jews and Jewish issues, related theory and research are lacking (Friedlander et al., 2005; Schnall, 2006), and there remains a great deal to learn about this diverse cultural group (Schlosser, 2006). The limited empirical work is largely focused on the Shoah (i.e., the Holocaust), with some literature on identity development and antisemitism (*Note.* The spelling of *antisemitism* in this article is purposefully different from that in *Merriam-Webster's Collegiate Dictionary, anti-Semitism.* Please see Schlosser & Ancis, 2008, for a more detailed discussion.) These areas are briefly reviewed in the following sections.

Identity Development and Antisemitism

Jewish identity is a complex, multifaceted construct that is affected by numerous influences and is context-specific. As a result, Jews often disagree with one another about the nature of Jewish identity. One reason for this disagreement is the substantial within-group variability of Jews. Jews vary in their (a) religious and cultural affiliations to Judaism, (b) adherence to

cultural traditions and celebrations of holidays, (c) experiences with antisemitism, and (d) connection to the Shoah. In addition, there are several major denominations of Judaism, including the Hasidic, Orthodox, Conservative, Reconstructionist, and Reform (Schlosser, 2006). Hence, there is no universal way to describe Jews that captures the rich diversity of the group.

The manifestation of Jewish identity also varies because Jews often see themselves as bicultural (Friedman et al., 2005). That is, Jews see themselves both as Jews and as members of a host country—and the dominant identity depends on the context. Although some ethnic groups have become highly assimilated into the mainstream of U.S. culture within a few generations, Jewish culture exerts a strong influence, even for those who consider themselves only marginally Jewish (Herzbrun, 1999; Schlossberger & Hecker, 1998). This may be due to some of the common paths for Jewish identity development, which include (a) the dynamic nature of self-identification, (b) early formative experiences, (c) a desire to increase religious practice, (d) generativity, (e) a feeling of being marginalized, and (f) awareness of discrimination (Friedman et al., 2005).

Jewish identity development is also affected by the various manifestations of antisemitism. Schlosser and MacDonald-Dennis (2006) defined *antisemitism* as "hostility toward Jews that can manifest on an individual, institutional, or societal level" (p. 44). The phenomenon of antisemitism and the therapeutic implications for coping with it are significantly underrepresented in the scholarly literature. A survey of the scholarly work on the subject, coupled with the relative paucity of such work, evidences a schism between the view that antisemitism is a real societal problem (the minority) and that which holds it to be a historical problem with little material relevance for today (the majority). Regardless of whether one accepts the claim that antisemitic activity is on the decline or that which purports a more ominous trend, the reality is simply that antisemitism is alive and exists in our contemporary society (Federal Bureau of Investigation, 2006; Langman, 1999; Schlosser, 2006).

As is the case with Muslims, Jews are most often seen only as a religious group and not as an ethnic minority group. This view has led to these groups generally being ignored by multicultural scholars (Ali et al., 2004; Langman, 1999; Schlosser, 2006). Langman (1999) offered two reasons for Jews' exclusion from the multicultural discourse: (a) the assumption that Jews are assimilated, economically privileged, and White and (b) the propensity for Jews to separate their Jewish and vocational identities. The latter issue (e.g., not being "out" as a Jew at work) can be a consequence of internalized antisemitism (see the following section).

The literature suggests that antisemitism is far more pervasive and destructive than many are willing to admit or imagine (Langman, 1999; Schlossberger & Hecker, 1998; Schlosser, 2006), even among the counseling professions (Kiselica, 2003; Weinrach, 2002). Examples cited by the preceding authors include the administration of a licensure exam on Yom Kippur, offensive remarks made by figureheads in the counseling community, and the omission of Jewish issues from textbooks on multiculturalism and diversity. Kiselica's charge to all counseling professionals remains pertinent today: (a) acknowledge the existence of antisemitism and its dire implications for the field, the country, and

the world; (b) process and discuss uncomfortable feelings about antisemitism; and (c) confront one's own antisemitic beliefs and behaviors.

Antisemitism can also manifest in the form of self-hatred, a concept known as *internalized antisemitism*. The passive and/or active concealment of one's Jewish identity and feelings of self-hatred are examples of internalized antisemitism. Left unchecked, internalized antisemitism may lead to (a) feelings of shame, inferiority, and depression; (b) feeling embarrassed by or hateful toward one's Jewish identity; (c) denial of and/or distancing from one's Jewish heritage; (d) denial of the importance of historical oppression and the existence of current oppression; and (e) criticism of other Jews for their practices (Schlosser, 2006). Furthermore, many American Jews go through a process of unlearning the internalized antisemitism that they absorbed as a result of living in a Christian-dominated social context (Schlosser, 2003) and an anti-Semitic society. More research is needed to expand counselors' knowledge of the different reactions that Jews have to antisemitism and how experiences with antisemitism affect their identity development. Counselors can also incorporate the extant literatures on identity development (e.g., scholarship by Erikson, 1980, and Maslow, 1999) with this emergent area of research.

Counseling American Jews

Similar to the knowledge base regarding Jewish identity, the literature on counseling American Jews is also quite limited (Langman, 1997, 1999; Schlosser, 2006). To work with Jewish clients, counselors must understand the complexity of being Jewish, as well as the environmental factors that influence the lives of all Jews (e.g., Christian privilege, antisemitism). Other scholars have noted that introspection, the expression of emotions, and articulation and debate are valued in Jewish culture (Langman, 1997; Levitt & Balkin, 2003; Miller & Lovinger, 2000). Hence, mental health professionals should recognize that a Jewish client might want to debate the issues being discussed and that this desire might not be evidence of defensiveness. Of course, Jewish clients are not immune to being defensive in therapy.

It is essential for counselors to know that Judaism encompasses much more than just religion; Judaism also encompasses ethnicity and culture. Counseling professionals also need to understand the role of cultural mistrust among Jewish clients that is rooted in the history and continued existence of antisemitism. Empathically communicating an appreciation for and understanding of Jewish culture will facilitate a sound therapeutic alliance and should lead to more positive counseling outcomes. Counselors should be knowledgeable about the history, traditions, and current issues facing Jews, and they should be prepared to inquire about a Jewish client's use of Yiddish or Hebrew words (Levitt & Balkin, 2003). Finally, counselors must be aware of the significant within-group variability of Jewish populations and the treatment implications of this variability. For example, counselors must recognize the differences between Orthodox and non-Orthodox (e.g., Reform, Conservative) Jews.

Counseling professionals must be aware of Orthodox Jews' potential preference for psychiatry over psychotherapy because of the medical origins of

psychiatry and the assumptions about the sexual overtones inherent in Freudian/psychodynamic psychotherapy (Rabinowitz, 2000). In addition, Rabinowitz noted that there are differences among Orthodox Jews (e.g., Hasidic, Modern Orthodox)—and understanding the distinctions is critical to facilitating effective treatment. Hence, counselors must be thoughtful and sensitive in their assessment of the Orthodox Jewish client. At the same time, counselors should not avoid the analysis of religious behavior for the presence of psychopathology; in fact, some clients may seek to avoid discussing important issues for religious reasons (Rabinowitz, 2000). As with any other client, the counselor must assist the client in achieving greater self-awareness about his or her use of defenses.

When working with non-Orthodox Jews, counseling professionals are encouraged to be mindful of the role that rituals play in maintaining Jewish identity across generations of families (Miller & Lovinger, 2000). For example, as noted by Miller and Lovinger, "more than the Jews have kept Shabbat, Shabbat has kept the Jews" (p. 275). This is especially important because of the tendency for non-Jews (and some Jews) to engage in legitimacy testing (i.e., to question the validity of one's cultural identity) with Jews who are not strictly observant (Schlosser, 2006). In addition, as with many other collectivistic traditions, family and community play central roles in the life of Jews; they are a "central method of sustenance in Judaism" (Miller & Lovinger, 2000, p. 275). Hence, counseling professionals could help clients use existing means of support to deal with adversity.

Further research in the area of counseling Jews is needed so that counselors can better serve members of this unique community. Mental health professionals must consider how Jewish identity, antisemitism, Christian privilege, and the connection to a history of oppression relate to and inform culturally competent treatment of Jewish clients.

Dealing With Antisemitism and the Shoah in Counseling

Much of the research related to the psychological impact of antisemitism focuses on the Shoah. *Shoah* is the Hebrew word for *catastrophe* and specifically refers to the systematic murder of 6 million Jews by the Nazi regime. Many Jews think that *Shoah* is a better descriptor than the commonly used term *Holocaust*. On the basis of this literature and what is known about the intergenerational transmission of trauma, it has been concluded that all Jews—not just Shoah survivors and their descendants—can be affected by this collective trauma and may experience traumatic stress personally (Friedman et al., 2005; Schlosser, 2006). As a result of this history, Jews may have a higher baseline of anxiety than non-Jews (Schlossberger & Hecker, 1998) and may also show evidence of "healthy" (i.e., non-clinical) paranoia (Schlosser, 2006). The body of work on the Shoah has focused on several areas, including the psychological states of survivors, the family systems of survivors and their descendants, and the intergenerational transmission of trauma. Shoah-related research helps supplement the clinical understanding of the effects of extreme antisemitism.

Although it has been noted that many Jews value and use counseling and psychological services (Schlossberger & Hecker, 1998), this is not always the case with Shoah survivors. For example, Sagi, Van IJzendoorn, Joels, and

Scharf (2002) found that Shoah survivors tended to prize self-reliance and independence more than did control group participants. If survivors do seek counseling to talk about their Shoah experiences, counselors should consider three points articulated by Auerhahn, Laub, and Peskin (1993). First, the act of remembering the Shoah, in and of itself, is not healing. Second, living through the Shoah is likely to have shattered the client's worldview and compromised his or her ability to trust others. When Jewish clients manifest this mistrust in session, counselors are encouraged to respect the client's experiences and not misinterpret their behavior as pathological defensiveness. Counselors should also focus on developing a positive counseling relationship as a central aspect of the treatment. Third, one of the goals in counseling Shoah survivors might be to focus on assisting them to learn to "face a truth that they can live with and integrate back into their life stories, rather than splitting off from their life histories" (Auerhahn et al., 1993, p. 437).

Inconsistencies exist in the literature regarding issues related to Shoah survivors, their descendants, and their mental health. Some scholars (e.g., Whiteman, 1993) have sought to reverse the clinical assumption that most Shoah survivors will manifest evidence of psychopathology. Other researchers have found elevated levels of emotional distress and psychological difficulties within this population (Shmotkin, Blumstein, & Modan, 2003). Van IJzendoorn, Bakermans-Kranenburg, and Sagi-Schwartz (2003) concluded that children of Holocaust survivors are no more likely to experience traumatic stress or to exhibit maladaptive characteristics than are their contemporaries who are not children of Holocaust survivors. At the same time, Krell, Suedfeld, and Soriano (2004) described the desire of Holocaust survivors to have "a maximally secure life for their children" (p. 504), behavior that is often accompanied by extreme overprotectiveness and subsequent difficulties in separation and individuation when children are grown. It is noteworthy that Sorscher and Cohen (1997) found that children of Shoah survivors do not differ from American Jews in terms of Jewish identity. This conclusion is compelling because it contradicts many assumptions of professionals in the mental health community regarding ethnic identity and shared experience of trauma. That the direct family tie to the Shoah experience did not strengthen the offspring's Jewish identity as reported in Sorscher and Cohen's study may indicate some degree of internalized antisemitism.

Finally, counseling professionals should be prepared for the possibility that the following characteristics may be manifested in the descendants of Shoah survivors: feelings of guilt and shame (e.g., How can I be upset about *anything* when my parents endured Auschwitz?); a drive to overachieve (e.g., I have to be the best so I don't cause my parents any more pain); and depression, traumatic stress, and separation and individuation issues (Sorscher & Cohen, 1997; Van IJzendoorn et al., 2003; Wiseman, Metzl, & Barber, 2006).

Discussion

In this final section, we first synthesize and discuss the common themes for Jews and Muslims that emerged from our literature reviews. Then, we

discuss the implications of this work for counseling, provide suggestions for future research, and end with some conclusions.

Common Themes

There are several common themes among Jews and Muslims that may be overlooked because of the perceptions of unequivocal antipathy between the two groups. The first is the experience of dealing with discrimination. Both Jews and Muslims have a long history of being persecuted and have served as scapegoats for numerous societal ills. One way in which oppression is manifested is through misconceptions. For example, most people believe that Islam is highly divergent from Christianity and Judaism (Council on American-Islamic Relations, 2006, "The Knowledge Gap," p. 7). However, Islam, like Christianity, has its roots in Judaism; Muslims believe that Moses, Noah, and Jesus were prophets, and the story of the 10 commandments is in the Qur'an. This common origin may serve as a bridge between members of these communities.

Second, multiple identity issues are also important to both Jews and Muslims, especially because the salience, prominence, and dominance of various identities is context-specific. Hence, there needs to be more emphasis on multiple intersecting and sometimes competing identities (e.g., a woman who is a South Asian Muslim American and a self-identified feminist; a Jewish Shoah survivor who is also a German American). Furthermore, political issues influence many, if not all, of these identities (e.g., the schism between those who are pro-Israel and pro-Palestine, or the influence of the politics of war in Iraq on the view of Muslims in America).

Third, Islam and Judaism are both erroneously assumed to be religions only. As noted previously, this neglects the cultural and secular aspects of Muslim and Jewish identities. Moreover, being Jewish or Muslim is often the most salient aspect of identity. Fourth, Jews and Muslims must frequently navigate the decision to self-identify as Jewish or Muslim in various environments; this decision often involves an assessment of safety prior to such disclosure. Fifth, many of the sects and subgroups within Islam and Judaism are collectivistic in nature. Hence, these Muslims and Jews must contend with the challenges associated with living in the individualistic American culture. Related to this issue is that both Jews and Muslims place a vital importance on the greater good of their respective communities. In Islam, the larger community is referred to as the *Ummah*, and a closely corresponding Hebrew term is *Kehillah*.

Sixth, recent research has indicated that both theistic Jewish and Muslim women have used religious strategies to cope with serious adversity (Williams, Jerome, White, & Fisher, 2006). This finding suggests that degree of faith or religious involvement is an important variable to consider among Jews and Muslims. Finally, a fair amount of knowledge that is related to Shoah survivors and their descendants has been gathered, and some of this information can be applied to Muslim refugees and survivors of war and conflict (e.g., Kurdish Muslims who escaped the genocide in Iraq in the 1980s and 1990s, Muslims in Bosnia who escaped the ethnic cleansing in Bosnia-Herzegovina; see Kinetz,

2003). For example, feelings of survivor guilt may exist in Muslims as they do in many Shoah survivors. Likewise, traumatic stress and posttraumatic stress disorder might be expected to exist with greater frequency in these populations and may have a unique impact on subsequent generations.

Implications for Counseling

It seems apparent that there is a need for affirmative counseling approaches for Muslim Americans (Ali et al., 2004; Dwairy, 2006) and American Jews (Schlosser, 2006). Culturally competent clinicians acknowledge the general importance for clients of religion and ethnicity, while also empowering the client to determine the importance and degree of inclusion of these elements in their treatment. Furthermore, practitioners must have at least a basic knowledge of Judaism and Islam, especially when working with members of these communities. Awareness of negative stereotypes and related discrimination has been identified as a means of building rapport with Muslim Americans (Ali et al., 2004) and American Jews (Schlosser, 2006).

Mental health professionals should also allow Muslim and Jewish clients to struggle with their identities when appropriate, but also affirm those identities and empower clients to define themselves (e.g., generational conflicts arising from the degree of expected adherence to tenets of Islam or Judaism; Muslim women who want to attend mosque, but find conservative views oppressive). Furthermore, using a social justice or advocacy model, culturally competent counselors can also become involved with these communities outside of individual treatment.

There are myriad ways beyond individual treatment in which counselors can engage to facilitate the positive mental health of American Jews and Muslim Americans. On an interpersonal level, mental health professionals should interrupt offensive comments regarding Jews and Muslims. Professionals can also act at an organizational level, such as raising awareness of any administrative policies that are biased against Jews and Muslims. This is especially crucial for those professionals who are neither Jewish nor Muslim and will, therefore, not be seen as self-serving in speaking out against such bias. Counselors and psychologists can also conduct workplace diversity workshops focused on Jewish and Muslim issues, including how to manage religious and vocational identity (e.g., Shabbat observance and the social/psychological costs and benefits associated with wearing the hijab).

Counseling professionals should also seek to form alliances with religious and cultural leaders from Jewish and Muslim communities. Building these bridges can assist clinicians in being seen as trusted persons by members of these communities. This, in turn, would set the stage for counselors to conduct preventive psychoeducational interventions at temples, mosques, and community centers. These interventions, which need to be delivered in a culturally appropriate way, can highlight the relationship between discrimination and mental health.

Mental health professionals can also work to become involved in the relationships between local law enforcement agencies and leaders from

the Jewish and Muslim communities. In this way, counselors can provide education to police officers regarding the relationships between negative mental health outcomes and discrimination and work to correct stereotypes and/or erroneous assumptions held about Jews and Muslims. The presence of a clinician who has effectively joined with the community might help alleviate any mistrust of law enforcement personnel from within that community. At the same time, mental health professionals should also empower the members of the community to advocate for themselves during these interactions with the police.

Through the use of their clinical skills, counseling professionals can also play a role in building alliances between Jews and Muslims. One such example would be to work with Jewish and Muslim community leaders to establish interfaith services and intergroup dialogue (Sink, 2006). This kind of work has been discussed previously regarding the relationships between Blacks and Jews (Schlosser, Talleyrand, Lyons, & Baker, 2007).

Suggestions for Future Research

More research on Jews and Muslims, including their experiences with discrimination, is critical. In addition to publishing in mainstream journals, culturally competent researchers need to disseminate their findings both to the community itself and to relevant community organizations (e.g., Anti-Defamation League, Council on American-Islamic Relations). This would help more people understand how discrimination can lead to negative mental health outcomes. Relatedly, counselors can partner with relevant community organizations and media outlets to prevent misinformation regarding Jews and Muslims.

Another area in need of special attention is the complex nature of both Jewish and Muslim identity. Empirical investigations that focus on understanding the complexity of identity are likely to inform counseling interventions with these groups and to advance the multicultural counseling field. Related to this is the need for empirical evaluations of the extant models of affirmative treatment (e.g., Ali et al., 2004; Dwairy, 2006; Schlosser, 2006) to determine their effectiveness in helping the members of these communities. Yet another research area relevant to Jews and Muslims is generational issues and conflicts. Are there generational differences between and within the groups of American Jews and Muslim Americans? This question awaits empirical scrutiny. Also noteworthy is the lack of attention to the intersection of feminism and the conservative sects of these two ethnic minority groups. Finally, the constructs of acculturation and enculturation should be considered in future work on the psychology of Jews and Muslims.

Conclusion

American Jews and Muslim Americans need to be formally recognized as ethnic minority groups (Ali et al., 2004; Moradi & Neimeyer, 2005; Schlosser, 2006), thereby affording these populations more adequate attention from

counseling students and professionals. In closing, we are reminded of Kiselica's (2003) statement that "multiculturalism is about genuine appreciation, not tolerance" (p. 432). Kiselica's charge should remind us all that the journey required to achieve multicultural competence is lifelong and must not plateau at the somewhat comfortable level of mere tolerance. Jews and Muslims have mostly been kept on the periphery of the multicultural family, and it is time they are completely welcomed into the fold.

References

Ahmed, S., & Reddy, L. A. (2007). Understanding the mental health needs of American Muslims: Recommendations and considerations for practice. *Journal of Multicultural Counseling and Development, 35,* 207–218.

Ali, S. R. (2006). Psychology and Sunni Muslims. In E. T. Dowd & S. L. Nielson (Eds.), *Exploration of the psychologies of religion* (pp. 221–236). New York: Springer.

Ali, S. R., Liu, W. M., & Humedian, M. (2004). Islam 101: Understanding the religion and therapy implications. *Professional Psychology: Research and Practice, 35,* 635–642.

Ali, S. R., Mahmood, A., Moel, J., Hudson, C., & Leathers, L. (2008). A qualitative investigation of Muslim and Christian women's views of religion and feminism in their lives. *Cultural Diversity and Ethnic Minority Psychology, 14,* 38–46.

Ansari, Z. (2002). Islamic psychology. In O. R. Paul (Ed.), *Religious theories of personality and psychotherapy: East meets West* (pp. 325–357). New York: Haworth.

Auerhahn, N. C., Laub, D., & Peskin, H. (1993). Psychotherapy with Holocaust survivors. *Psychotherapy, 30,* 434–442.

Bagby, I., Perl, P. M., & Froehle, B. T. (2001) . *The mosque in America: A national portrait.* Retrieved July 20, 2009, from http://www.cair.com/Portals/0/pdf/The_Mosque_in_America_A_National_Portrait.pdf

Cole, D., & Ahmadi, S. (2003). Perspectives and experiences of Muslim women who veil on college campuses. *Journal of College Student Development, 44,* 47–66.

Council on American-Islamic Relations. (2006). *American public opinion about Islam and Muslims.* Retrieved July 22, 2009, from http://www.cair.com/Portals/0/pdf/american_public_opinion_on_muslims_islam_2006.pdf

Dwairy, M. (2006). *Counseling and psychotherapy with Arabs and Muslims: A culturally sensitive approach.* New York: Teachers College Press.

Erikson, E. H. (1980). *Identity and the life cycle.* New York: Norton.

Esposito, J. L. (1998). *Islam: The straight path.* New York: Oxford University Press.

Federal Bureau of Investigation. (2006). *Crime in the United States 2005: Uniform crime reports.* Washington, DC: U.S. Government Printing Office.

Friedman, M. L., Friedlander, M. L., & Blustein, D. L. (2005). Toward an understanding of Jewish identity: A phenomenological study. *Journal of Counseling Psychology, 52,* 77–83.

Hamdan, A. (2007). A case study of a Muslim client: Incorporating religious beliefs and practices. *Journal of Multicultural Counseling and Development, 35,* 92–100.

Hedayat-Diba, Z. (2000). Psychotherapy with Muslims. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 289–314). Washington, DC: American Psychological Association.

Herzbrun, M. B. (1999). Loss of faith: A qualitative analysis of Jewish nonbelievers. *Counseling and Values, 43,* 129–141.

Inayat, Q. (2002). The meaning of being Muslim: An aftermath of the Twin Towers episode. *Counseling Psychology Quarterly, 15,* 351–358.

Kelly, E. W., Aridi, A., & Bakhtiar, L. (1996). Muslims in the United States: An exploratory study of universal and mental health values. *Counseling and Values, 40,* 206–218.

Kinetz, E. (2003, April 27) New York observed: Rooms where the wars refuse to end. *New York Times,* Section 14, p. 3.

Kiselica, M. S. (2003). Anti-Semitism and insensitivity toward Jews by the counseling profession: A Gentile's view on the problem and his hope for reconciliation—A response to Weinrach (2002). *Journal of Counseling & Development, 81,* 426–440.

Kobeisy, A. (2004). *Counseling American Muslims: Understanding the faith and helping the people.* Westport, CT: Greenwood/Praeger.

Krell, R., Suedfeld, P., & Soriano, E. (2004). Child Holocaust survivors as parents: A transgenerational perspective. *American Journal of Orthopsychiatry, 74,* 502–508.

Langman, P. F. (1995). Including Jews in multiculturalism. *Journal of Multicultural Counseling and Development, 23,* 222–236.

Langman, P. F. (1997). White culture, Jewish culture, and the origins of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 34,* 207–218.

Langman, P. F. (1999). *Jewish issues in multiculturalism: A handbook for educators and clinicians.* Northvale, NJ: Aronson.

Levitt, D. H., & Balkin, R. S. (2003). Religious diversity from a Jewish perspective. *Counseling and Values, 48,* 57–66.

Loewenthal, K. M., Cinnirella, M., Evdoka, G., & Murphy, P. (2001). Faith conquers all? Beliefs about the role of religious factors in coping with depression among different cultural-religious groups in the UK. *British Journal of Medical Psychology, 74,* 293–303.

Mahmood, A. (2006). Psychology and Shia Muslims. In E. T. Dowd & S. L. Nielson (Eds.), *Exploration of the psychologies of religion* (pp. 237–252). New York: Springer.

Maslow, A. H. (1999). *Toward a psychology of being.* New York: Wiley.

Miller, L., & Lovinger, R. J. (2000). Psychotherapy with conservative and reform Jews. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 259–286). Washington, DC: American Psychological Association.

Moradi, B., & Neimeyer, G. J. (2005). Diversity in the ivory White tower: A longitudinal look at faculty race/ethnicity in counseling psychology academic training programs. *The Counseling Psychologist, 33,* 655–675.

Pedersen, P. B. (Ed.). (1991). Multiculturalism as a fourth force [Special issue]. *Journal of Counseling & Development, 70*(1).

Pew Forum on Religion and Public Life. (2008). *U.S. religious landscape survey.* Retrieved March 20, 2008, from http://religions.pewforum.org/pdf/report-religious-landscape-study-full.pdf

Priester, P. E., Jones, J. E., Jackson-Bailey, C. M., Jordan, E. X., Jana-Masri, A., & Metz, A. J. (2008). An analysis of content and instructional strategies in multicultural counseling courses. *Journal of Multicultural Counseling and Development, 36,* 29–39.

Rabinowitz, A. (2000). Psychotherapy with Orthodox Jews. In P. S. Richards & A. E. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 237–258). Washington, DC: American Psychological Association.

Razali, S. M., Hasanah, C. I., Aminah, K., & Subramaniam, M. (1998). Religious-sociocultural psychotherapy in patients with anxiety and depression. *International Journal for the Advancement of Counseling, 25,* 255–267.

Sagi, A., Van IJzendoorn, M. H., Joels, T., & Scharf, M. (2002). Disorganized reasoning in Holocaust survivors. *American Journal of Orthopsychiatry, 72,* 194–203.

Schlossberger, E. S., & Hecker, L. L. (1998). Reflections of Jewishness and its implications for family therapy. *American Journal of Family Therapy, 26,* 129–146.

Schlosser, L. Z. (2003). Christian privilege: Breaking a sacred taboo. *Journal of Multicultural Counseling and Development, 31,* 44–51.

Schlosser, L. Z. (2006). Affirmative psychotherapy for American Jews. *Psychotherapy: Theory, Research, Practice, Training, 43,* 424–435.

Schlosser, L. Z., & Ancis, J. R. (2008). Antisemitism. In F. T. L. Leong (Ed.), *Encyclopedia of counseling* (Vol. 3, pp. 983–985). Thousand Oaks, CA: Sage.

Schlosser, L. Z., Foley, P. F., Poltrock, E. S., & Holmwood, J. R. (in press). Why does counseling psychology exclude religion? A content analysis and methodological critique. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (3rd ed.). Thousand Oaks, CA: Sage.

Schlosser, L. Z., & MacDonald-Dennis, C. (2006). Anti-Semitism. In Y. Jackson (Ed.), *Encyclopedia of multicultural psychology* (pp. 44–45). Thousand Oaks, CA: Sage.

Schlosser, L. Z., Talleyrand, R. M., Lyons, H. Z., & Baker, L. M. (2007). Racism, anti-Semitism, and the schism between Blacks and Jews in the United States: A pilot intergroup encounter program. *Journal of Multicultural Counseling and Development, 35,* 116–128.

Schnall, E. (2006). Multicultural counseling and the Orthodox Jew. *Journal of Counseling & Development, 84,* 276–282.

Shmotkin, D., Blumstein, T., & Modan, B. (2003). Tracing long-term effects of early trauma: A broad-scope view of Holocaust survivors in late life. *Journal of Consulting and Clinical Psychology, 71,* 223–234.

Sink, C. A. (2006). Nurturing interfaith dialogue and cooperation within the counseling context. *Counseling and Values, 50,* 82–83.

Sorscher, N., & Cohen, L. J. (1997). Trauma in children of Holocaust survivors: Transgenerational effects. *American Journal of Orthopsychiatry, 6,* 493–500.

Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Sagi-Schwartz, A. (2003). Are children of Holocaust survivors less well-adapted? A meta-analytic investigation of secondary traumatization. *Journal of Traumatic Stress, 16,* 459–469.

Weinrach, S. G. (2002). The counseling profession's relationship to Jews and the issues that concern them: More than a case of selective awareness. *Journal of Counseling & Development, 80,* 300–314.

Whiteman, D. B. (1993). Holocaust survivors and escapees—their strengths. *Psychotherapy, 30,* 443–451.

Williams, M. S., Jerome, A., White, K., & Fisher, A. (2006). Making sense of suffering: A preliminary study of changes in religious women adjusting to severe adversity. *Counseling and Values, 50,* 84–98.

Wiseman, H., Metzl, E., & Barber, J. P. (2006). Anger, guilt, and intergenerational communication of trauma in the interpersonal narratives of second generation Holocaust survivors. *American Journal of Orthopsychiatry, 76,* 176–184.