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PEER-REVIEWED ARTICLE

The racism you know is not the racism we experience. A perspective on Islamophobia and racism concerning the therapeutic frame: What Muslims bring and what they leave behind

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ABSTRACT

This article articulates some of the complexities of the interrelationship of Islamophobia and racism that are present in life and therapeutic work with Muslim clients. It addresses the political context of the intersectionality these factors bring to Muslim mental health and therapeutic work with Muslims, contextualising their mental health inequalities in Western hegemony in the UK. In this, it explores the choices diverse Muslim clients make as to what they bring to the therapeutic relationship in the context of the above. It further suggests that counsellors and therapists of colour may use their awareness of intersectionality to work to develop rapport with diverse Muslim clients in this context.

KEYWORDS: therapeutic frame; racism; Islamophobia; mental health inequalities; Islamic counselling

This article is an attempt to articulate some of the complexities of the interrelation of Islamophobia and racism, that are present in life and therapeutic work, addressing aspects of the intersectionality that this brings to the work. In addressing these concerns, this article examines current definitions of Islamophobia considering their relationship with racism and what this means systemically for Muslim mental health. This article considers some of the complex intersectionality and diverse realities of being Muslim as experienced here at this time, and in these contexts, explores the safety of the therapeutic space for Muslims.

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My positionality in writing this is as a Black (Caribbean heritage), male, cisgender, middle class, older, dyslexic, Muslim revert (as in a person who chose to be Muslim not a person born into a Muslim family), therapist. The frame through which I see this work includes my therapeutic approach—a faith-based model—Islamic counselling. The term Islamic counselling was first coined by Aliya Haeri in 1994 following her work with Shaykh Fadhlalla Haeri (a teacher of the Islamic science of Tasawwuf, the gnostic Science of the Self) on his books *The Journey of the Self* and the *Cosmology of the Self*, psychologically framed expositions on psychospiritual development. Sabnum Dharamsi and Stephen Abdullah Maynard were granted ithn (permission) to develop this work leading to the completion of the therapeutic model, the first publication on Islamic counselling in 1998 ('Beginning at the Beginning, Islamic Counselling' [Maynard, 1988]), the first independently accredited training in Islamic counselling for a professional qualification in 2001, the development of The Lateef Project—the longest running Islamic counselling service, and the development of an evidence base for this work. There have been subsequently other models identified as Islamic counselling; these, however, are not as yet backed by evidence. Islamic counselling has been practised since the 1990s in the UK urban context of late modernity. I speak of late modernity thinking that we live in an increasingly fluid multipolar but still neo-colonial world, where global systems both constrain and empower, individuals increasingly need to define themselves, and knowledge—though it has use—is full of uncertainty. This understanding of the wider context of 'our times' I believe impacts the work we can do and need to do at the individual level as counsellors and therapists of colour, as well as the presentations our clients bring, e.g., their context-specific experiences of existential crisis. In saying this I note that this article is submitted in the context of the SCoPEd (Scope of Practice and Education) framework of competencies for UK qualified counsellors with its 28 diversity competencies, and during the Gaza War, and the vicarious trauma I perceive in all Muslims I know at this time which feels similar to the vicarious trauma I remember among Black people when children were shot dead in the Soweto uprising of 1976.

Islamic counselling is a therapeutic process rooted in core understandings of Islam, the faith (the belief)—the one thing shared by 6.5% of the UK population identifying as Muslim, and 23% of humanity—a community who by all other accounts is therefore super diverse. Islamic counselling is based on an ontology that differs from other therapeutic models, being both psychospiritual and not originating from Western hegemony. With this comes a different perspective on the lived reality of the client's present that relates to their psychospiritual understanding of their experience. When working with Muslims of colour, where this is relevant, it also attempts to explore the interrelationships between racism and Islamophobia in the client's experience, seeing them not as one thing, but as overlapping interrelated forms of oppression, that jointly impact psychological wellbeing. These discriminatory forces create the ontic violence experienced by Muslims (Dharamsi, 2022) that impacts their wellbeing. Islamic counselling articulates a psychospiritual framework of wellbeing (a wellness framework of 'being Muslim') based on intrinsic understandings

within Islam that are larger than contemporary Western understandings of psychological wellbeing, addressing from this psychospiritual framework the intrapersonal, interpersonal, and geo-sociopolitical lived experiences that help to anchor mental distress and mental illness of Muslim people.

Understanding the experience of Muslims requires some reframing of Islamophobia, and reconsidering understandings of racism, and particularly its interrelationship with Islamophobia. In addition, Muslims, Islam, and mental health must be considered for what they are; how we frame things defines too often how we see them or if they are seen at all.

ISLAMOPHOBIA AND RACISM

In 2018, the All Party Parliamentary Group (APPG) on British Muslims published its report, *Islamophobia Defined*, presenting a working definition of Islamophobia which though not adopted by the government has been largely adopted in the Muslim community and by various agencies. The definition was researched and presented as: 'Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness' (APPG, 2018, p. 11).

Without criticism of the work that has been done, and in the context of the therapeutic work we address, I would like to set out an alternative definition as follows:

> Islamophobia is discrimination and prejudice towards people based on apparent and/or real belief in, or adherence to, the faith of Islam that targets expressions of Muslimness or perceived Muslimness. In targeting that which is perceived as Muslim it also targets Islam. Islamophobia may be systemic, institutional, interpersonal, or internalised.

In presenting to diverse counsellors and therapists of colour, in the framing of Islamophobia, Muslims, and Islam, the significant difference I would like to present in the second definition is that this definition sets Islamophobia as a parallel process to racism, allowing both forms of prejudice to occur in and of themselves, as sexism and racism do. In this, both Islamophobia and racism may be systemic as well as interpersonal or internalised. This is important for the fact that religion or belief is one of the protected characteristics identified in the Equality Act 2010 (UK) along with sex, race, disability, etc. These 'protected characteristics' relating to the forms of discrimination connected to them *require* public sector agencies by law, including the Department of Health and Social Care and NHS (National Health Service) England, to address the specific forms of discrimination. This includes responsibilities to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

The APPG definition of Islamophobia reduces what is endured because of one's beliefs to racism. This is not to say there is no overlap between Islamophobia and racism—most Muslims in the UK are people of colour originating from places historically colonised by the British Empire; an empire which, in doing so engaged in orientalism to delegitimise not only the people but their ideology or beliefs. Racism and Islamophobia are intertwined. However, Islamophobia is also discrimination concerning beliefs, relating to thought. *Anyone can have a thought.*

The underlying thinking within the APPG definition is that Islam (and so being Muslim) is a simple discrete thing that fits in a predetermined hegemony—a wider predetermined Northern Hemispheric 'scheme of things'. This oversimplification makes both Islam and the people who believe in it inevitably invisible, because Muslims experience Islamophobia—Islamophobia is just racism, and 'we know about racism'. With this, a complex set of different prejudicial discriminatory processes are bundled into 'racism' without the slightest examination. This makes many of these prejudicial factors that facilitate mental ill health invisible and so unresolvable, as well as identifying the problem squarely with those who are then experiencing mental health problems.

Concerns about definitions are important, even when we consider racism. This is a term that perhaps can become blurred. Too many times I have heard of people of colour told that they are being racist by people who are not of colour. Maybe this is just a general ambiguity of overuse and inaccurate use of the term. However, consider the fact that Jewish people have been harassed and hounded out of the UK Labour Party (Al Jazeera English, 2022). The charge against these individuals was that they were antisemitic (antisemitism being racism). Or consider the racism laundering of the alleged playing down of institutional racism in the final *Commission on Race and Ethnic Disparities Report*, where some of the people of colour who wrote the original report were unable to see the final version before publication. Or the way that, following the Windrush Scandal, all bar one Home Secretary have been people of colour, enabling policies concerned with sending asylum seekers of colour to Rwanda or putting them on barges. These Home Secretaries have said 'sick Asian paedophiles are finally facing justice' or have not condemned British fans booing the England team when the team was taking an antiracist stance (Abbey, 2023, para. 11). The emerging pattern appears to be of institutional power in the hands of those who have 'othered' minorities by racism, finding new sophisticated ways to do the same again. What do such incidents mean in terms of our understanding of racism (and particularly the treatment of Muslim refugees) if Islamophobia is racism?

Muslim people in the UK are often both people of colour and Muslim. Seeing their negative experience of Islamophobia, as well as the experience of Islamophobia of white

Muslims as racism, appears to have resulted in a lack of policy in the NHS addressing Islamophobia or focussing on Muslim mental health needs in any other way than ethnically. Yet 94% of Muslims identify most strongly with their faith (Ipsos MORI, 2018) not their ethnicity. Faith or religion is a greater factor in their identity, despite the external identifiers of Asian, British Asian, African, etc., used in health policy and provision to design, provide, and assess the impact of mental health services.

If we consider the mental wellbeing of the Muslim population in the UK, this is a population that has lived in the context of a war on terror (and with this increase in Islamophobic violence) for a whole generation. Research from the USA shows how 9/11 is linked to a deterioration in Muslim mental health (Amer & Hovey, 2012). Records of mental health by faith have only been kept by the NHS since the beginning of IAPT (Improving Access to Psychological Therapies, the UK national strategy for addressing common mental health problems) in October 2008, seven years into the 'war on terror'. Yet, in this context, Muslims by faith group have the worst mental health outcomes in the NHS. The *Advancing Mental Health Equalities Strategy* (NHS England, 2020) does not propose a strategy for addressing Muslim mental health inequalities, referring to Muslim mental health in the last line of the last page saying: 'People of the Muslim faith experience poorer recovery rates in IAPT services than any other faith group' (NHS England, 2020, p. 20). In identifying a mental health inequality and not addressing it the strategy renders the 650,000 Muslims, who by NHS estimates will get a common mental health problem this year, to a second-class service, a service in which they are not 'seen'.

Additionally, the second definition links the discriminatory activity to the assumption of an idea—'a belief in Islam', identifying both those discriminated against and *their belief system as problematic*. This is something which through a time of a war on terror related to Islamic fundamentalism, a pandemic which disproportionately impacted minority communities, and a cost-of-living crisis excessively impacting the most marginalised in society (often including Muslims), people of Muslim faith hold fast the faith in the face of Islamophobia and racism. This is why each of these concepts must be seen for what they are and their impact on clients, remembering that both Islamophobia and racism are oppressive power relationships wedded to historical normative understandings of the world projected by a powerful interest group that create psychological damage.

The first definition addresses only Muslimness or perceived Muslimness, ignoring the challenge of Islamophobia to more than the people, but to their beliefs—their core narratives. Therapists and counsellors work with the intrapersonal. In counselling, *what people believe matters*, particularly core beliefs. Many Muslims experience racism, sexism, and Islamophobia. These oppressions are adaptive, and perhaps current political trends are creating increased pressure on individuals to maintain their integrity, their self-concept, and with that a strong valuing sense of who they are. Such processes require the words to do so.

Subsuming Islamophobia into any other oppression robs people of the necessary tools to understand clearly what is fighting against them.

Removing the idea of the belief in Islam from discussion of the oppression of Muslims places Muslims under a tacit attack upon their central strength, their spirituality, and reducing the heart of being Muslim to something that loses the metaphysical. I believe this has been done before with the African Caribbean community in the UK. Being born in the '60s, I recall the strong religious beliefs and practices I knew of those who came here. A generation that clearly contributed to society beyond their share, establishing a supplementary school network, and which showed no particular propensity to crime. However, a 'God-fearing' generation was demonised as well as racially assaulted and harassed by the public and discriminated against by the statutory sector, particularly the police. The systemic reduction of the significance of Black spirituality was not seen for what it was, as the linkage between faith and the Black struggle so clear in 60s USA was not well recognised and cherished in the UK. The denial of a people's spirituality is a psychological assault intended to weaken their integrity.

Some people who argue that Islamophobia is racism do so arguing about the increase in hate crime and the need for people and police to understand Islamophobia to protect the community. In the year 2021–2022 there were 155,841 hate crimes recorded by police in England and Wales (Home Office, 2022). Most were defined (including those against Jews and Muslims) as 'racial'. Comparing this with the 650,000 estimate above of mental health problems in the Muslim community may seem like comparing apples with pears. However, recent research from the USA shows that although in Muslim-majority countries rates of suicide attempts are lower among Muslims relative to other communities, in the USA the rate is more than twice that of respondents from all other faith traditions, including atheists and agnostics (Awaad et al., 2021). However, religious affiliation and spirituality are protective factors concerning suicidal behaviour (Lawrence et al., 2016) and mental health (Cornah, 2006). This raises questions in relation to what is happening to Muslims and their mental health. Is the beneficial relationship with their faith changing in the USA and possibly the UK, both societies which have similar policy responses to Muslims? There are Muslims in India (who may have relatives in our therapy rooms) who are experiencing public floggings and the destruction of their homes as summary punishments for alleged minor crimes (Human Rights Watch, 2022). There is no ethnic difference between Hindus and Muslims in India; there is a difference of belief. Such assaults on the spirituality and core beliefs of a transglobal community are psychological attacks to create a *diminished* Adapted Child (transactional analysis) state that then recreates itself—internalised oppression.

Claiming our definitional clarity also allows us the space to be open to the existence in the lived realities of some of our Black clients of colourism and racism within the Islamic context of living as a racial minority within a wider Muslim community. For example, it enables the recognition that racial prejudice has existed in the Muslim community from the

beginning (Briggs, 2022). Also, even though the first migration of Muslims was from Arabia to Ethiopia in Africa, there is a long history of Islamophobia in Black communities, which again can create psychological difficulties in a 'multicultural society'.

MUSLIMS AS MULTIFACETED

Having considered Islamophobia and racism as external oppressive forces at play in relation to Muslim mental health in the UK, let us now consider UK Muslims in this context. If we step back for a moment to consider either the 23% of humanity or 6.5% of the population in the UK, we should be able to see this super diverse group of people as one thing and many things. The thing these people share is their relationship with the divine and perhaps with what they experience of themselves and their worlds. However, both those selves and those worlds are diverse; domestically, 3.9 million different intersectional selves living before their creator each at the centre of their specific reality. A recent piece of research from 2020 by the Muslim Census, *A Study Into Anti-Blackness Amongst Young Muslims Within the UK*, found:

- 98% of people believe that racism exists within the UK Muslim community.
- 97% of people say that the UK Muslim community is not doing enough to tackle the issue of racism.
- 82% of people have witnessed anti-Black racism from their own family and friends.
- 73% of people have never heard directly from a Black Muslim about the issues they face (Muslim Census, 2020).

The existence of research indicates an attempt within the Muslim community to consider critically the racism within its community in the UK. This stands beside the discussions in the USA regarding racism in the Muslim community. However, currently the author is not aware of any similar research here exploring Islamophobia within communities of colour. Such research, should it exist, would be of even greater significance in the context of the 9/11 war on terror and the related rhetoric that pervades our society.

Though it is easy to think that the Muslim community in the UK ethnically originates from the Indian subcontinent, research indicates that this proportion is falling, with 32.4% recently identified as not from these ethnic groups (Ipsos MORI, 2018). There are interracial Muslims and interracial Muslim families of more than one generation. Where all these family members are people of colour, complex experiences of racism exist, projected on the individuals concerned from beyond and from within the community.

Historically there was an understanding of diversity that was simplistically linked to the idea of hierarchies of oppression. Currently, we have a much more nuanced understanding reliant on our understanding of intersectionality. Yet this, perhaps though an improvement,

is limited if we are unable to conceive of it tangibly. By this I mean the complex multidimensional web of intersectionality, where perhaps many of the traditional factors of diversity we discuss are not monopolar but dimensional. So, for example, if I consider myself in terms of class: born of working-class parents, first within the family to gain a university education and so initially upwardly socially mobile—but without networks of previous university-educated family or a clear professional context formed by established patterns amongst my peers, etc.

This could go on, and that is without the complexity of the interrelationships, say, between class and race. However, it is in these subtleties and their intersection that we frame ourselves and our clients frame themselves—whilst choosing what to say and what not to mention in the therapeutic space, as clients 'test' how safe it is to bring their full selves.

The framing of Islam is in the hearts and minds of each Muslim who lives with their understanding of it. Too often, perhaps through orientalism, Islam is defined as a religion. Islam is the *Deen* (Arabic word) which can be understood as the life transaction. Islam is the complete enactment of life, an interaction based on one's indebtedness to the source of one's existence, the whole that holds everything. How this is understood is in part conveyed through sacred core sources such as the *Quran*, the Hadith (sayings and quotes of the Prophet Mohammad, peace be upon him), and the transcriptions of his Sunnah (his way of life).

However, this is also:

- In part, through the choices, individuals make about how they see themselves adhering to these teachings.
- In part through what they know of them.
- In part through what they have been taught which may or may not be Islamic but related to ways people have lived over generations 'in relation to Islam' (culturally related).
- Additionally, of course, in part how one's own feelings, memories, and subconscious mind interact with what 'we know' to bring to our attention or not. That which we say, think, do, believe, etc., in living Islamically.

The sum of all of this may perhaps be 'Muslimness'; with the external perceptions of this, and beliefs wild or not, about this being 'perceived Muslimness'.

I am suggesting that Muslimness is fluid; we might not all agree on it but at least it has the coherence of being something we define in and of ourselves with all its strengths and weaknesses. It does not fit in one 'box' but is a process for each of us that is evolving. Perceived Muslimness as an external categorisation, is different and more static in its defining. Whether it originates from colonialism or orientalism, in part it lives in the

imaginations of those who, by their Islamophobia 'other' Muslims, creating the psychological assaults Muslims deal with in addition to racism and the assaults they create themselves.

Our Muslimness comes from a different way of seeing the world, and how it relates to the self and the divine, as we work out in real time what living in Islam is. This is not to suggest that Muslims are unclear. Many have great clarity in their faith—in their Islam and in their identity as Muslims. It is to suggest that for those who seek counselling or therapy, there may be an exploration of what these fundamental things mean in the specifics of their lived experience in a fluid world. That exploration may be directly related to, or irrespective of, what brought them to counselling, and in each case the client's understanding of their reality must be appreciated and worked with to enable their growth. For many, faith and spirituality hold all things; for some, there is clarity in this, and for others, though this is true it may feel difficult to convey or understand clearly. As therapists and counsellors, we are required to have the sensitivity to work with our clients as they explore their reality including this.

WHAT OF MUSLIMS AND THE THERAPEUTIC SPACE?

So, considering the above, what does this mean in relation to how Muslims engage with therapy? Particularly when we consider the legal requirement on therapists of the Counter-Terrorism and Securities Act 2015 (UK), where, if there are concerns regarding terrorism, there is a requirement to refer clients to PREVENT (a process created in the context of the war on Islamic fundamentalist terrorism, a law they deemed unnecessary during the deadlier history of conflict with the IRA [Irish Republican Army]). This question is more salient considering the evidence of health professionals referring people to PREVENT for going to Mecca on Pilgrimage or watching Arabic TV (Heath-Kelly & Strausz, 2019). Both the absence of policing of mental health in the time of the Troubles, and the identification of threat posed by someone watching TV not in English, French, or Spanish indicate a different perspective on Muslim mental health in which Muslims need to be 'Good Muslims' in therapeutic spaces.

It is possible to understand at least a wariness of Muslim clients in relation to therapy. Counselling and therapy might only be safe for Good Muslims and even then, who is defining good? There is a need for therapists to build rapport and trust to enable clients to feel safe in the therapeutic space. This is not to say that the 2015 Act should not be applied, but applied appropriately, rationally, and not through ignorant assumption. The preceding arguments indicate the need for therapists to do the work to enable therapeutic safety for Muslim clients. It is my hope that self-aware counsellors and therapists of colour are able to draw on our understandings of intersectionality, systemic oppression, and prejudice to build

safe therapeutic spaces where Muslims can simply be who they are in themselves, without needing to be 'good'.

There is a wealth of research which indicates how the interaction between client and therapist can be shaped by the expectations of each concerning the openness of the therapeutic space to the client's faith or spiritual reality. This research includes:

- Rose et al. (2001) found clients believe religious issues are generally appropriate in the counselling session and display a preference for discussing spiritual and religious concerns.
- Kelly (1995) found 81% of respondents wanted counsellors to integrate beliefs and values into therapy.
- Morrison et al. (2009) found where clients had spiritual or religious discussions in counselling, most clients reported that they were responsible for initiating these conversations.
- Richards and Bergin (1997) found that because of the lack of addressing religion and spirituality by counsellors, clients were less willing and less likely to find it appropriate to discuss religion and spirituality in counselling sessions.

Podstepska (2021), in her qualitative evaluation of Islamic counselling, found clients said of their Islam:

> For most Muslims, their faith is a huge part of who they are a huge part of their identity and how they frame everything that they do in this life. (Participant 4)
>
> That's my identity like that is who I am, you know, Islam is part of me. (Participant 7)
>
> I know that I would have felt incredibly judged by mainstream services. It was always like, I love my religion. But I know, especially in this country, especially in in the last 20-odd years, Islam has got a lot of bad publicity, a lot of is associated with violence and sort of patriarchy and, you know, like, horrible, horrible treatment of women… I didn't want to be responsible for strengthening that, that association with Islam, to be honest, I felt like I felt very protective of it. (Participant 4) (p. 15)

Following on from the last quote, the same research found that some Muslim clients self-censured in secular therapeutic spaces:

> That a lot of the issues that I have in my life are very much related to Islamic, you know, concepts of Islamic way of life… that one time that I did do counselling with a non-Muslim, for CBT [cognitive behavioural therapy], I actually stopped… I just wasn't finding that was benefiting me… I found that I was having to explain more when I was talking about Islamic things…
>
> I just felt that number one, it was harder for me to express myself and what was going on. Number two, I just felt that it was just always in my head that she's just never gonna get it. (Participant 3) (p. 16)

Yet, she also found that it was possible for Muslims to effectively engage with counselling when working with non-Muslim counsellors:

> Like, if I were to sit with a non-Muslim counsellor, I could talk about the Quran, I can talk about Allah, I can talk about Salah, I can talk about anything I want to talk about, because it's my space. (Participant 2) (p. 19)

This indicates that when there is effective rapport when counsellors have done the work to understand and accept the person before them in their lived complexity, that a safe therapeutic space Muslims can use effectively is possible. This is possible in the midst of all of the concerns identified above. In such a space the real therapeutic work with the human being that is the client can happen.

The evidence from research on Islamic counselling both in this study and others is that there is a need for Muslims to find a therapeutic space in which they can confidently engage with all aspects of their psychospiritual reality, engaging with their lived truth without judgement or shame and that not only is this desired but therapeutically effective (Maynard, 2022, 2023). The above quotes from research on Islamic counselling indicate the significance of Islam, the spirituality in Muslimness for clients who have used Islamic counselling, and the lengths to which clients in need may go to protect their faith and their core beliefs over their mental wellbeing if they perceive the therapeutic space to be unsafe. For these clients, Islam cannot be invisible in therapeutic work. As professionals, we know counselling and psychotherapy work and that this, to a great extent, is due to the therapeutic relationship—what takes place between the counsellor and the client that enables the client to bring their reality to the reflective therapeutic space. Perhaps this responsibility of building safe therapeutic spaces for Muslim clients falls unfairly on counsellors and therapists of colour because of what we already know about being other. However, irrespective of this, there is work that we must do to enable our clients to use the therapeutic space as they may need to—work that we must do to understand the fullness of the client in front of us and what is sacred to them. For some, this may mean widening our understanding of the therapeutic frame to enable it to be a space safe for the psychospiritual.

CONCLUSION

There have been two objectives in this article. The first is to alert the readership to the complexities of Islamophobia and racism as experienced by Muslims and so the decisions they may make regarding trusting therapeutic spaces. The second, based on their experience of intersectionality, is to argue for counsellors and therapists of colour to actively develop rapport and trust with Muslim clients so that they as diverse, whole individuals can be who they are in therapeutic spaces.

Many minority communities in the UK live lives in part defined by the politics of neo-colonialism and with this they may be made invisible or made into a threat. In this article it has been argued that Islamophobia is a psychospiritual assault on a belief system and cannot simply be racism. Muslims' core belief, and with that an aspect of who they are, is currently being made invisible by definitions and experiences of Islamophobia and lost in unscrutinised conceptions of racism. That is, despite their shared protective characteristic—their shared faith of Islam, Muslims are made invisible in terms of mental health strategy, and so are made out as threats through the misapplication of PREVENT.

Together, these factors increase the need for counselling and therapy spaces to be made open to Muslims in all their multidimensionality in order to support their mental wellbeing—something the author believes counsellors and therapists of colour will grasp. However, this requires work on the part of counsellors and therapists to see the richness of each different Muslim client in their spiritual, psychological, social, and geopolitical truth, and to see how this truth forms their inner world. Each Muslim client invites us as counsellors and therapists to do the work to meet them in their reality, and in that process to grow in ourselves.

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Stephen Abdullah Maynard has been a counsellor for almost 40 years, working in mental health, drugs counselling, HIV, and private practice. In 1990, with Sabnum Dharamsi and the support of The Inner-City Centre and The Lincoln Clinic, he set up the Certificate in Counselling in the context of racism, one of the first transcultural counselling certificate programmes in the UK. Together with Sabnum Dharamsi in 1996, he developed the therapeutic model Islamic counselling. In 2008, he wrote the *Department of Health Muslim Mental Health Scoping Report* and in 2010 founded The Lateef Project—an Islamic counselling service working in Birmingham and London. He has written on Islamic counselling and Muslim mental health, including on the evidence of efficacy of Islamic counselling.