

**INTRODUCING A MODIFICATION OF PERSON CENTRED
COUNSELLING FOR DEPRESSED CLIENTS
IN THE STATE OF QATAR**

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ABSTRACT

This study explores the possibility of applying a modification of person centred counselling to help and support depressed Muslim clients in the State of Qatar. The modification involved taking aspects of the person centred approach (PCA) that fit with Islamic values so that the researcher, who is also a trained counsellor, was able to support Muslim clients in Qatar using non-directive methods in her counselling work. Aspects of the culture and the background to counselling in the Middle East are considered, particularly in relation to developments in the State of Qatar since the discovery of oil there. The need for a particular style of counselling in a rapidly-changing society which is embedded in traditional Islamic values is discussed.

The investigation took place at Hamad Medical Corporation (HMC) in Qatar through a pilot study with five depressed clients followed by a more extensive fieldwork study, also carried out at HMC, with seven depressed clients. All of the counselling sessions were recorded and transcribed, and some were also video-recorded. The transcripts of these sessions were analyzed for common themes and factors which may have led to successful/unsuccessful outcomes.

Three outcome questionnaires were applied in the pilot study and an Arabic version of the Beck Depression Inventory was used in the main study. The quantitative results were triangulated with qualitative data from the counselling sessions for further evidence of the success or otherwise of the approach. Sixteen professionals were also interviewed by the researcher to explore their views of applying a modification of the PCA in the Qatari society. They showed a generally positive response to the possibility of applying a modification of person centred counselling. Some recommendations are made, and in the final chapter the researcher reflects on her personal journey in relation to this study.

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Glossary

Some of the following Arabic terms have several meanings depending on the context in which they are used. The definitions below state how these terms are used in this dissertation.

Abu Daawood

Commonly known as Abu Dawood; a noted Khurassian collector of *Hadith*.

Abu-Hurariah

Also known as Abd al-Rahman ibn Sakhr Al-Azdi. A companion of the Islamic Prophet (PBUH) and the narrator of *Hadith*.

Al-Bukhari

Mohammad ibn Ismail al-Bukhari, or Al-Bukhari or Imam Bukhari, best known for authoring the *Hadith* collection called *Sahih* (authentic) *Bukhari*, a collection which Sunni Muslims regard as the most authentic of all *Hadith* compilations and Islam's most authoritative book after the Qur'an.

Al Tirmithi

A medieval Arab collector of *Hadith*

Allah (SWT)

God

Almotawah

Islamic school for teaching the Holy Quran by memorizing the Quranic verses.

Anas

Anas bin Malik ibn Nadar al-Khazraji Al-Ansari was a well-known *sahabi* (companion) of the the Prophet (PBUH).

Bilal

Chosen by the Prophet Mohammad (PBUH) as one of the first moathen (a caller to prayer) in Islam.

Duah and Al theker

The acts of supplication and worship.

Fajer

The Fajer (dawn) prayer is the first of the five daily prayers recited by practicing Muslims.

Hadith

All the prophet Mohammad's (PBUH) teachings and sayings.

Imam

The leader of a mosque and the community. He leads the prayer at Islamic gatherings. The community often turns to the mosque imam with an Islamic question.

Ibn-al Haytham

Made significant contributions to the principles of optics, as well as to anatomy, astronomy, engineering, mathematics, medicine, ophthalmology, philosophy, physics, psychology, visual perception, and to science in general

Ibn al-Qayyim

A famous Sunni Islamic jurist, commentator on the Qur'an, astronomer, chemist, philosopher, psychologist, scientist and theologian.

Ibn Sina

Ibn Sina was a Persian' polymath and the foremost physician and philosopher of his time. He was also an astronomer, chemist, geologist, logician, paleontologist, mathematician, physicist, poet, psychologist, scientist and teacher.

Jihad

The effort to please Allah (SWT) or to improve oneself and/or society.

Jinn, djinn

A supernatural creature that occupies a world parallel to that of mankind, and together with humans and angels makes up the three sentient creations of Allah. Possessing free will, jinn can be either good or evil.

Prophet Mohammad (PBUH)

The Muslim Prophet sent by Allah (SWT) to spread Islam to the world.

PBUH

'Peace be upon him', or 'May Allah bless him and grant him peace'.

Salat

Formal Islamic prayer. Prayer is one of the obligatory rites of the religion, to be performed five times a day by a practicing Muslim.

Sharia (Islamic law)

Sharia is the path that Muslims must follow. Sharia is derived the word of Allah (SWT) (Holy Quran) and the teachings (Hadith) gathered from the life of the Islamic Prophet Muhammad (PBUH).

SWT

Subhanahu wata'ala or 'Glorious and exalted is Allah'.

CHAPTER 1: The Nature of my Study

Introduction

The aim of the study described in this thesis was to modify the person centred counselling approach (PCA) as a non-directive way of helping and supporting Muslim clients in the state of Qatar. Non-directive counselling is considered a new method, not only in Qatar but in the Middle East as a whole. This study attempts to open doors for researchers to widen their knowledge with regard to applying a modification of person centred counselling in different cultures. It also attempts to encourage professionals to apply such a modification to meet client needs when this is deemed appropriate.

In this chapter I present the following sections: Section One presents the origins of the study; the study problem and questions relating to me as a counsellor. Section Two presents Islamic and Western views of counselling; spirituality and depression; the Western and the Islamic views of counselling; Western and Muslim writers' views of spirituality; definition of religion; and finally I define depression from a professional standpoint.

The present study aims to present the similarities between the PCA and Islamic values in helping and supporting Qatari citizens, as well as presenting the importance of spirituality and religion in counselling. In recent years, counselling professionals have become aware of the importance of applying spirituality in helping and supporting clients (see West, 2000; Thorne, 1991; Moore and Purton, 2006). There is an ongoing debate about spirituality in counselling.

Leijssen (2008) states:

My conclusion is that nowadays it has become clear that there is no longer any need to separate the spiritual dimension from the psychotherapy process as if it were a subject so esoteric that it falls outside the bounds of effective treatment. (p.224)

Leijssen (ibid) encourages followers of person centred theory to extend its theory and practice by exploring the spiritual dimension of human development in a way only hinted at by Rogers in his last work.

Thorne's (1991) view regarding applying spirituality within counselling is as follows:

It is now common for people to present themselves to therapists with concerns that they themselves have categorized as specifically spiritual in nature. (Thorne, 1991 cited in West, 2000, p.146)

Finally, from personal experience I believe that religious and spiritual elements such as prayer, listening to the self and meditation are fundamental in helping Muslim clients psychologically. Nevertheless I also believe that clients have the right to choose and decide which method they want to work with and that they also have the right to share their religious and spiritual values with a spiritual counsellor (a counsellor who is interested in supporting clients religiously and spiritually). In my experience as a Muslim counsellor I have found that depressed Muslim clients are keen to be supported religiously by reminders of Allah's (SWT¹) *Subhanahu wata'ala* (glorious and exalted is Allah) mercy and forgiveness and the Prophet's (PBUH²) *Ṣall Allahu 'alayhi wa sallam* (Peace be upon him) teachings and methods of dealing with life's difficulties, and spiritually by encouragement to engage with their inner feelings and thoughts and build a healthy relationship with themselves.

¹ See glossary for further explanation

² See glossary for further explanation

Section One: The origins of the study

To get experience of working with clients, after finishing my MA in counselling studies in 2002 in the UK I was keen to work as a volunteer counsellor at the Psychiatric Department at Hamad Medical Corporation Hospital (HMC) in Qatar. The department treats clients of varying backgrounds, gender, age and psychological disorders. It is my belief that some clients need more than advice or guidance, and the HMC's psychiatry department tends to offer its clients directive counselling such as cognitive behavioral therapy (CBT).

Some of my colleagues were not optimistic about using a modified form of PCA to counsel Muslim clients, as they felt that these clients tend to ask directly for advice and want quick solutions to their problems. However, I believe that my nondirective counselling as described in the present study highlights the importance of educating clients about what counselling means and enables them to choose the best method of counselling for themselves. The method of counselling featured in this study encourages clients to discover themselves and express their feelings as individuals. It offers them a healthy therapeutic relationship by listening to and supporting them as well as encouraging them to express their feelings during the counselling session.

To begin this study I had to consider the environment before establishing a modification of the PCA based on the similarities between Islamic and PCA principles, which could be applied in Qatar. The aim was to explore whether such a modification, based on an understanding of Islamic values, could help to reduce symptoms of depression in Qatar.

It is important to mention my own academic and professional experience, which gave me the impetus to increase public awareness of counselling in general and the PCA in particular. I obtained my Diploma in Counselling and Psychology in 1994-1995 from Qatar University (QU), and the Advanced Certificate in Counselling Skills and a Masters degree in Counselling Studies from the University of Durham in the UK in 2001 and 2002 respectively. I believe that studying abroad has helped me to gain a better understanding of the

importance of counselling as a tool for helping and supporting people experiencing life difficulties. I also learnt to work as a person centred counsellor. Because of my background as a Muslim I became interested in applying both person centred and Islamic principles in counselling.

On my return to Qatar after finishing my MA at the University of Durham, besides working as a lecturer of Educational Psychology at QU I also worked as a volunteer counsellor at a private centre and in the HMC Department of Psychiatry. In my work it became clear that a different approach was required to help some of the clients, who wanted to be listened to and understood rather than advised or guided directly. I was always keen to apply the core conditions of PCA in my work as well as focusing on building a healthy relationship with my clients. It was not easy to work non-directively in Qatar; however, my strong belief in the potential of working in this way helped me to encourage clients to take part and learn to be more independent as opposed to depending on the counsellor to change them. When working with each client I asked myself whether I would be able to apply a non-directive method in a society such as that of Qatar, where religion and culture play an important role in the individual's life. I believed that this study would answer all my doubts and fears about applying the PCA in Qatar. I feel that my study of person centred therapy also meets my personal needs as an individual: for example it has helped me to be more aware of myself and to listen to and accept myself as I am. I feel that counselling clients deserve the same opportunity that I have had. I considered this study a journey to develop myself as a Muslim person centred counsellor, a researcher and a person.

My recognition of the need for a different type of counselling was based on my experience working with HMC patients. At a meeting with Qatari students in 2001-2002 at Qatar University to investigate how much counselling was needed at the university, I discovered that the students welcomed the idea of a counselling service because they faced academic and social problems. In 2007, newly-established Student Counselling Centres (SCC) became available in both male and female buildings at QU.

In one of my professional interviews in 2007 to collect my present study data the interviewee, the director of the SCC, revealed that the students were in real need of these services and required different psychological approaches, including the non-directive approach. I believed that it would be easy to apply non-directive therapy at QU if cultural background and beliefs were taken into consideration.

I believe that applying a modification of PCA in Qatar will encourage both the client and the counsellor to be totally themselves and to listen to and accept others as they are within an Islamic perspective. Working with depressed clients non-directively is significant, because they are encouraged to work from within and help themselves to choose and decide upon the outcome. This is empowering for a depressed client. It is important to offer individual counselling, because as Saleh (1987) states, in an Arab-Islamic context clients tend to be unwilling to reveal personal problems in a group situation because of the importance attached to preserving a good image in the eyes of others.

I agree with the above statement. In a society such as Qatar people know each other and therefore may not accept being counselled in a group. In fact while working at HMC I met clients who made it very clear that they did not want to work in a group. Some would enter the psychiatry department covering their faces or wearing glasses to avoid being recognized. They believed that attending group counselling sessions could bring stigmatization which could affect their life. They did not mind attending one-to-one sessions, even though some of them were well-known in Qatari society, and I attribute this to the healthy and trusting counselling relationship we had.

The study problem

I had a clear idea about what I wanted to research, but I was not sure how to formulate a clear and firm research question. Crombie and Davies (1996) believe that defining the research question can be the most challenging part of the research and encourage researchers to read around the subject to build up their ideas, and discuss them with colleagues.

Heppner et al. (1992) advise that in order to choose a research approach it is important to bear in mind the research question. I would add that the researcher's experiences help him/her to find a clear and concise question for the study; for example my personal experience as a counsellor working with depressed clients in Qatar showed me that clients need more than simply guidance or advice. They need a space in which to talk freely with someone who is there to listen to and accept them. They need to be offered a good-quality, therapeutic relationship which can help them to take a more active role in the counselling session. I believe that there is a lack of understanding of the individual's needs in Qatar, where the psychologist guides directly instead of listening to the client's expression of his or her needs. I discussed my ideas with my colleagues, who were keen to help and support my research. My meetings and discussions with them helped me to reshape my ideas and thoughts.

The aim of this study is to explore the possibility of modifying the practice of person centred counselling based on the similarities between Islamic and PCA counselling principles. The study's main question is: 'How can a modification of the PCA be applied in the State of Qatar?'

Answering this question requires a number of considerations:

How can PCA based on Islamic values be applied in Qatar?

Can depressed Muslim clients take an active part in counselling to help and support themselves?

Will there be any self-improvement before and after the counselling sessions?

Will the clients be able to be totally themselves and share their feelings and thoughts freely?

Questions relating to me as a counsellor

As a Muslim person centred counsellor who is self-aware, believes in the importance of being herself and is keen to build healthy therapeutic relationships based on Islamic and PCA principles, my challenges were:

Would I be totally myself?

Would I be able to focus on working from within?

Would I be able to build healthy counselling relationships?

Would I be able to modify the approach to fit the Islamic perspective?

Section Two: Western and Islamic views of counselling, spirituality and depression

Introduction

In this section I review definitions of the main psychological terms I use in this study. In the first part of the section I present the Western and Islamic definitions of the term *counselling*. In the second part I present the definition of *spirituality* from both the Islamic and the Western point of view. Lastly, I define the term *depression*.

Counselling

The Western definition of counselling

Generally speaking, all counselling theories focus on the centrality of a healthy therapeutic relationship between the client and the counsellor. To support the above statement I have chosen some definitions that present the importance of the counselling relationship. I then compare the Islamic and the Western view of counselling.

The first definition, from the British Association for Counselling and Psychotherapy (BACP), is based on three essential elements required in counselling. These are the therapeutic relationship; the counsellor's attitude towards the client; and the atmosphere of the counselling:

Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose... Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way. In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family... The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client's problems without becoming burdened by them. Acceptance and respect

for the client are essential for a counsellor and, as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail behaviour or situations... The counsellor may help the client to look at the options open to them and help them to decide what is best for them. (BACP 2008)

The second definition is given by Feltham and Dryden (2004):

Counselling is a principled relationship characterised by the application of one or more psychological theories and a recognised set of communication skills, modified by experience, intuition and other interpersonal factors, to clients' intimate concerns, problems or aspirations. Its predominant ethos is one of facilitation rather than of advice giving or coercion. It may be of very brief or long duration, take place in an organisational or private practice setting and may or may not overlap with practical, medical and other matters of personal welfare. (p.51)

This definition agrees with the views of the PCA and my own research in three key areas: firstly the importance of considering people as clients rather than patients; secondly, counselling is seen as a skill that provides society with professional counsellors to treat the people using their services as clients, not as patients at psychiatric clinics; and finally, it focuses on the therapeutic relationship between the counsellor and the client.

McLeod (2007) considers that different people understand the term *counselling* in different ways; therefore it is difficult to arrive at a single definition. He also states:

Counselling is an interaction between two people... Counselling is an activity which takes place when someone who is troubled invites and allows another person to enter into a particular kind of relationship with them... Counselling is to make a difference to the person, in the sense of enabling them to move forward in their life. In their extreme form, these outcomes can be experienced as a *transformation* in the person's sense of self and relationships with others. (pp 12-13)

McLeod (2007) sees counselling as an approach that helps individuals to improve the quality of their relationship with themselves, as well as with others. It appears that both types of relationship are related in terms of counselling outcomes.

The above definitions represent the Western point of view of counselling and highlight the importance of the therapeutic relationship. They emphasize the importance of helping and supporting individuals in moving forward with their life. The BACP's definition places emphasis on the role of the counsellor as well as emphasizing the individual's needs. With regard to the stigmatism described by Feltham and Dryden (1999), this is also the case in Qatar. I have seen clients who prefer to keep illnesses such as depression and obsession hidden for years rather than opt for treatment at a psychiatric clinic. They do not want to be labelled or treated differently.

The Islamic definition of counselling

The Islamic view of counselling is based on the Holy Quran and the Prophet Mohammed's (PBUH) teaching as well as on an understanding of the cultural background of the clients. For example, Khalili (2001) states:

The Islamic psycho-therapeutic approach emphasizes the biological, social, and spiritual aspect of individuals... Islamic psychotherapy is reflective, directive and critically supportive. It emphasises the religious and cultural values...emphasises the importance and beneficial effects of the family and social bonds against all-out individualism and selfish concerns. The theory is directed towards self-realization in terms of self-knowledge as a moral principle. (p.226)

Inayat (2001) emphasizes the importance of applying Islamic values and traditions in conjunction with the Holy Quran and the Prophet's (PBUH) teachings. She also emphasizes the importance of considering the Muslim client's personal, social and spiritual aspects. Saleh (1987) emphasizes the need for Muslim clients to be encouraged to help themselves to resolve their own problems within an Islamic context. Abdullah (2008) states:

Islamic counselling is not a new concept. When studying its historical location, a distinction may be made between cultural and professional models of Islamic counselling ...counselling is not an explicit exercise, but alluded to in the religio-cultural rituals of Muslim communities. (www.crescentlife.com)

Al-Malki (2004) believes that religious or spiritual counselling works as a foundation for helping and supporting clients with psychological and life

difficulties by directing and encouraging them to change unwanted behavior or thoughts.

Al-Owasi (2001) emphasizes the importance of associating spirituality and counselling because the Holy Quran encourages Muslims to feel security, safety, peace, relaxation, tranquility, comfort, connection, sympathy, contentment, and reliance on Allah (SWT) and plants in the individual optimism and confidence in the Creator as also in the self, and the sense to avoid everything that is not beneficial to the self.

The above views highlight the importance of Islamic traditions and values and the roles of the Muslim counsellor and client. I believe that the Muslim counsellor needs to be active and supportive towards providing a healthy therapeutic environment, rather than simply providing teaching and advising sessions. From my experience working with Muslim clients I have found that the counsellor needs to be aware of the client's cultural background. I myself have been a client working with a non-Muslim counsellor from a cultural background different to my own. Although the counselling relationship was healthy and helpful, I felt it would have been more helpful if the counsellor had been aware of my cultural and religious background. This also agrees with Moracco's (1978) assertion that traditional and family values need to be considered when counselling Arab/Muslim clients.

Spirituality

The Western definition of spirituality

I have chosen the following definitions for two reasons. Firstly, I am interested in the PCA as a representation of the Western perspective, and as a Muslim I also want to represent the Islamic perspective. Secondly, in my understanding, in the West spirituality is considered a way of helping people to deal with their life's difficulties. In general, the Western writers see spirituality as something that individuals experience rather than an organisational or ritual system. Elkins et al. (1988) state:

'Spirituality' comes from the Latin word *spiritus*, meaning 'breath of life', and is a way of being and experiencing that comes through awareness of a transcendental dimension that is characterised by certain identifiable values with regards to self, others, nature, life and whatever one considers to be the Ultimate. (cited in West, 2000, p.148)

Some writers, for example West (2002), believe that spirituality exists in the counselling relationship:

Being present to one client's spirituality in whatever form it takes for them can represent a real challenge to one's own worldview... To many of us the spiritual represents perhaps the most important part of our lives and beings and is thereby clearly a most appropriate matter for the therapeutic encounter. (p.92)

West (2000) defines spirituality as an individual's beliefs and practices, while Davie (1994) (cited in West 2000, p.148) defines it as 'a matter of believing but not belonging'. It seems that West and Davie share the same point of view.

Other writers, such as Jagenteufel (2006), are interested in comparing spirituality with prayer:

Spirituality is more than prayers and rituals; it is a way of living, it covers all realms of life... Spirituality therefore can be defined as a life designed to be lived in a relationship, to relate to, to be connected to – and all that not merely as fate, but as a dynamic power, which a spiritual person allows to shape her/his whole life. Spiritual practice in a stricter sense – prayers, meditations, liturgies, rituals – are classical ways of relating oneself to God, of getting in touch with the divine. In all religions there are such practices, which are forms of becoming aware of the powerful divine presence... Most forms of prayers are ways to present in self to the divine – although on the surface this can look as if the praying person is trying to draw God's attention to his/her present situation, praying can more deeply be seen as a form of drawing our own attention to the given presence of the divine. (p.122)

Jagenteufel's (2006) definition draws our attention to the importance of spirituality regardless of organizational or traditional systems. Furthermore, from the therapeutic point of view Schneider (2006) believes:

Spirituality needs to be talked about in counselling with more willingness and openness. The spiritual dimension of our lives is no secret but it is open to the experience of everybody. Of course, for a person unaware of such experiences it is difficult to understand what people who are familiar

with them are talking about. In this completely harmless sense the language of religious experience is a language for the 'insiders'. (p.63)

For Bergin and Payne (1991) and Ingersoll (1994), spirituality is integral to every human being and the counsellor must address the client's spiritual needs.

Morrissey (1995) believes that counsellors should help their clients to feel that their spirituality is accepted in the counselling process, and that their spiritual and religious involvement can be viewed as part of the solution rather than part of the problem. Counsellors should become acquainted with their clients' cultural and religious values and should explore and evaluate their own spirituality.

When Rogers was asked about the relation between psychotherapy and spirituality, he stated:

I am too religious to be religious... I have my own definition of spirituality. I would put it that the best of therapy sometimes leads to a dimension that is spiritual, rather than saying that the spiritual is having an impact on therapy. (Rogers, cited in Baldwin 1987, p.35)

Towards the end of his life Rogers identified a new spiritual dimension in his work and added a further quality to his long-established core conditions for effective counselling – unconditional positive regard, congruence and empathy – which he had observed in himself and other experienced counsellors. He called this *presence*:

I find that when I am closer to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship; then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful... At these moments it seems that my inner spirit has reached out and touched the inner spirit of the other... Profound growth and healing energies are present... I found it to be a profound spiritual experience. I felt the oneness of spirit in the community. We breathed together, felt together, even spoke for one another. I felt the power of the 'life force' that infuses each of us whatever that is. I felt its presence without the usual barricade of 'me-ness' or 'you-ness'... I feel myself as a center of consciousness, very much a part of the broader, universal consciousness. And yet with that extraordinary sense of oneness, the separateness of each person present has never been more clearly preserved. (Rogers 1980 pp.129–130)

Professor Brian Thorne believes that 'the future of the PCA may well depend on its capacity to embrace the world of spiritual reality' (1991, p.127). Brian Thorne is open about his Christian spirituality and religious beliefs. He writes:

As a Christian therapist I believe that I am accompanied always by my Lord and I know assuredly that it is the operation of grace which heals and brings wholeness. I am convinced that where love, acceptance, cherishing, understanding and compassion are present, then God is in the midst and grace is available. (Thorne, 1988 p.213)

Thorne (1992 pp.105-6) believes that Rogers will be remembered as a psychologist whose work helped both men and women to approach spiritual reality at a time when conventional religion had lost its power to capture the minds and imaginations of the vast majority.

I partly agree with the quotations above; however, I also believe that it is important that the counsellor shares the spiritual or religious values of the client. In my experience as a Muslim counsellor I have found that sharing the religious and spiritual values of Muslim clients during counselling helped them to feel comfortable and relieved them of blaming themselves or others.

To conclude, the above definitions separate the term *spirituality* from the term *religion*.

The Islamic definition of spirituality

Islamically, the term *spirituality* is considered part of the Islamic system, which differs from the Western viewpoint. In this section I present some Muslim writers' points of view regarding spirituality. Hamzah and Maitafsir (2008) see spirituality as an essential element of Islam directed by the knowledge contained in the Quran, which is a guide for human existence. Both religion and spirituality are keys to understanding the notion of healing in Islam. Inayat (2005) adds that the Prophetic and Holy Quranic methods are essential when counselling Muslim clients.

I agree with these authors' emphasis on the importance of the client's religious background, because Muslim clients seek to be helped by Allah (SWT) and feel

safe in the knowledge that they are surrounded by his (SWT) love and care. The Muslim clients with whom I worked always wanted to talk about their relationship with Allah (SWT). To me, spirituality is an important element in helping religious people or people with faith. Moreover, I believe that Muslim clients need to be fully understood by their counsellors, especially if the counsellors come from a different religious background. In Islam spirituality is part of the religion, but this is not always the case in the West, where spirituality, as we have seen, can also exist outside a formal religious context.

Overall, taking account of what has been said by British and Muslim writers I believe that Western views are based on individualism and the right to choose and decide one's belief system. However, Muslims believe in and practise their religion as a way of life. They also believe that spirituality exists everywhere such as in prayer, meditation and remembering Allah's (SWT) names. In other words it is part of their religion.

Religion

It is hard to distinguish the term *religion* from *spirituality* and daily life activities in Islam because they are all related and work together, whereas in some Western cultures religion and spirituality can be separated from daily life activities.

Haneef (1997) believes that religion in Western society is seen as:

...a way of spending an hour or so on Sundays in practices... It has little or nothing to do with commerce or economics or politics or industrial relationship. (p.40)

The West separates religion from worldly activity. Religion is considered a private matter (Hamid, 1999).

Lee (1967) considers religion as:

...a field in which the unconscious finds many ways of expression. If we are to appreciate the extent to which this is so we need to take full account of the working in ourselves of this unconscious resistance and do so not as an afterthought to allow for a margin of error in our thinking, but by putting it into the forefront. (p.33)

Here there is no separation between religion and material life. Islam regulates every aspect of the lives of its followers, including their politics, finances, social life and so on. Therefore there is no separation between religion and social life (Baydoun et. al, 1999). This also means that Islam does not separate economic from ethical responsibility. As a religion it is considered a complete way of life (Alam, 1998; Al-Habshi, 1987).

As my study involves working with depressed clients, in the last part of this section I present some definitions of depression from the clinical and counselling points of view.

Depression

According to Gilbert (2000, p.3) the term depression comes from the Latin word *deprimere* meaning to 'press down'. The following definitions agree that depression affects an individual's life in many ways, not least emotionally and physically. Gilbert says:

Depression affects not only how we feel, but also how we think about things, our energy levels, our concentration, our sleep, even our interest in sex. Depression has an effect on many aspects of our lives. (Gilbert, 2000 p.6)

Gilbert details some more of these aspects such as motivation, emotions, thinking, images, behaviour, physiology and social relationships (for further explanation see Gilbert, 2000, 2007).

From the clinical point of view, Fiske (2006) defines depression according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994):

Major depressive disorders are defined by the presence of five to nine symptoms, one of which must be pervasive dysphoria or anhedonia. Other possible symptoms are fatigue, sleep disturbance, appetite disturbance, psychomotor retardation or agitation, feelings of guilt, difficulty concentrating and thoughts of death or suicide. (p.29-30)

According to the American Psychiatric Association (1980):

In the clinical context, the term depression refers not simply to a state of depressed mood, but to a syndrome comprising mood disorder, psychomotor changes, and a variety of somatic and vegetative disturbance. All of these changes may be present, but none, including depressed mood, is essential. Indeed, to make a diagnosis of major depression, the only essential criterion is that the syndrome be present for at least two weeks. (cited in Willner, 1985, pp.35-36)

Abdel-Khalek and Al-Ansari (1995) defines depression as:

...a reactionary, abrupt or continuous, state characterized by emotions of constriction, sadness and frustration; and feelings of worry, clutter, superstition, despair, alarm, desperation, and helplessness, all manifest themselves and along with this state, other symptoms affect other reactionary, cognitive, behavioral and physiological aspects. This is represented in a decreased motivation and the inability of enjoyment, weight loss, a loss of focus, and a decrease in performance and suicidal tendencies. (p.104)

Some writers believe that depression can cause negative feelings towards the self and life. For example, Gilbert (2007, p3) sees it as a puzzling phenomenon that leads to extremely unpleasant states of mind, undermining a person's ability to perform everyday tasks and sometimes leading to suicide attempts.

However, Rowe (2003) sees depression not as a genetic fault or a mysterious illness but rather as an illness that people cause by themselves. Rowe believes that depression is a 'prison' and people should help themselves to get out of it. I agree: it is important to encourage people to help themselves and to take action to live more satisfactorily, but I argue that it also depends on the level of depression and the person's willingness to do so.

According to Edwards (2003 p.1), one in five people experience a depressive illness during their lifetime. Edwards adds that in depression unpleasant feelings appear: these include guilt, a sense of worthlessness and unwillingness to express feelings or experience pleasure. This was indeed the case with the clients with whom I worked and who are included in my research project.

Dryden and Opie (2003) state that depression causes emotional and physical problems. Rudwan (2001) describes how depression comes in various forms and has a variety of different causes, which vary from changing mental states to

hormonal attacks, withdrawals, materialistic losses, financial problems and unpleasant experiences.

To sum up, the above definitions highlight the physical and emotional changes that depressed clients' experience. They also experience an increase in negative feelings towards the self and others.

Having presented the above definitions, the following chapter presents an overview of the State of Qatar in general and Qatari counselling services in particular.

CHAPTER 2: Background to the State of Qatar and Qatari Counselling Services

Introduction

This chapter presents the background of the State of Qatar after the discovery of oil in 1940, and the effect of this oil on educational and mental health services in Qatar.

General background to Qatar

In this section I briefly present the background of the State of Qatar, where I come from, and the changes that Qatari society has gone through since the discovery of oil.

Qatar is a peninsula situated halfway along the west coast of the Arabian Gulf, east of the Arabian Peninsula at 24°27' to 26°19'N and 50°45' to 51°40'E. It extends northward covering an area of 11,521 km² (Department of Information Research, 2007). The population of Qatar is estimated at about 744,000 according to the 2004 census, compared to about 522,000 in the 1997 census. Thirty-eight per cent of the population lives in the capital, Doha. Islam is the official religion and *Sharia* (Islamic law³) the main source of legislation. Almost all Qataris are Muslims; however, the rest of the population has great religious diversity depending on nationality. Arabic is the official language and English the second, widely-used language (ibid).

At the end of 1940 oil was discovered in Qatar in the field of Dukhan City on the west coast of the peninsula. The discovery led to a new economic, social and cultural era. The first shipment of oil left Qatar in December 1949. The export of oil speedily enhanced the state's revenue and helped society to keep pace with modern developments. The revenue was invested in constructing new

³ See glossary for further details of *Sharia*

electricity, water and road networks and a large number of schools and hospitals.

Abdul-Malek (1985) is of the opinion that the discovery of oil led to an increase in the importance of government institutions and systems; the development of work and production systems; the emergence of industrial cities; the flexibility of social movement between social classes, and technical skilled manpower (cited in Al- Malki, 2002, p.134).

Pearl fishing had been the main industry in Qatar before the discovery of oil shrunk this industry and improved the population's quality of life. Qatar's political system developed and its economic activities diversified. In a short time Qataris were leading a fast, modern life. The economy flourished, professional structures expanded and the standard of living improved (Al-Ghanem 1998).

According to the Department of Information Research (2007) there was also remarkable economic improvement; Qatar is recognized worldwide as having the second largest gas reserves in the world, representing more than 5 percent of the world's total. The abundance of natural resources coupled with the growing and diversifying economy meant enormous access to investment opportunities and incentives for Qatari citizens. The Qatari government, keen to adopt policies to diversify income resources and develop the economic infrastructure, expanded its oil and gas exploration projects and offered numerous incentives to attract foreign investors to carry out similar projects. The economy became one of the most rapidly-growing in the world, offering the international community a variety of world-class services and cutting-edge products. Research and development plans were established with a view to investing oil and natural gas revenues in projects with high economic returns and the establishment of a strong oil industry (ibid).

His Highness (HH) the Amir Hamad Bin Khalifa AlThani, President of the State of Qatar, stated:

It is necessary to benefit from the experiences of the past and build on its positive results in order to have a bright future based on strong foundations. (AmiriDiwan, 2007 www.diwan.gov.qa)

And:

The Qatari citizen is our top priority when it comes to our goals and objectives of overall planning. (ibid)

According to Qatar's law, all citizens are treated equally regardless of background or belief. They are entitled to free good-quality education, freedom of worship, protection of themselves and their property, and mental health treatment. Schools and hospitals have been built to achieve these goals. As a result there have been some unexpected changes: for example, family structures have changed. Extended families are no longer as close-knit as they used to be, and polygamy amongst Qatari men (acceptable in Islam) has led to wives living in different households as well as a few living communally. Unacceptable issues such as sexual abuse have also come to the fore.

The role of the Qatari woman has changed. Many more are choosing to work, which means that the husband has to share in household responsibilities or that people must be employed to help with childcare and domestic responsibilities. More importantly, the changing values and traditions of the new generations of Qataris are noticeable. They have become more open to following the Western lifestyle, speaking different languages and pursuing interests other than traditional ones. In addition to this the Gulf wars and incessant violence and conflict in the Middle East between Muslims and Israelis have affected the social, economic and psychological lifestyle of Qataris.

To deal with these changes the Qatari government now provides psychological support through psychological service units for citizens at Hamad Medical Corporation Hospital (HMC) and other institutions. The wide changes due to the discovery of oil affected not only family roles but also those of individuals due to changes in their needs and understanding of their traditions and/or values.

Several psychological problems such as personality disorders, isolation and depression have increased in the population as a result.

Improving the quality of the educational system

One of the most important aims of the Qatari government is to improve and develop the educational system for both male and female Qataris. In this section I highlight some of the educational institutions and counselling services now available in the public and private sector. Generally Islamic teachings and values are still the main focus of education in Islamic countries, but in the past Muslim scholars' methods of teaching were simple and traditional. Qataris used to send their children on foot to religious school *Almotawah*⁴ where they memorized Quranic verses.

In 1995 the educational system was developed considerably by the ruler of the country, HH Sheikh Hamad Bin Khalifa Al Thani. He stated:

The State of Qatar is determined to develop the educational system and the legislative executive and judicial constitutional system. (AmiriDiwan, 2007, www.diwan.gov.qa)

The development of the educational system, established under the supervision of the Qatari Ministry of Education, worked to apply policies and programmes to fulfil individual Qataris' needs. The aim was to develop and encourage citizens to make a valuable contribution to society following a policy of compulsory and continuous education where all receive free schooling, reflecting the country's identity and providing equal opportunities for all. They also focused on the quality rather than the quantity of education, paying more attention to developing the educational process in line with the requirements of the times, to the training and qualification of all Ministry employees and to improving the performance of educational establishments. The Ministry provides schools with educational inspections, a health service, free electricity and water and private kindergartens as well as educational services and training centers and service centers which facilitate the registration of students in

⁴ See glossary for further explanation

foreign universities for distant learning (Department of Information Research, 2007).

The Ministry provides a number of student services and facilities such as health services and sports facilities, and offers financial assistance to students at both government and independent schools who need it. In April 2005 to March 2006 the total number of male and female students who received assistance was 3,627 and the total amount was Qatari Riyal (QR) 6,602,550. In 2002 The Supreme Education Council (SEC) was established as the authority responsible for drawing up Qatar's educational policy as well as supervising initiatives to develop general education. The Higher Education Institute is responsible for guiding students regarding occupational and career educational opportunities in Qatar and abroad, to exchange experiences and critical thinking, preparing leaders, raising cultural awareness and strengthening ties with other countries (ibid).

The University of Qatar

Qatar University is the main institution where Qataris receive higher education. It is where Qatari males and females learn how to take an active part in society such as by working in schools and hospitals. I am one of the many Qatari female students who had the opportunity to study at QU and then to travel abroad for further education.

QU was founded in 1973 with four colleges: Education; Humanities and Social Sciences; Shariah, Law and Islamic Studies, and Science. In 1973, the Emir of Qatar issued a decree proclaiming its establishment as Qatar's first national College of Education. The college admitted 57 male and 93 female students in its first year. By 1985, two additional colleges, Engineering and Business and Economics, had been established. Currently QU comprises seven colleges: the College of Education, the College of Arts and Sciences, the College of Sharia and Islamic Studies, the College of Engineering, the College of Law, the College of Business and Economics and the College of Pharmacy.

In the past few years the university system has improved and QU became financially independent in 2004. With the improvement in the quality of QU's educational system there was an increase in the number of students and

teaching staff. For example in 2005-2006 it had 7,660 students, of which 5,670 were Qatari (74%). Female and male graduate students totalled 1,544, of which 1,253 (81%) were Qatari. The total number of teaching staff was 387, of which 177 were Qataris (46%), plus 289 Qatari assistant teaching staff (ibid).

As well as having improved the quality of education for students and staff, the university provides services for both students and staff such as academic libraries, information centres and an Educational Technology Centre. The QU offers academic support at the Student Affairs Office, which helps students to register at the beginning of each academic term. The Student Learning Support Centre (SLSC) provides academic support services to all students at QU with programs designed to help them become independent and successful learners, improve their study skills and self-confidence, increase their knowledge of course material and encourage a positive attitude toward education, and prepares them for lifelong learning. The university also encourages students to participate in a variety of activities.

The Student Activities Department provides a variety of activities and programs to help students become socially responsible citizens and enjoy their university life. As a member of the Education Department teaching staff, I believe that offering counselling support to Qatari students will help to improve not only their academic studies but also the personal and social sides of their life. I discuss the psychological and counselling services in the State of Qatar further in the next section.

Mental health in Qatar

Before the discovery of oil, Qatar's mental health system was simple in its approach. Individuals were treated by two methods: traditionally with herbs or religiously by reciting Quranic verses and excerpts of the Prophet's (PBUH) teachings. This also applied to the treatment of psychological disorders. In severe cases people were treated as mentally ill or suffering from a lack of faith in Allah. Some would be kept at home, away from contact with the rest of the world.

According to the HMC psychiatrists Ghuloum and Ibrahim (2006), people believe that a *jinn*,⁵ the evil eye, sorcery or witchcraft can be the cause of mental disorders. This notion has continued from pre-Islamic into Islamic times. These beliefs, and a lack of proper psychiatric care, provided fertile ground for native and traditional healers *Motawwa* to dominate the scene and become the sole source of care for those suffering from emotional and behavioural problems. However, since 1970 medical services in Qatar have improved remarkably. Health centres and hospitals have been opened in various parts of the country with modern technology and equipment, and the best medical and technical healthcare professionals have been recruited. HMC is concerned with health care in Qatar and is the equivalent of the National Health Service in the UK. It was founded by an Emiri Decree in October 1979 and operates five major hospitals, namely Hamad General Hospital, Al-Rumaila Hospital, the Women's Hospital, Al Amal Hospital and Al Khor Hospital.

The Department of Psychiatry was established in 1971 with general psychiatric services for both inpatients and outpatients. The department was staffed by two consultants five resident psychologists and two social workers. The outpatient clinic started with approximately 1,200 consultations in 1971, and now averages 1,400 per year. In 1982 a new medical complex known as the Department of Psychiatry at HMC. Later, in 1984, a Psychology section of the Department of Psychiatry was established. In 2006 the Department of Psychiatry was extended to offer psychological support to a larger number of Qatari citizens. As of 2009 the department includes seven psychologists (two females and five males) with twenty-seven psychiatrists (ten females, five of whom are Qataris, and seventeen males, three of whom are Qataris (HMC psychologist, pers. comm.). Psychological services are offered to all citizens equally in addition to services offered at private hospitals.

The department offers a wide range of psychiatric treatments and psychological support including various forms of cognitive, behavioural and supportive therapies at individual, group and family level. A survey of the Ministry's

⁵ See glossary

statistics reveals that interest in and concern about psychosocial services has been increasing since the mid-1980s (Al-Malki 2002). The next section presents the most popular approach to therapy at HMC, Cognitive Behavioural Therapy (CBT). It highlights the reasons for this interest and presents some of the studies that show the effectiveness of a PCA as an alternative choice for those who do not want to be guided or advised directly.

Cognitive Behavioural Therapy at HMC

This section presents an overview of the application of CBT in HMC from a professional point of view.

CBT is regarded as one of the most effective approaches for use with depressed clients in Qatar. However there is also an interest in counselling in general. The Qatari government provides a health system with qualified psychologists from Arabic countries to help and support clients with mental health problems. The HMC psychologists' work is based on an understanding of clients' psychological, cultural and religious background. A variety of methods are applied such as CBT, behavioural, cognitive, interpersonal and play therapy, but CBT is mostly applied.

Why CBT? Firstly, it addresses a combination of cognitions and behaviours and is helpful in supporting Muslim clients whose faith encourages them to change unwanted thoughts and behaviours. Secondly, the approach does not focus on changing the client's belief system and or on self actualization. CBT is a short-term treatment and is therefore economical compared to other approaches. The role of the counsellor is based on directivity and guidance, with homework part of the treatment. For example an Islamic counsellor would ask a client to pray and do physical or mental exercises at home related to his or her problems.

In the next section I present an overview of professional psychologists' and counsellors' views regarding counselling in general and applying the PCA in particular. Their views were collected during my fieldwork (see the methodology chapter for how the data was collected). In one of my interviews

with a group of professionals (see Chapter 9) Interviewee 1 stated that the majority of Qatari clients attend the psychiatry department with high expectations of getting a directive approach to their problems.

The client wants you, the counsellor, to give him an idea for solving his problem, not advice. He wants you to help him find the words that help him think and reach a solution or a specific idea. The client wants everything quickly. Reaching the solution makes him feel relaxed and he feels he's had the counsellor's help to solve his problems. (Interviewee 1)

Interviewee 1 stressed that clients are unwilling to attend long-term counselling:

The client doesn't have patience to wait, and people these days don't have patience to attend a session of 45 minutes every week... That's what I think. (Interviewee 1)

Even though she is interested in the PCA, Interviewee 1 believes that Qatari clients need more than just PCA techniques. She states:

There are certainly some basics in Carl Rogers' theory which should be used, like acceptance and sympathy with the client, as well as the principles of the counselling session according to its atmosphere. After my diploma I expected to use them, but I found that the Qatari client responds to CBT because he wants you to give him an idea to solve his problem but not advice. (Interviewee 1)

Arab clients generally expect to be advised or guided in a session instead of taking an active role in changing their unwanted behaviour or thoughts (Interviewee 1; Interviewee 15; El-Sherbini & Chaleby, 1999). However, to work more effectively with Arab clients, El-Sherbini & Chaleby (ibid) suggest that they should be encouraged to share their problems freely and then advice can be given if this is deemed necessary. With reference to Interviewee 1's comments above, and in my own experience, some clients complain of not being able to talk or share their problems with their therapists due to the limited appointment time. I have worked with clients who came to build a healthy relationship with the counsellor based on loving, accepting and sharing experiences. They did not come for advice or homework; rather they wanted to work from within, to play an active role in their counselling and to take

responsibility for caring for themselves. While working with HMC psychologists I noticed that the CBT counsellor plays an important role in guiding and directing the session as well as giving direct advice to people with psychological and life difficulties. My research does not criticize CBT or deny its effectiveness in working with Arabs, but I argue that in CBT the role of the counsellor is more active than that of the client himself. In an interview in 2007 Dr Elnour Dafeeah, a psychologist at HMC, told me that he believed that CBT is the treatment of choice when dealing with psychological and life difficulties in Qatar, especially with clients with Obsessive Compulsive Disorder (OCD). People tend to be recipients of services and expect everything to be done for them. He stated:

From my many years of observation, I found it difficult to convince people to take a more reciprocal and driving role in therapy. This is because people think that doctors have the solution and that they know everything in their field. So clients expect to get advice from them. They also have a high opinion of their medical doctors and professionals working in the health care service. Thus CBT fits well here in the society and has been very successful in many cases. (Interview, Dr Elnour Dafeeah, 2007)

Counselling provision in Qatar

The following section presents the counselling services that are provided in the public and private sectors.

General public services

To improve the quality of Qataris' lives the government offers counselling services not only to students but also to the rest of the population through the following organizations. It is worth mentioning that the approaches applied usually offer integrative counselling support, mainly CBT based on Islamic values and traditions.

The Supreme Council for Family Affairs

The family is considered the basis of Qatar's Islamic society. The Council for Family Affairs was founded under the chairmanship of Sheikha Moza Bint Nasir Al-Misnad, wife of HH the Emir, by Emiri Decision No. 53 of 1998. The Council consists of several departments: the Individuals with Special Needs Department;

the Aged Individuals Department; the Department of Childhood; the Women's Department, and the Youth Department. There are also voluntary committees: the National Committee for individuals with Special needs; the Committee for Aged Individuals; the Motherhood and Childhood Committee; the Women's Affairs Committee; the Youth Affairs Committee and the Coordination Committee. In addition to planning programs to protect the family structure through the development of family members the Council proposes and draws up plans, programs and projects that ensure family development and enhance the role of existing national institutions to provide basic services. It has a right to study and give opinions on all family matters and to take action to encourage public interest in family issues.

The Family Counselling Centre

The Family Counselling Centre (FCC) was established following HH Sheikha Moza Bint Nasser Al-Misnad's idea to help and support Qatari families suffering psychologically from life difficulties and problems. The FCC opened on August 24 2003 to help families holding conscious values derived from Islamic culture to resolve problems related to family life. It allows people to share their problems with specialists and offers psychological support. It also aims to reduce the incidence of divorce by designing strategies and plans and meeting with families at its premises. According to my interview with one of the FCC counsellors in September 2008, the FCC's counselling services do not follow a particular approach. Dealing with a case depends on individual and family needs. Some cases are referred by the courts. Understanding Islamic law is very important, as the counsellor needs to be able to support cases both Islamically and psychologically by offering directive approaches to changing unwanted behaviour or thoughts.

Below are some of the voluntary institutions in Qatar that collect donations and offer psychological support based on social needs.

The Family Development Institution

Founded in 1996, the Family Development Institution studies negative social phenomena and aims to control them before they prevail. It deals with family and educational problems and seeks to protect the Qatari family against the negative impacts of social change. The Institution offers counselling services to citizens as well as offering lectures and seminars. Its employees work with the media to increase public awareness of family problems. It offers job opportunities, supports low-income families financially and offers therapeutic and educational services, in addition to providing specific programmes for the disabled, the elderly and children.

The Qatari Society for Care and Rehabilitation of the Handicapped

This charitable organization was established in 1992 to support people who are handicapped or disabled. The society raises the population's standard of awareness of psychosocial problems and treats them in cooperation with various governmental and non-governmental bodies in the country.

The Education Centre

This centre was established to offer guidance and psychotherapy to students who are falling behind in their studies and to those suffering from learning difficulties and mental disabilities. The centre provides individual care to each student according to his/her needs. It supports them psychologically by offering counselling for behavioural problems and educational services to improve students' learning skills. The centre also offers special services for talented students (Al-Meaddawi, 1999, cited in Al-Malki, 2002, p.173).

The Qatari Institution for the Care of Orphans

This institution was founded in 2003 to provide full care and services that ensure a decent life for orphans and for those not living within a family, and to support orphans' foster families. It also provides an alternative environment for

children from broken homes, raises awareness of children's needs and carries out direct research to serve them. Al-Malki (2002) states:

Despite the development that Qatari society has witnessed from Independence to the present, counselling has not been widely developed to cope with social development and changes. In light of remarks recorded by the researcher, diagnosis and counselling are still lacking accuracy. Moreover, psychological workers also lack effective integration with people's lives. (pp.174-5)

The institutions described above were set up by the Qatari government to help and support people in need of their services.

Counselling in higher education

As supporting the mental health of QU students is one of the government's aims in improving the educational system, the following outlines counselling services provided in the higher education system by the government and the private sector.

Student Counselling Centre at QU

After years of planning, QU is now able to offer psychological support for its students following the establishment of the Student Counselling Centre (SCC) in 2007. The SCC is directed by the Qatari Khalid Faraj, Assistant Professor and first director of the Psychological Sciences Department of the College of Education. It aims to help QU students with academic, personal and social difficulties. Two full-time female counsellors work with female students and a male counsellor works with male students. Over the academic year 2007-8, 37 female students came to counselling at the SCC and by the end of May 2008 a total of 150 hour-long sessions had been provided for them, with an average of four sessions per student. The largest number of sessions for a student was twelve. Eighty per cent of students attended more than one session. Students with severe psychological problems were referred to HMC (Student Counselling Centre Annual Report for the Academic Year 2007-8, QU).

In an online interview on May 20 2008, Dr Khalid emphasized the importance of increasing public awareness of the services offered as well as the need to provide them, especially following the changes that Qatar and the region are going through. He also believes that the family relationship is fundamental in counselling and emphasizes the importance of considering it when dealing with individual psychological problems (QU Student Counselling Centre <http://old.qu.edu.qa/html/campuslife/56cl25mar07.html>).

The Qatar Foundation

The aim of the Qatar Foundation is to provide good-quality education. It was established in 1995 by HH Sheikh Hamad Bin Khalifa Al Thani, Emir of Qatar Foundation, and is chaired by HH Sheikha Mozah Bint Nasser Al-Missned, wife of the Emir, who supports and guides this process. The Qatar Foundation prepares citizens of Qatar and the region to meet the challenges of an ever-changing world and to make Qatar a leader in innovative education and research. Under the umbrella of the Qatar Foundation the Education Centre has established six universities; Virginia Commonwealth University in Qatar; Weill Cornell Medical College in Qatar; Texas A & M University at Qatar; Georgetown University School of Foreign Service in Qatar; North-Western University in Qatar, and Carnegie Mellon University in Qatar.

Some of these universities, such as the three listed below, offer counselling services for their students:

Texas A & M University

Texas A & M University opened on October 11, 2003 to provide programs in petroleum, chemical and electrical engineering. The goal of the Texas A & M University Student Counselling Service (SCS) is to help students achieve as much success as possible while at the university. It provides short-term counselling and crisis intervention services. SCS staff respect and value cultural differences in the counselling process.

Virginia Commonwealth University, Qatar Fashion College

This university was established in 1997 to offer BA programs in fashion and graphic design. The Virginia Commonwealth University (VCU) Qatar Student Counselling Office offers all VCU students private and confidential individual counselling assistance as well as a variety of academic success programs.

The university offers a range of support services to help with study skills, time and stress management, adjustment to college life, self esteem, depression and personal, emotional and psychological problems. The VCU's mission is to create an environment which supports student growth, development, and emotional and psychological well-being through counselling, education, and prevention. The VCU is aware of the importance of confidentiality and promotes respect for all individuals and cultural differences.

Georgetown University School of Foreign Service in Qatar

This university opened in 2005. Its Student Wellness Counselling (SWC) provides holistic wellness services for university students. The services include prevention, psycho-education, outreach, assessment, counselling and psychotherapy, crisis intervention, and referral for students of the School of Foreign Services, Qatar (SFS-Q). After the events of September 11, 2001 the Arabic educational system became a critical issue in many Arab countries, including Qatar, which spends a higher percentage on education than any other developing region. However, some Muslim scholars disagree with the idea of westernising the region via foreign education. As Dr Ali Al Quradaghi said:

Westernization is the biggest challenge Arab and Islamic societies are facing today. Globalization being the latest incarnation of colonialism threatens to undermine the Islamic identity and poses a threat of cultural invasion to the region (Bibbo 2006, www.gulfnews.com).

It seems that the term 'Westernization' as mentioned by Dr Al Quradgahi is concerned with the differences in culture, lifestyle and religious beliefs between the West and Islamic countries.

However the Vice-chairman of the Qatar Foundation, Saif Al Hajari, disagreed with this opinion, believing it important to focus on the quality of education:

As far as education is good, it does not matter where it comes from. We want to provide our students with the best possible educational standards (Bibbo 2006, www.gulfnews.com).

It is clear that there is divided opinion about the idea of Westernising the education system and how this might affect the next generation of Qataris. However, in general individuals are optimistic and positive about the changes Qatar's education system.

In the last section of this chapter I present QU's current plans to offer counselling courses for Qatari students.

Training courses in counselling

Although it does not offer a training course in counselling at present, QU plans to provide schools and hospitals with trained counsellors through the following degrees:

Masters Degree in Counselling

As mental health is one of the government's priorities, there is a plan to establish a Master's degree in counselling, although to date this exists only on paper. The plan includes different psychology subjects in a course to train student counsellors to work in different institutions in Qatar. The program will include compulsory and voluntary subjects besides the Master's thesis (QU, 1998, cited in Al-Malki, 2002). However, to date this project has not been established.

Counselling Diploma

In 1998 a Diploma in Counselling was proposed by the Psychology Department in the Education Faculty of QU (Al-Malki, 2002), but this project has not yet been established.

This chapter has presented a general background of Qatar and the changes in its society and educational and health systems through since the discovery of oil. I have also outlined the different educational facilities within the State of Qatar and the counselling facilities they offer.

CHAPTER 3: An Overview of the Islamic Point of View of the People's Wellbeing and Islamic Counselling

Introduction

This chapter is divided into four parts as follows: Islam's aims in relation to the importance of individuals' wellbeing; the Prophet's (PBUH) methods of dealing with others; dealing with life's difficulties Islamically; and understanding counselling from an Arab and Islamic perspective.

The aims of Islam regarding human beings

In this section I focus on the aims of Islam from the humanistic and religious points of view. I feel it is important to begin this section by explaining how Islam provides individuals with help and support to enable them to live happily with the self and with others. Islam is considered a way of believing and trusting in Allah (SWT), the only creator and the most merciful. Islam is a way of living based on Islamic principles and morals through the Quran and the Prophet's teachings.

I am of the opinion that the three religions of Judaism, Christianity and Islam aim to guide, help and support their followers to embrace life's difficulties, lead them towards happiness and show them how to achieve happiness in the hereafter.

In an Islamic society Muslims are supported by society as well as by their clerics. The *Imam*⁶ should guide and direct them by teaching them the Quran and showing them how to apply it in their daily lives. He strengthens this teaching by explaining how the Prophet lived and taught others. Islam is a peaceful religion which aims to improve Muslims' lives religiously, spiritually and physically, both individually and collectively. Muslims are encouraged by the

⁶ See glossary

fact that their faith aims to protect them against physical and mental illness and promotes taking care of the self. As the thesis is interested in dealing with Muslims clients' relationships with themselves it is worth mentioning that the word 'self' is mentioned in 295 verses in the holy Quran; 'soul' is mentioned in 22 verses; 'mind' in 49 verses and the 'heart' in 132 verses (Mansour and Abo Abah, 1996 cited in Al-Malki, 2002, p.18). I believe that encouraging my Muslim clients to be aware of themselves was an important factor in enabling them to move on with their lives in this study.

Al-Malki (2002) states that Islam guides individuals and groups to seek benefit in their life without harming or destroying others' rights. Islam encourages people to overcome their illnesses and disorders and enjoy their life, with the aim of living a long life. Al-Malki (ibid) emphasizes the importance of encouraging individuals suffering from psychological problems to take all possible measures to overcome and face up to their problems and to find solutions. Islam cares for the Muslim family; it is the basis of the collective Arab society. The importance of the Muslim family has been emphasized by many writers such as Moracco (1978), who points out the importance of considering the family when counselling Muslim clients, especially when the client comes from an extended family, as is the case in much of Arab society. When dealing with Arab clients counsellors have to be aware of the differences between Islamic and Western societies. Moracco claims that in the West, feelings of isolation and alienation are common and are part of the process of modernization. Making choices and decisions in the West depends on individuals' needs regardless of values and traditions, whereas in the Middle East, values and traditions need to be considered (Moracco 1978).

In the next section I highlight some of the characteristics that the Prophet (PBUH) showed when dealing with others.

The Prophet's (PBUH) attitude towards achieving a healthy relationship with others

The Quran says:

Ye have indeed in the Messenger of Allah a beautiful pattern (of conduct) for any one whose hope is in Allah. (33:21)

As the Prophet (PBUH) was and still is the best role model for Muslims, this section presents how he dealt with people through his relationships with others. The Prophet (PBUH) was a prophet, teacher, guide and counsellor who helped and supported his followers religiously, spiritually, emotionally, socially and financially. He (PBUH) used different approaches with different people based on their background, age and belief. He communicated with them directly, indirectly and non-verbally and by telling stories or giving examples. Below I outline some of the Prophet's (PBUH) characteristics.

The Prophet (PBUH) made his speeches clear so as not to be misunderstood by others. As narrated by Anas (a companion of the Prophet⁷):

Whenever the Prophet (PBUH) spoke a sentence, he used to repeat it thrice, so that the people would understand it properly from him, and whenever he asked permission to enter [he used to knock on the door] thrice with a greeting. (Stapley & Bederi 2003 p.537)

The tone of voice is important when talking to people as well as the way of talking. The Prophet talked directly and indirectly to his followers in order to interact with them. I believe that the Prophet's attitude is similar to that of the counsellor who tries to speak clearly or reflect what has been said by her clients to avoid being misunderstood. Speaking clearly helps the communication process go smoothly and helps to improve the quality of the therapeutic relationship.

According to AlBukari,⁸ the Prophet used to attract his listeners' attention indirectly in many ways, such as by starting his speech with general questions;

⁷ See glossary

⁸ See glossary

by using the word 'Behold'; by sitting up from a reclining position and repeating it directly and often, etc (Stapley & Bederi 2003 p.538). The Prophet did not want people only to listen; rather he wanted them to listen and understand what he said to them. The Prophet's attitude towards counselling, as mentioned above, helped him to build healthy relationships with others. I believe that counsellors in general and Muslim counsellors in particular need to pay attention to the client's verbal and non-verbal communication in order to understand the client better.

The Prophet often summarized speeches and was brief and to the point in order not to be misunderstood by others, as narrated by his wife, A'isha:

The Prophet used to talk so clearly that if somebody wanted to count the number of his words, he could do so. (Stapley & Bederi 2003 p.540)

He also used non-verbal communication to share his feelings and acceptance of others. Again as narrated by Aisha:

I never saw Allah's Messenger laughing loudly enough for me to see his uvula, but he used to smile only. (Stapley & Bederi 2003 p.543)

Smiling eases and builds people's confidence. When the Prophet wanted to communicate with others non-verbally he showed that he was interested and cared by smiling. This is also the case in counselling when the counsellor and client meet without words. Mearns and Cooper (2005) state that one method of non-verbal communication is a laugh shared between counsellor and client. It is clear that the Prophet's attitude was very important in his relationships with both Muslims and non-Muslims. Moreover, his attitude should not be applied only in the therapeutic relationship but also as a way of life. Islamically it is very important for the Muslim to have a good character and to aspire to follow the Prophet, who was known by his good character, as mentioned in the Qu'ran:

And verily, you (O Mohammad!) (PBUH) have an exalted standard of character!' (68:4)

Allah (SWT) sent the Prophet to his people because of his honesty, morality and generosity (Stapley & Bederi 2003).

In addition to endeavoring to emulate the Prophet's attitudes towards others, Muslims should feel grateful to Allah (SWT), who loves and takes care of them. The next paragraph shows how Allah (SWT) shows love to His servants. According to Abu-Hurariah, companion of the Prophet,⁹ Allah's Messenger said that Allah (SWT) said:

And the most beloved things with which my slave draws near to me is what I have enjoined upon him. My slave keeps on coming closer to me through performing the optional acts of worship (besides what is obligatory) until I love him. When I love him, I become the sense of hearing with which he hears, the sense of sight with which he sees, the hand with which he grips, and the leg with which he walks; and if he asks Me [for anything] I give him, and he asks My protection (Refuge) I protect him (Take him in My Protection) and I do hesitate to do Anything – as I hesitate to take the soul of the believer, for he hates death, and I hate to disappoint him. (Collected by Al-Bukhari, cited in Stapley & Bederi, 2003, p.362)

As a Muslim client is part of the whole of society, a Muslim counsellor encourages the client to love and take care not only of the self but also of others. As narrated by Anas, the Prophet (PBUH), the Prophet (PBUH) said: 'None of you will have faith until he likes for his (Muslim) brother what he likes for himself' (Stapley & Bederi (2003) p.26).

Muslims believe that if they put their faith in Allah (SWT) and believe in him, Allah will always be with them. As Abu-Hurairah narrated that the Prophet (PBUH) said:

Allah (SWT) says I am as my slave thinks of me I am, (i.e. I am able to do for him what he think. I can do for him) and I am with him if he remembers Me. If he remembers Me in himself, I too remember him in Myself; and if he remembers Me in a group of people, I remember him in a group that is better than them; and if he comes one span nearer to Me, I go one cubit nearer to him; and if he comes one cubit nearer to Me, I go a distance of two outstretched arms nearer to him; and if he comes to Me walking, I go to him running. (Collected by Al-Bukhari, cited In Stapley & Bederi (2003), p.196)

It is clear that the Prophet encouraged Muslims to have a good relationship with Allah (SWT) and this also reflects the importance of a trusting and therapeutic

⁹ See glossary

relationship between counsellor and client. In my experience, during counselling sessions Muslim clients need to be reassured by the counsellor that by Allah's will their problems will be resolved. As a Muslim counsellor I provide clients with verses from the Holy Quran whenever it is appropriate. As the Holy Quran says:

Say: 'O my Servants who have transgressed against their souls! Despair not of the Mercy of Allah: for Allah forgives all sins: for He is Oft-Forgiving, Most Merciful'. (Holy Quran 39:53 cited in wwwAl-Islam.com)

On no soul doth Allah place a burden greater than it can bear. It gets every good that it earns, and it suffers every ill that it earns. (Pray) 'Our Lord! Condemn us not if we forget or fall into error; our Lord! Lay not on us a burden like that which Thou didst lay on those before us; our Lord! Lay not on us a burden greater than we have strength to bear. Blot out our sins, and grant us forgiveness. Have mercy on us. Thou art our Protector; help us against those who stand against Faith'. (ibid 2:286 cited in wwwAl-Islam.com)

If ye did well, ye did well for yourselves; if ye did evil, (ye did it) against yourselves. (ibid 17:7 cited in wwwAl-Islam.com)

I have used the above verses as a counsellor to offer religious support to my depressed clients in order that they gain a better understanding of the self as a Muslim. As a person centred Muslim counsellor I was aware the importance of:

- encouraging clients to put their trust in Allah (SWT) and strengthen their relationship with Allah (SWT);
- helping them to do what they could to help themselves;
- helping them to be responsible for their actions towards themselves.

Overall, after discussing some similarities between Islam and the PCA, I believe that what has been presented above is enough to offer a new direction towards improving the quality of counselling in Qatari society. Some would argue against this because person centred theory is based on terms such as *the actualizing tendency*. I agree that the term is the heart of the theory, but that the theory needs to be applied from an Islamic perspective to help each Muslim client.

I end this section by mentioning three points which I believe need to be considered when applying the PCA in Islamic society. They resemble Badri's (2007) view to some degree.

Firstly, the counsellor who applies nondirective therapy needs to be aware of the importance of working within the framework of Islamic values and traditions as well as respecting her clients and encouraging them to talk and share their emotions freely; in other words to be open to accepting and sharing the clients' interests and values. This was not difficult for me because both my clients and I come from a similar background. I was aware of using Islamic values and traditions whenever I felt they were needed during a session.

Secondly, the counsellor needs to be able to apply and believe in the effectiveness of the core conditions – congruence, empathy, and acceptance – which are essential elements in helping clients to move on in counselling.

Thirdly, the counselling relationship has to be based on both Islamic values (Quranic verses and the Prophet's teachings) and the PCA, which includes reflecting and listening in depth. As Mearns & Cooper (2005) state:

Listening to clients, however, involves more than providing them with an opportunity to talk. What we mean is really attending to the client, and attuning to their being, at an emotional, cognitive and embodied level.
(p.119)

In the last part of this chapter I present the Islamic methods used by the Prophet (PBUH) to help Muslims deal with their problems and live more peacefully with the self and others in Allah's (SWT) love and mercy, which are mainly based on applying the Holy Quran and the Prophet's (PBUH) teachings.

Muslim clients are encouraged to participate in helping themselves by healing themselves through prayer to Allah (SWT), controlling their anger and finally through forgiveness. All are spiritual, religious skills which can help to reduce pain, control emotions and help with difficulties that individuals may face in their lives. Below is an explanation of each technique.

Prayer

The first and most important skill is the formal Islamic prayer *salat*.¹⁰ This is a very significant element in helping people to cope with their difficulties. Prayer comforts Muslims spiritually and religiously. It helps them to deal with their problems. The Prophet (PBUH), whenever he was afflicted with hardship, would say: 'O Bilal!¹¹ Give us comfort and call for the *salat*!' (Bilal was chosen by the Prophet (PBUH) to lead the call to daily prayers *salat* at the mosque).

The effectiveness of prayer is examined by Dr. Karl Schmid (1987) in a conference paper. Dr Schmid presented his findings following his work with drug and alcohol addicts in Brunei. His techniques were based on taking a group of addicts to a camp outside the city and subjecting them to a daily religious program of Islamic activities involving prayers, talking, and video shows. The program started from dawn *fajer*¹² prayers until bedtime. The result was significant: the treatment was 65% effective when using the Islamic approach (Badri 2007).

Peter Madson Gubi (2008) demonstrates the benefits of prayer and spirituality as well as methods of integrating prayer into counselling. His book suggests that prayer can be part of the counselling session and can be said at the beginning or the end of the session. The book presents parts of counselling sessions to show the benefits of prayer for different mental health illnesses such as depression, as well as applying different techniques such as silence and/or talking to God.

Remembering Allah's names

One self-healing method is remembering Allah's (SWT) names (*Al theker*¹³) and by asking him for help and support (*Duah*¹⁴). The aim of doing this is to maintain the relationship with Allah (SWT), who is always there to listen to prayer. In fact

¹⁰ See glossary

¹¹ See glossary

¹² See glossary

¹³ See glossary

¹⁴ See glossary

it is a method used to reduce stress, worries and fears and if one trusts in Allah (SWT) he (SWT) is sure to help one to overcome life's difficulties.

Dealing with anger

The Prophet (PBUH) advised his followers to control their anger at all costs. Even at the climax of war, he advised them to deal with prisoners with mercy and compassion. Allah's messenger Abu Huyrair'ah, may Allah (SWT) be pleased with him, said:

The strong is not the one who overcomes people by use of his strength; rather he is the one who controls himself while in anger. (Collected by Al-Bukhari, cited in Al-Jumu'ah, 2006 www. islamweb.net)

Taking care of the self is an important matter in Islam, therefore avoiding anger, in which the heart beats very fast, muscles start to tense, blood moves quickly to the head and face, is important. In addition, anger stops a person thinking or making the right choice, therefore the Prophet (PBUH) encourages Muslims to avoid being in that situation. He advised that paying attention to these physical signs is very important:

Beware of anger, for it is a live coal on the heart of the son of Adam. Do you not notice the swelling of the veins of his neck and the redness of his eyes? (collected by Al Tirmithi,¹⁵ cited in Al-Jumu'ah 2006, www. islamweb.net).

The Prophet (PBUH) also emphasized the importance of relaxing the muscles. He suggested the following:

When one of you becomes angry while standing, he should sit down. If the anger leaves him, well and good; otherwise he should lie down. (Collected by Abu Daawood,¹⁶ cited in Al-Jumu'ah, 2006, www. islamweb.net).

The Prophet gave his followers a method to control their anger, saying:

Some are swift to anger and swift to cool down, the one characteristic making up for the other; some are slow to anger and slow to cool down, the one characteristic making up for the other; but the best of you are those who are slow to anger and swift to cool down, and the worst of you

¹⁵ See glossary

¹⁶ See glossary

are those who are swift to anger and slow to cool down (Yunus 2007 <http://www.irfi.org/>).

It is obvious that this method of controlling anger is not just physical; rather it uses our human power to discipline the self to control unwanted responses.

The fourth method is forgiveness, which is mentioned in the Quran many times. This is a very skilful religious self-support mechanism where the person needs to be able to forgive himself as a human being and then forgive others for Allah's (SWT) sake. In the Quran Allah (SWT) describes believers as 'those who avoid major sins and acts of indecency and when they are angry they forgive' (Holy Qur'an, 42:37). There are many verses that emphasize the mercy and forgiveness of Allah (SWT). In one of the prayers that the Prophet taught, he said: 'O Allah, You are the most Forgiving One; you love to forgive, so forgive me.' As the Prophet said:

If human beings do not sin at all, then Allah (SWT) would have created other creatures that commit sins so that He may forgive them since He is the Merciful Forgiver of sins. (Badi, 2001, www.fortyhadith)

Allah (SWT) knows that human beings are not perfect; therefore Muslims are encouraged to forgive themselves and others. For example they could remind themselves of some of the Prophet's stories, such as the story of the man whose sins were forgiven after he sincerely repented, despite the fact that he had killed a hundred people. I myself have found that forgiving myself and others has helped me to help my Muslim clients move forward with their lives. It also helped them to think and feel positively towards the self and others.

To conclude, religions in general and Islam in particular pay great attention to the wellbeing of people, whether as individuals or groups, and Islam encourages Muslims to build healthy relationships with each other as sisters and brothers.

Arabic and Islamic views of counselling

In this section I present some Muslim views on applying Islamic counselling to support and help Muslim clients to deal with psychological and other difficulties.

Islamic counselling addresses the client's relationship with society. In other words, relationships are important and should be considered when counselling. The Prophet Mohammad (PBUH) told Muslims to abide by each other at all times. He (PBUH) said:

Do not be envious of one another; do not inflate prices by overbidding against one another; do not hate one another; do not turn away from one another; do not enter into commercial transaction when others have entered into that (transaction); but be you, O slaves of Allah, as brothers. A Muslim is a brother of another Muslim; he neither oppresses him, nor does he lie to him, nor does he look down upon or humiliate him. Piety is here (and he pointed to his chest three times). It is evil enough for a Muslim to humiliate his brother. All things of a Muslim are sacred for his brother-in-faith: his blood, his property, and his honor. (Collected by Muslim, the collector of the Prophet's teachings, cited in Baianonie, 2003 www.islam1.org/)

It is worth mentioning the names of some of the early Muslim scholars. For example, Ibn-al Haytham's¹⁷ contributed to medicine and psychology and Ibn Sina¹⁸ recognized 'physiological psychology' for treating illnesses involving the emotions. From a clinical perspective he developed a system for associating changes in the pulse rate with inner feelings when he treated a seriously ill patient, by feeling the patient's pulse and reciting aloud to him the names of provinces, districts, towns, streets, and people and by noticing how the patient's pulse quickened when certain names were mentioned.

Early Muslim scholars wrote about psychological topics such as the self, the soul, the emotions, the senses, happiness, the mind and behaviour. However, they used different methods such as inductive and deductive approaches and observation (Al-Malki, 2002). All were based on religious values as well as the Holy Quran and Prophetic teachings.

It is also important to highlight more recent Arab writers' views of counselling, but first I present a general background of the early work of Muslim scholars.

The Sudani Sufi Professor of Psychology Dr Malik Badri, in *Contemplation and Islamic Psycho Spiritual Study* (2000), presents his own Islamic view of the work

¹⁷ See glossary

¹⁸ See glossary

of the early Muslim scholars in the fields of human thinking and cognition. Badri compares Western and Islamic views of psychology and their different ways of understanding the nature of human beings based on Islamic principles and Quranic verses. Badri argues that psychology and interest in the self existed in Islamic society before the appearance of the Western psychological model. As he states:

It took Western psychology more than seven decades to return to the processes in sharing human belief, attitudes and external behaviour...indeed, the cognitive principles and practices which have only recently impressed modern Western psychology were already known, centuries ago, by scholars such as bin Qayyim¹⁹ and many others. (p.21)

Badri gives the example of the early Muslim scholar Ibn-Qayyim, who believed that any action which comes from a human being comes from his inner thoughts or speech. He claims that this is what modern cognitive psychologists describe as 'automatic thoughts', as the cognitive therapist, Aaron Beck, claims in his book *Cognitive Therapy and the Emotional Disorders* to have discovered in the 1970s. Moreover Badri adds that Ibn-Qayyim believed that emotional, physical and cognitive habits follow a pattern that is strikingly similar to the modern approach of cognitive psychologists.

Badri (2007) is interested in applying spirituality to help and support people with psychological and life difficulties. He emphasizes the importance of spiritual support in counselling and is confident of its effectiveness after almost 40 years working in this field. He also points out that the counselling session should not be limited to a room, as in the West, but I mean the Judaism, Christianity and Islam can take place in a blessed place where both the client and counsellor can sit comfortably and perhaps eat, drink and chat together as part of the treatment.

In places such as Sudan, where Sufism is prevalent, Sufi Muslims are very active and advanced in using spiritual and religious support in counselling compared to other Arab countries.

¹⁹ See glossary

Even though Badri gives us a method of treating clients I believe we still need a structured plan for Islamic counselling such as those used in the West. In his article 'Can the psychotherapy of Muslim patients be of real help to them within being Islamized?' Badri (2007), as a Muslim Arab psychologist, presents his point of view on applying the PCA in Islamic society. He agrees with the importance of the 'friendly' counselling relationship on which the PCA is based and states:

It is more than a hundred years since Freud established psychotherapy as a specialty in his psychoanalytic school, while Carl Rogers developed his complete theory and therapeutic techniques of client centre therapy as late as 1959. (cited in www.islamic-world.net)

According to Merry, (2004) the person centred theory was known as non-directive therapy from about 1940 to 1950 (Barrett-Lennard, 1998 cited in Merry, 2004, p.21). From the 1950s to the early 1960s the PCA was known as 'client-centred counselling' and from the 1960s as 'person centred therapy' (ibid).

Abdullah (2008) believes in the benefits of counselling to increase self-awareness and improve the quality of the individual's life:

Counselling is an important conduit for personal development. In its practice, a professional as a helper, and individuals or groups as clients, meet in an intimate encounter in which change is sought for the client. At the disposal of the counsellor is a range of theories that s/he can draw on to achieve this end. (cited in www.crescentlife.com)

Although many in the Islamic world are interested in psychology, unfortunately few address counselling and psychotherapy I mean the Judaism, Christianity and Islam in a significant way. Abdullah (2008) emphasizes that Islamic counselling needs to be developed and structured to fulfil individuals' needs for religious and spiritual support. Al-Rashidi and Al Sahl (2000) define counselling as:

...a specialized profession that includes principles and theories of psychology in changing the client's behaviour such that the client can actualize the meeting of their needs in sync with their personal capabilities and social norms. (Al Sahl, 2000 p. 26)

On the other hand Hussein (2004) sees counselling as a process that helps individuals to understand themselves and their capabilities and to work to use

and employ these capabilities in a better way through professional help and support.

Modifying and integrating Western approaches needs to be based on Islamic values and tradition. For example, Al-Shennawy (1994) states:

Islamic societies can benefit from the Western psychological approach as long as it does not interfere with Islam as a religion (cited in Al-Malki, 2002 p.18).

Abdullah (2008) agrees with Shennawy's point of view but emphasizes use of the positive aspects of Western counselling, such as listening to and supporting clients to help them to move on in their lives.

Moracco (1978) considers that counselling services in the Islamic developing countries need to be established, developed, improved and then modified based on American methods and Islamic values and background.

Abdullah (2008) and Moracco (1978) believe that a clear structure needs to be planned in order to reach the goal suggested above.

Regarding individualism and Arabic society, Chaleby et al. agree with the above point of view:

The non-directive model, free association techniques, and insight-oriented psychotherapy are all abstract concepts, and the ability of the patient to comprehend and integrate formal operational- thinking is necessary in this kind of psychotherapy (Chaleby et al., 1999 p.64).

Dwairy (2006) emphasizes the importance of the collective extended family in Arab individuals' lives. He adds that society in most Middle Eastern regions is naturally collectivistic and focuses on the extended family. Within the family the individual feels supported emotionally and financially, and the extended family provides support and security as well as helping each other to deal with problems and emotional difficulties (El-Islam, 1999).

Some writers believe in the importance of understanding the background of the clients regardless of the counsellor's beliefs, as described by Altareb (1996), who states that when non-Muslim counsellors are working with Muslim clients

the client needs to feel free to share his or her religious issues and to believe that these values are accepted. The counsellor should be able to fulfill this as part of the counselling process. Therefore to improve the quality of their service counsellors should be able to get help from Islamic religious leaders, organizations or individuals to gain a deeper understanding of particular issues from the Islamic standpoint. Moreover, non-Muslim counsellors should be conscious of their own perceptions, stereotypes and beliefs about Islam and Muslims. Muslim clients may see the non-Muslim counsellor as representing the views of a biased society; therefore the more knowledgeable the counsellor is about the religious and cultural practices of Islam the more she is able to identify her own biases and become increasingly sensitive to the diversity of the needs that exist within the Islamic community) Johansen states:

Therapists should also keep in mind that Muslims understand the Koran [Quran] as the only truth. Consequently, it is important for the therapist to have a thorough understanding and appreciation for the teachings found in the Koran. (Johansen 2005 p.182)

Williams (2005) considers that the non-Muslim counsellor needs to be aware of the Muslim clients' religious and spiritual background. She adds that the counsellor needs to understand and respect the beliefs and practices of Islam in order to help Muslim clients.

I believe that understanding the Muslim client's religious background helps both the counsellor and client to build a good therapeutic relationship.

Chaleby (1999) believes that Islam and Arab culture relate to each other and therefore:

It is as impossible to understand Arab culture without Islam, as it is impossible to understand Islam without Arab culture. (Chaleby 1999 p.69)

Ibrahim & Ohnishi (1997) emphasize the importance of the counsellor gaining understanding of the client's background by being open to learning and allowing the client to educate him or her regarding their culture, religion, values and worldview, identification, and connection to the wider society. Some sensitive issues need to be considered when dealing with female Arab clients such as

Arab woman's issues, for example sexual abuse, marital or sexual problems and sex therapy (See Dwairy, 2006; Chaleby & Racy, 1999).

The counsellor needs to be aware of the different counselling theories in order to help the client. Ibrahim & Ohnishi (1997) suggest that applying a multi-dimensional approach which includes models of counselling that support both individualism and relational contexts can be used to counsel Muslims. They also suggest applying different methods such as cognitive, cognitive-behavioural, existential-humanistic and family therapies.

According to Chaleby (1999), even though the principles of counselling theory are suitable for use in Arab society, the theory needs to be modified to the Arab culture, principles and values. For example, a nondirective approach might give the impression that the counsellor is unhelpful. Islamic values and traditions need to be considered when applying the PCA. It does not matter whether a Muslim or non-Muslim counsellor is leading the session, as long as the counsellor has an Islamic and cultural background of Muslim values and beliefs, as stated by Moracco (1978):

Recognizing that the Middle Easterner is a product of an authoritarian society, approaches to counselling which depend on counselling initiatives such as a strictly nondirective approach may not be appropriate. The philosophy must take cognizance of a deeply rooted history of tradition on the one hand and a strong desire to modernize on the other. Counselling in the Middle East could play a significant role as individuals struggle to reach a new identity that will reconcile the past with the future with a minimum of dislocation (p.207).

Dwairy (2006), who has worked with Arab clients and knows their cultures, states that clients attach to their society, therefore freedom (as mentioned in the PCA) may have a different meaning to them. The reason is simply that it does not exist in their lives as it does in the West, and there may be difficulties in expressing feelings and thoughts freely during the counselling session.

Changing the client's role and expectations of the counselling session by applying a nondirective approach may be effective with some clients but not

with all. The educational level of the client may need to be considered when offering this type of counselling.

Dwairy (2006) states that the Arab/Muslim client may find it very difficult to be an active participant in counselling and to feel free to express her needs as an individual to benefit from nondirective therapy. He suggests using nondirective counselling with the educated Arab Muslim who is psychologically independent (ibid 2006). He believes that an educated and independent client is more likely to benefit from non-directivity compared to those who are not educated, who are less capable of expressing themselves.

Al-Esawi (1988) and Zahran (1980) believe that focusing on self-actualization and the fulfillment of personal goals in non-directive therapy may not be understood or appropriate in Islamic culture (cited in Al-Bahadel 2004 p.119).

As the background of a Muslim client is very important in counselling, Al-Bahadel (2004) argues that the PCA cannot be applied in Islamic society because Islamic society works from a religious background with traditional values and the family structure needs to be considered. Al-Bahadel (2004) gives some examples to support his point of view and suggests that it is not appropriate to work with Muslim children as clients without involving their parents. It is also not acceptable to encourage children to express their negative feelings toward their parents. Therefore in this case applying the PCA may not be suitable in this culture.

It seems that Al-Bahadel (2004) believes that Muslim children should respect their parents and behave appropriately when in their company, and this concurs with my view. However I would argue that person centred theory does not encourage children to act against their beliefs or traditions, nor does it encourage them to behave negatively towards their parents. What it does is give children a forum to express themselves freely within a counselling environment, and moreover it tries to help them to effect change from within themselves. Chaleby (1999) shares Bahadel's (2004) view when he states that the Islamic context in counselling needs to include techniques such as guiding

and advising directly, and therefore it may not be non-directive and value-free as it is in Western counselling.

Considering Arab writers' views on applying the Western approach in general and the PCA in particular has helped me to broaden my knowledge and find the middle ground for applying the theory. I have achieved this by focusing on the similarities between the Islamic view and the PCA regarding helping and supporting people with problems.

Overall I am keen to present the humanistic and psychological side of Islam, as this religion was spread throughout the world by the Prophet Mohammad (PBUH). This chapter highlights the importance of people's relationships with themselves and others. It has presented the Prophet's attitudes as a role model and his behaviour towards others. Finally, the chapter has presented counselling from the Arabic and Islamic perspective. Presenting Arab and Muslims' views is important, but it would be more useful if the authors quoted were counsellors or practicing the PCA.

The next chapter is divided into two sections: the first focuses on the background of the PCA and the second presents the similarities between the person centred and the Islamic perspective in counselling. I also present my views as a Muslim person centred counsellor.

CHAPTER 4: Brief Background to the Person Centred Approach and its Similarities to the Islamic View of Counselling

Section One: An overview of the person centred approach

The American psychologist and therapist Dr Carl Rogers (1902–1987) established the PCA in the 1930s and 1940s. It was first known as ‘non-directive therapy’ and then as ‘client-centred therapy.’ Later, the term ‘person centred approach’ was adopted when it was shown that the theory and philosophy of the therapy could be adapted and translated to other settings where people’s growth and development were of central importance, such as in education (Merry and Lusty 1993). Rogers considered the counselling relationship an essential element in his theory. He saw psychological or emotional healing promoted within a relationship in which the client’s experience is accepted, valued and understood (Merry 2004). Rogers highlighted the necessity for moving away from a medical view of people towards one which views the client as an individual, and he replaced the term ‘patient’ with ‘client’. He believed that people who seek help should not be treated as patients in a hospital, as they are responsible for their own actions. They are in charge of their own lives, with their own resources for change and growth (Merry and Lusty 1993). Rogers (1957) considered that a truly therapeutic relationship between client and counsellor depends on the existence of six therapeutic conditions, as follows:

Two persons are in psychological contact.

The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

The second person, whom we shall term the therapist, is congruent or integrated in the relationship.

The therapist experiences unconditional positive regard for the client.

The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.

The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved.

No other conditions are necessary. If these six conditions exist, and continue over a period of time, this is sufficient. The process of constructive personality change will follow (p.95).

In these six conditions the person centred therapeutic relationship starts with contact between the client and the counsellor. The second step relates to the client's worries and unsettled feelings. The third, fourth and fifth steps focus on the counsellor's attitude, openness and realness in the relationship as well as his ability to fulfil the conditions and understand the internal world of the client. The sixth step addresses the client's perception of what the counsellor offers in the therapeutic relationship. Some of Rogers' colleagues later simplified the six conditions to three core conditions: unconditional positive regard, congruence and empathy.

The three core conditions offer a basis on which to build a healthy therapeutic relationship. The personality of the counsellor needs to be considered as he needs to work willingly with clients to help them reach their goals in a non-directive manner. Mearns and Thorne (1999) define the role of each of the core conditions: they see empathy as a 'process'; unconditional positive regard as an 'attitude'; and congruence as a 'state of being' in the therapeutic relationship with the client (p.84).

I have experienced the roles of both counsellor and client in a person centred counselling relationship. As a client, the core conditions allowed me to break my silence and share my feelings and thoughts with my person centred counsellor. As a counsellor I agree with Rogers that the core conditions are important in building a healthy relationship with the client.

Having briefly presented the background of the theory of the PCA I now discuss the three core conditions, which are important in both Islamic and person centred counselling; the notion of the fully-functioning person; and the term 'actualizing tendency'. It is important to present Rogers' view on this before presenting the methodology and the results of the study.

The Core conditions

In this section I concentrate on Rogers three core conditions: congruence, unconditional positive regard, and empathy.

1. Congruence

The first core element in the PCA is congruence. This describes the counsellor's ability to be authentically herself with the client. Mearns and Thorne (1999) describe congruence as 'the state of being' of the counsellor when her outward responses to her client consistently match her inner feelings and sensations in relation to the client. Merry and Lusty (1993) add that congruence includes the therapists' awareness of her feelings within the relationship she develops with the client. Tolan (2003) states that 'congruence is a capacity to admit organismic experiences fully into awareness, without the need for distortion or denial' (p.13). According to the theory, the person centred counsellor reaches a level where she becomes totally herself without denying or ignoring her environment.

For Rogers (1961), congruence is achieved when:

The feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and be able to communicate them if appropriate. No one fully achieves this condition, yet the more the therapist is able to listen acceptantly to what is going on within himself, and the more he is aware of the complexity of his feelings, without fear, then the higher his degree of congruence. (p.61)

Merry (2004) regards congruence as a fundamental value in the counsellor's attitude and self-awareness when entering others' worlds.

Some authors are interested in the significance of communicating nonverbally as part of helping and supporting the client. Mearns and Thorne (1999) discuss the counsellor's ability to communicate nonverbally by nodding:

This is a powerful therapeutic phenomenon: the counsellor is not simply nodding knowingly and commenting wisely on the client's behavior, but she is responding as a vibrant and trustworthy human being – it is little wonder that her congruent reactions can be potent in helping the client to move on (p.98).

I agree with Mearns and Thorne (1999) that openness and realness form a non-directive invitation to the client to feel free to share his worries and fears with the counsellor. I have found that nodding is an effective way of listening, but it is important to understand the client's background. For example, in Qatar some clients would feel that nonverbal communication is not enough. They may feel that the counsellor is ignoring them, so it can be important to explain the aim of nodding to the client, as I did.

2. Positive regard

The second core condition is unconditional positive regard. This is also described as a caring attitude, prizing, acceptance, and/or non-possessive warmth and respect or 'unconditional respect' (Purton 1998 p.26). According to PCA theory this core condition refers to the respect or valuing that the counsellor feels for the client. Rogers sometimes used the word 'prizing' because he believed that it is necessary for the counsellor to help the client to feel safe and not judged in the counselling session. Rogers (1961) states:

I find that the more accepting and liking I feel toward this individual, the more I can be creating a relationship that he can use. By acceptance I mean a warm regard for him as a person of unconditional self-worth, of value no matter what his condition, his behaviour, or his feelings. It means a respect and liking for him as a separate person, a willingness for him to possess his own feelings in his own way. It means an acceptance of and regard for his attitudes of the moment...this acceptance of each fluctuating aspect of this other person makes it for him a relationship of warmth and safety, and the safety of being liked and prized as a person seems a highly important element in a helping relationship (p.34).

Rogers uses the word 'warmth' to emphasize the importance of this element in the therapeutic relationship, and this is supported by Mearns and Thorne (1999):

Unconditional positive regard is the label given to the fundamental attitude of the person centred counsellor towards her client. The counsellor who holds this attitude deeply values the humanity of her client and is not deflected in that value by any particular client behaviors. The attitude manifests itself in the counsellor's consistent acceptance of, and enduring warmth towards, her client. (p.64)

The above statement agrees with Rogers' (1961) view of the counsellor's accepting the client as a whole person. Mearns and Thorne (1999) add that acceptance involves accepting the client's positive and negative feelings and thoughts during counselling.

Both Mearns and Thorne (1999) emphasize the importance of focusing on warmth in the therapeutic relationship. Merry and Lusty (1993) add that warmth is respecting and prizing the client as a unique, worthwhile and valued individual. They stress the importance of rapport as the therapist's way of communicating by matching the way the client communicates, eg using a similar tone of voice, and being sensitive to the client's way of being and respecting and valuing (p.27).

Mearns and Thorne (1999) again emphasize the importance of non-verbal communication here:

'Touching' is a natural and literal reaching out of one human being towards another, but many workers in some cultures find it enormously difficult to show their warmth through touch. (p.76)

The above indicates the importance not only of accepting the client as a whole but also of understanding him as a whole. In the context of Arabic and Islamic society the male counsellor has to be fully aware and very careful when counselling females, as it is not religiously acceptable for a man to shake a Muslim woman's hand, touch her or make eye contact, as this could be misunderstood. This is corroborated by Colin Lago (2006, p.79):

...non-verbal behaviour, as a communication system, can cause miscommunication across cultures.

Lago (2006, p.57) categorizes nonverbal behaviour into three types. The first, 'kinesics', involves all body movements. The second category, 'oculesics', is the use or avoidance of eye contact. The last category is 'haptics', which means touching. From an educational point of view, Roberts et al (2001, p.83) agree that nonverbal communication is important when communicating with others. Therefore for the above writers, verbal and nonverbal communications need to be considered in working with multicultural students.

While studying for my PhD in the UK I discovered that touching and eye contact are considered very useful techniques in the counselling relationship. To support my point, Lago (2006, p.57) states: 'The British use eye contact as a sign of listening behaviour'.

Mearns and Cooper (2005, p.47) describe nonverbal communication as a 'meeting without words'. Interestingly, according to the therapists they worked with moments of intimacy and relational depth occurred in silence, eye contact, a touch on the shoulder and a shared laugh between client and therapist. However, as mentioned above the counsellor needs to be aware of what helps the client to be open and free to share his or her experiences and to apply these techniques rather than making the client feel threatened by using eye contact. It is worth mentioning that Qatari clients' attitudes to eye contact in counselling are summarized by Interviewee 1, a counsellor:

...when you look at the client during the counselling session, it's counted as being daring, which is not accepted in our society. Looking at him indirectly is more suitable in our society.

I agree with Interviewee 1, but argue that educated clients are aware of the role of the counsellor and understand that eye contact is part of the process. However, I feel that it is important that the counsellor shows her caring side by respecting Islamic cultural values as well as considering the client's willingness to participate.

Purton (1998) argues that unconditional positive regard is a technical term. For him the terms acceptance, prizing, respect and warmth all have different meanings. However, he believes that unconditional respect needs to be considered in counselling as well as the client's spiritual aspect.

Another point of view is put forward by Nimetz (2006), who feels that acceptance is important as it helps the individual to live more calmly and feel satisfied with herself and her environment. It offers self-healing and helps both the counsellor and the client to overcome their fears and anxieties. I also feel that acceptance is an important part of the counsellor's work. However, I believe that it needs to be based on knowledge of the cultural background(s) and belief system(s) of both the client and the counsellor.

3. Empathy

The third core condition is empathy and understanding. Empathy involves the counsellor's attempt to reach the client's world by listening and 'being with' another person and seeing the world from their perspective. Merry (2004) believes that by showing empathy the counsellor can get closer to the client. Rogers (1980) writes:

Empathetic listening provides one of the least clouded windows to the workings of the human psyche, in all its complex mystery. (p.50)

He adds:

I consider empathy as a self healing agent. It is one of the most potent aspects of therapy, because it releases, it confirms, it brings even the most frightened client into the human race. If a person can be understood, he or she belongs. (p.129)

Mearns and Thorne (1999) define empathy as:

...a continuing process whereby the counsellor lays aside her own way of experiencing and perceiving reality, preferring to sense and respond to the experiencing and perceptions of her client. This sensing may be intense and enduring with the counsellor actually experiencing her client's thoughts and feelings as powerfully as if they had originated in herself. (p.41)

Mearns and Thorne (1999) see empathy as a process and Mearns (2003) adds that it involves a considerable depth of relationship and emotional engagement with the client. Mearns and Thorne (1999) do not consider empathy a 'technique'; Merry (2004) states that it is a way of understanding the client's internal world and trying to capture something of the feelings of the client's experiences without judging them.

Mearns and Thorne (1999) propose a four-point scale by which to measure the quality of empathy in a therapeutic relationship as follows:

Level 0: No evidence of understanding of the client's expressed feelings;

Level 1: Shows partial understanding of surface feelings. Sometimes called 'subtractive' because the listener has lost something of the client's experience in response feedback;

Level 2: Shows understanding and acceptance of feelings and thoughts;

Level 3: Shows understanding beyond the level of the client's immediate awareness and underlying feelings which the client is unaware of.

(pp.44-45)

Mearns and Thorne (1999) argue that the core conditions are easy to state but not so easy to apply. They believe that for the person centred counsellor to develop and maintain such an attitude involves a lifetime's work and demands commitment which has profound implications for their personal as well as their professional life.

I feel that counsellors should be encouraged to practice the PCA core conditions, not only during counselling sessions but also in their own lives.

Rogers (1961) considers the therapeutic relationship a central factor in which the counsellor's acceptance, genuineness and empathic way of being all exist in a friendly atmosphere. In his work with clients he was aware of giving his best freely to help clients to get in touch with their inner feelings, to understand themselves and to grow and develop within this relationship. He states:

The individual will discover within himself the capacity to use this relationship for growth. ((1961, p.35)

From the PCA point of view, the client becomes a 'fully-functioning person' through a process of becoming more congruent and more aware of the self in relation to others and the environment. He becomes more trusting of experiences and feelings and is able to shift the locus of evaluation from external (the evaluations of others) to internal (self-evaluation). The person is able to show development and growth during the process of change and to believe in himself and recognize values adopted from outside himself and develop only those values based on the basic organismic valuing system. The fully-functioning person lives in the present moment and is easily in touch with and trusts his feelings. The fully-functioning person is aware that emotions are present for good and valid reasons. Moreover, the fully-functioning person is willing to accept responsibility for his role in the experiences he lives. The process released by the therapeutic relationship helps him to increase his level of self-esteem, allows him to be totally himself without fear of obstruction and to increase his level of personal creativity with a willingness to take risks and find 'a way of being.' Rogers describes the fully-functioning person (1961) as follows:

He is completely engaged in the process of being and becoming him, and thus discovers that he is soundly and realistically social; he lives more completely in this moment, but learns that this is the soundest living for all time. He is becoming a more fully functioning organism, and because of the awareness of himself, which flows freely in and through his experiences, he is becoming a more fully functioning person. (p.192)

Some would criticize Rogers for being so optimistic about the nature of the human being. In answer to this, Rogers (1961) states:

No one person would fully exemplify these characteristics, no one person fully achieves that description I give, but I do see certain generalisations which can be drawn, based upon living a therapeutic relationship with many clients. (p.15)

According to the theory of PCA, the counsellor cannot value and care for others unless he is ready to value and care for himself. For this reason, the person centred counsellor should hold philosophical beliefs and attitudes which uphold the worth, dignity, significance and value of each individual.

Moreover, the counsellor is not there to evaluate, diagnose, or even guide the client. She is nevertheless engaged in the more difficult task of active listening and responding in a way which conveys deep understanding and acceptance. These attitudes need to be sincerely felt by the counsellor in order for them to be experienced by and helpful to the client. Moreover, during the session the counsellor builds her awareness, beliefs, feelings and attitudes towards others and works to improve the quality of the relationship between herself and the client.

Actualizing tendency

In this section I discuss the term 'actualizing tendency', which I believe will encourage counsellors in my society who criticize the theory of PCA to understand better how the PCA might work from an Islamic perspective. However, from both the Islamic and the person centred point of view I believe that the seven PCA stages of process (which I present later) are important stages in the counselling process and can be applied when counselling Qatari Muslim clients to measure the outcome of the sessions.

In the PCA each individual is seen as having within himself a strong tendency to grow, to develop and to reach the maximum potential of which he is capable in life. This actualizing tendency is an essential element of all living things. It places firm emphasis on people's innate ability to improve their lives. Life circumstances such as emotional or traumatic experiences in childhood can affect self-actualization. Nevertheless, the person's actualization process can be reactivated in a more healthy way by applying the core conditions in counselling sessions. Relationships with others are a vital component of each person's environment. Each relationship coexists with personal autonomy, independence and self-esteem. The actualization theory is a natural science theory, not a moral theory. The theory does not believe in valuations such as 'good' or 'bad' that can be aspired to in the process of actualization. It considers humans as individuals with a capacity for both constructive and destructive thoughts and actions. People should have a tendency towards pro-social behavior, values and

attitudes. Pro-social tendencies emerge in a conducive environment and are unlikely to appear in a hostile one where the human capacity for destructive or anti-social behavior becomes apparent.

According to person centred theory, when an infant begins to interact with the environment she simultaneously starts to build a picture of herself in relation to it, and if early experiences are bad or negative the subsequent development of the self-concept will be negative. Thus individuals who have received very little love and a great deal of criticism from their parents in early life will in all probability grow into adulthood with poor self-esteem. It is believed that people who ask for help are used to being judged and directed by others often, which has affected their capacity to make choices or decisions. For this reason the person centred counsellor's task is to encourage such clients to get in touch with their inner resources and free themselves from the unwanted feelings that they hold within as a result of their environment.

Some person-centred writers have used the term 'the organismic self' – the basic force which regulates each person's physiological and psychological growth – an essential inner part of a person's life. The primary aims of the organismic self are to grow to maturity and to achieve self-actualization. Because every individual needs to be loved, accepted and received positively by others, the organismic self is often neglected in favour of building a self-concept based on rules made by others. If this attempt pleases only others and not the self, the person is not living according to his own inner beliefs and needs. Mearns and Thorne (1999) later revised the terminology and referred instead to the 'organismic valuing process'.

Rogers (1963) sums up the theory of actualization as follows:

I would reaffirm, perhaps even more strongly after the passage of a decade, my belief that there is one central source of energy in the human organism; that it is a functioning of the whole organism rather than of some portion of it; and that it is perhaps best conceptualized as a tendency towards fulfillment, toward actualization, toward the maintenance and enhancement of the organism. (cited in Merry, 2002, p.22)

The aim of the person centred model of counselling is to encourage and support the client to develop beneath the concept of the self which has largely been imposed by outside influences, and to find instead the real or inner organismic self, to release the actualizing tendency.

From personal experience, I take for granted that it is impossible for the client to arrive at a level of self-actualization unless the counsellor herself commits to the idea that the individual has the inner potential and resources necessary for growth and improvement. Nonetheless, if the person centred counsellor is willing to give the client time and offers the core conditions and respect, without doubt this will give the client confidence to share experiences that he might have failed to face in the past. Moreover, exploration and clarification of the client's present life helps towards growing and healing.

The PCA states that the actualizing tendency provides the energy for positive, creative changes to help clients to move on. Rogers believed that growth, change and development toward full actualization are natural to all organisms. During his work with clients he theorized seven stages to observe and value the changes and progression that his clients made during their sessions, although clients are unlikely to seek help before stages 3 or 4. Rogers presents the stages in *On Becoming a Person* (1961) as follows:

Stage 1

...The individual has little or no recognition of the ebb and flow of the feeling life within him...He does not communicate him *self* but only communicates about externals...He tends to see himself as having no problems, or the problems he recognizes are perceived as entirely external to himself.

The individual at this stage is represented by such terms as stasis, fixity, the opposite of flow or change. (p.133)

Stage 2

When the person in the first stage can experience himself as fully received then the second stage follows...internal problems can be perceived and communicated about as entirely external...we seem to know too little about the ways in which a person at this stage may come to experience himself as 'received'. (pp 133-135)

Stage 3

If the slight loosening and flowing in the second stage is not blocked, but the client feels himself in these respects to be fully received as he is, then there is a still further loosening and flowing of symbolic expression. (p.135)

Stage 4

...general loosening of constructs, a freer flow of feelings which are characteristic of movement up the continuum. (p.137)

Stage 5

...Here many aspects of the client are in flow, as against the rigidity of the first stage. He is very much closer to his organic being, which is always in process. He is much closer to being in the flow of his feelings. His constructions of experience are decidedly loosened and repeatedly being tested against referents and evidence within and without. Experience is much more highly differentiated, and thus internal communication, already flowing, can be much more exact. (p.143)

Stage 6

Assuming that the client continues to be fully received in the therapeutic relationship then the characteristics of stage five tend to be followed by a very distinctive and often dramatic phase. It is characterized as follows.

A feeling which has previously been 'stuck' and has been inhibited in its process quality is experienced with immediacy now.

A feeling flows to its full result.

A present feeling is directly experienced with immediacy and richness.

This immediacy of experiencing, and the feeling which constitutes its content, are accepted. This is something which is, not something to be denied, feared, struggled against. (p.145-146)

Stage 7

The client often seems to go on into the seventh and final stage without much need of the therapist's help. This stage occurs as much outside of the therapeutic relationship as in it, and is often reported, rather than experienced in the therapeutic hour. (p.151)

In addition to what have been said by Rogers above Tolan(2003) adds in last stage

The person experiences new feelings immediately, with richness and intensity, and he has a fundamental trust in himself and his process...he can use his past experiences in order to understand the present. (p.115)

It is obvious that the healing effect of the actualizing tendency is an important part of the theory, yet self-actualization may be misunderstood in collective societies such as those of the Arab world. This is mentioned by some Arab writers such as Dwairy (2006), who emphasize the care needed when applying the term 'self-actualization' in a collective Arabic Islamic society where culture and religion are fundamental and individuals depend on their relationships with others. Below are some Arab views.

Islamic views of PCA

According to Dwairy (2006) the core conditions involved in listening and reflecting are helpful in making clients feel unconditionally accepted as well as facilitating their growth and self-actualization. From his clinical point of view, however, Dwairy states that non-directive and non-judgmental therapy can be very confusing, especially in the early stages of therapy. The writer believes that Arab/Muslim clients feel disappointed if they are given free space to think and reflect, and will not know how to use such space.

Self-actualization may be regarded in Qatari society as selfishness that threatens the harmony of the collective, and therefore the client must expect to face rejection and social sanctions which he is not always able to endure. Often this 'solution' may turn into a serious problem (Dwairy 2006, p.102). I concur, but as a Muslim Arab non-directive counsellor I argue that the client needs to be educated towards self-awareness and self-actualization within the Islamic perspective. Likewise, the PCA aims to encourage individuals to fulfill their needs and reach their goals based on their own values. Al-Bahadal (2004, p.119) argues that self-actualization is not acceptable in Islamic collective society, where individuals are considered part of the whole society. The individual has to be aware of how to behave as a Muslim. For example, Al-Bahadal presents an example of dealing with unacceptable behavior such as homosexuality in Islamic

society by encouraging the client to realize that this is unacceptable Islamically in the hope that s/he will stop following her/his own desires.

Badri (2007) argues that the aim of the PCA is to encourage clients to actualize themselves. He adds that self-actualization cannot be achieved in a totally value-free way. I partly agree. Working on the present study allowed me as a Muslim person centred counsellor to encourage clients to be more aware of themselves based on their backgrounds as Muslims and their needs as individuals (see Chapters 7 and 8). Badri is a psychologist and does not practice the PCA; therefore I believe his views to be based on theory only.

It is clear that the terms 'self-actualization' and 'self-awareness' can be misunderstood in Islamic society where individuals' needs and decisions are based on the needs of the whole society. However, if counsellors are fully aware of how to apply the terms from an Islamic cultural perspective, they can be of help to the client. My belief is corroborated by some points of view mentioned in Chapter 3 that state that the client's belief, values and cultural background need to be seriously considered when counselling (e.g Dwairy, 2006; Lago, 2006).

Section Two: How the person centred approach relates to Islamic counselling

Many who are attracted to the PCA would not consider applying it, or a modification of it, in Islamic/Arabic society. However, having read both Rogers and Islamic/Arabic literature I find remarkable positive similarities between the two. In this section I present these similarities from the Islamic perspective in terms of the nature of the human being, including spirituality, self-responsibility, the fully-functioning person and the core conditions.

The nature of the human being and spirituality

The human being is highly appreciated in both Islam and the PCA. From an Islamic point of view, Allah (SWT) asserted His great appreciation for humankind in the following verse:

We have honoured the sons of Adam; provided them with transport on land and sea; given them for sustenance things good and pure; and conferred on them special favours, above a great part of Our Creation (17:70 cited in www.Al-Islam.com).

The human being in Islam is a distinct creation with the ability and readiness to increase and renew knowledge. The human being is also special in the eyes of Allah (SWT) and holds a unique place in the grand scheme of things. The human being has the capacity to elevate nearly to the level of angels and those who are close to Allah (SWT). They also have the capacity to debase themselves to a level lower than that of the animals; this depends on the effort put forth to either purify or despoil the self and on blessings and help from Allah (SWT) and divine guidance and care as a direct result of the effort, concern, and longing for a healthy relationship with Allah (SWT) and striving to stay on the Divinely-ordained Path (Al-Hashmi, 2007).

Rogers had a positive view of human beings in general according to the PCA. Many would regard it as unrealistic and optimistic. Rogers (1961) believed and trusted in the goodness of human beings' nature, as he describes it here:

...the basic nature of human beings, when functioning freely is constructive and trustworthy...When we are able to free the individual from defensiveness, so that he is open to the wide range of his own needs, as well as the wide range of environmental and social demands, his reactions maybe trusted to be positive, forwards moving, constructive...His total behavior...as he moves towards being open to all his experience, will be more balanced and realistic, behavior which is appropriate to the survival and enhancement of a highly social animal. (p.194)

It is clear that each person is responsible for being good or bad based on his own actions. Rogers was aware of how each individual sees himself within his environment as a responsible person. This is similar to the Islamic point of view of each person being responsible for his actions.

Both Islamic society and the PCA are interested in applying 'spirituality' to helping and supporting clients psychologically. I argue that regardless of how the term is applied, both approaches seek to provide a safe atmosphere where people feel accepted and loved. My point of view is supported by Rogers (1980):

When I am at my best, as a group facilitator or a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, at these moments, it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes a part of something larger. Profound growth and healing and energy are present. (p.129)

Self responsibility

In both views the individual is regarded as responsible for his personal actions. Everyone is entitled to choose and decide how they act and has the right to learn from their experiences. Finally, everyone is responsible for working from within to change themselves. For example, the Holy Quran says:

For each (such person) there are (angels) in succession. Before and behind him: they guard him by command of Allah. Verily never will Allah change the condition of a people until they change it themselves (with their own souls). (13:11, www.Al-Islam.com)

In my experience as a Muslim and person centred counsellor I have found that depressed clients need to be encouraged to take responsibility for their actions.

A fully-functioning person

Both Islamic and person centred counsellors tend to encourage the client to become fully-functioning with a positive attitude to the direction of the self and others, taking responsibility for their own actions and choices.

Both the Islamic and PCA views believe in the importance of self-awareness and development through gradual movement towards change. Rogers (1961) divides the process of clients' growth into seven stages, as mentioned earlier in this chapter. Similarly, the fully-functioning Muslim also moves through three stages of the self (called *Nafs*) to reach satisfaction with the self. These *Nafs* are within each individual's personality and everyone is responsible for dealing with with their own. According to the Holy Quran, the three stages are called *Nafs al Ammarah*, *Nafs al Lawwamah* and *Nafs al Mutmainnah*.

Below I present the three stages based on Athar's (2003) explanations of how they may relate to different client presentation.

The three stages of self in Islam

1. The passionate soul (Nafs al Ammarah)

As The Holy Quran describes it here:

Nor do I absolve my own self (of blame): the (human) soul is certainly prone to evil, unless my lord do bestow His Mercy: but surely my Lord is Oft-Forgiving, Most Merciful. (cited in 12:53 www.A-Islam.com)

According to Athar (2003), at this stage the soul inclines toward sensual pleasure, passion and self-gratification, anger, envy, greed, and conceit. Its concerns are bodily pleasure, gratification of physical appetite, and the ego.

The Prophet (PBUH) said:

Your most ardent enemy is your evil self who resides within your body' (collected by Al Bukhari,²⁰ cited in Athar ,2003).

²⁰ See glossary

If this evil soul is not checked it will cause stress and the resultant effects. (www.quranicstudies.com).

During this stage the client experiences thoughts and feelings which guide him towards unwanted actions, eg suicide.

2. The reproaching soul (Nafs al Lawwamah)

This is when the person starts to blame the self or others. According to the Holy Quran:

And I do call to witness the self-reproaching spirit; eschew Evil. (75:2 cited in www.Al-Islam.com)

This soul is conscious or aware of evil, resists it, asks for Allah's grace and pardon, repents, tries to make amends and hopes to achieve salvation (Athar 2003 www.quranicstudies.com).

According to the Holy Quran:

Others [there are who] have acknowledged their wrong doings: they have mixed an act that was good with another that was evil. Perhaps Allah (SWT) will turn unto them [in mercy]: for Allah is Oft-Forgiving, Most Merciful. (9:102 cited in www.Al-Islam.com)

At this stage the client starts to feel unhappy with the self or others and to explore his negative feelings towards these.

3. The satisfied soul (Nafs al Mutmainnah)

This is the stage at which the person is ready to accept what Allah (SWT) gives him and satisfy himself. As the Holy Quran says:

To the righteous soul will be said: 'O [thou] soul, in [complete] rest and satisfaction! Come back thou to thy Lord, well pleased [thyself], and well-pleasing unto Him! Enter thou, then, among My Devotees! Yea, enter thou My Heaven!' (89:27-30 cited in www.Al-Islam.com)

According to Athar (2003) this is the highest state of spiritual development. The satisfied soul is in a state of bliss, contentment and peace. The client reaches the point where he becomes happier. He is able to accept what he has as a fully-functioning person.

Melhem (2004) stresses the importance of self-understanding as whole and of encouraging individual to have goals and learn from their life experiences.

However, a fully-functioning Muslim needs to consider the whole of society as well as his individual needs. Some might ask how he should do that. To answer this question I present Al-Rashidi's (1995) point of view. He is a well-known Arab counsellor and psychological writer who has made remarkable contributions in this field. Despite the fact that Al-Rashidi is not optimistic about applying person centred counselling in Arabic/Islamic society, his interesting book *Self-Management: A New Model of Counselling and Mental Health* (1995) highlights the importance of encouraging individuals to work from within themselves and take responsibility for themselves (p.17). Only then can they change unwanted behaviour or thoughts. In addition to this Al-Rashidi considers that it is essential to love and respect the self in order to be able to build self-confidence and live more satisfactorily.

Al-Rashidi (1995, p.17) states:

No one is able to change a person unless the person wants to change himself. As one gets older it is not easy for others to change him.

I have found that even though Al-Rashidi (1995) is interested in reality therapy as an appropriate approach for Arab/Islamic society, he points out the importance of developing and improving the self, encouraging individuals to communicate with the self positively as part of this growth and self-awareness and to accept and take care of themselves. It is clear that Al-Rashidi is interested in working from within, with individuals taking an active part to move themselves towards happiness. No one else can do this for them. I believe that his view is very close to that of the PCA regarding working from within and the client's responsibility for himself.

Al-Shennawy (2001) disagrees with much of Western psychology and particularly with the PCA for focusing on elements such as self-actualization, freedom and individualism. In his book *Studies in Islamic Guidance to Counselling Therapy* (2001) he suggests a method of Islamic counselling based

on Islamic teaching and the Holy Quran. In his view Islam is a complete system to help Muslims in all aspects of their lives and it is enough for Muslims to rely on this rather than applying Western methods.

Al-Shennawy (2001) claims that the PCA is the closest approach to Islamic counselling, as it focuses on the counselling relationship and encourages clients to be active and take responsibility for their lives as a whole. Both approaches focus on the present rather than the past. In support of the similarities of both views I quote Rogers (1961):

...there is an increasing quality of acceptance of self-responsibility for the problems being faced, and a concern as to how this has to be contributed. There are increasingly freer dialogues within the self, an improvement in and reduced blockage of internal communication. (p.142)

An Islamic writer, Al-Qarnee, in his book *Do Not Be Sad* (2002). The title indicates that whatever difficulties Muslims face in their lives they should put their trust in Allah (SWT). The writer states that enjoying life, taking care of the self by loving and respecting it, putting Allah (SWT) first and then others, living in the present and learning from experience is essential in Islam (see also Al-Qarnee, 2002 and Rashidi, 1995:17).

Al-Shennawy (2001) says:

If you are truthful with yourself and have a firm, solid resolve, you will undoubtedly convince yourself of the following: today is my last day to live. When you attain this attitude, you will profit every moment of your day, by developing your personality, expanding your abilities, and purifying your deeds. (p.33)

Living in the moment is an aim of both Islamic and PCA counselling. However, from the Islamic perspective living in the present means enjoying each moment while maintaining a good relationship with Allah (SWT). Rogers (1961) states:

...the process which for me is the good life is that which involves an increasing tendency to live fully in each moment. (p.188)

Overall, regardless of the spiritual or religious aspects of an individual's life that are essential in Islam, living in the present moment is one of the aims of both approaches.

Applying the core conditions in an Islamic context

Islam invites individuals to work perfectly, to accept others, to be genuine in their behaviour and to do their best to understand others. The PCA is based on the counsellor's attitude towards the client and to the therapy as a whole. Chaleby (1999) believes that empathic understanding is very important in helping clients with life difficulties:

In this kind of therapy, empathy is central. It is considered as a healing agent in itself. It is one of the most potent aspects of therapy, because it allows even the most frightened patient to feel like a human again, a person who can be understood and has a sense of belonging (p.135).

He believes that the person centred relationship can be considered an effective element for helping people.

The PCA also believes that the client's insight develops gradually to reach a point where he is able to accept all aspects of the self, as in the Islamic third stage *Nafs al Mutmainnah*, mentioned earlier. According to Haq (2008), at this stage the Muslim reaches a level of acceptance and satisfaction where he is surrounded by Allah's (SWT) love and support and is moreover at peace with the Divine Will. The realization of the Ultimate Reality and freedom from sensuous desires occur at this stage, emancipating man's soul from all kinds of influences alien to his nature. Thus the personality is free to develop and actualize all its latent attributes and potentials along the lines of its natural patterns.

Muslims have to move from one level to the next to reach happiness, satisfaction and acceptance of their life. It is the greatest *jihad*,²¹ because Muslims have to fight with themselves and with their desires to reach worship. It is the same in the counselling relationship: the Islamic counsellor helps the

²¹ See glossary

client to develop and grow a healthy relationship with his Allah(SWT). Moreover, Islamic counselling considers the use of life events a means of personal growth and development. Applying knowledge of material contained in the Holy Quran, this model of counselling seeks to place clients in the context of personal, social and spiritual evolution. The human and spiritual faculties highlight the main purpose of life, which is to consciously choose to serve Allah (SWT).

Both approaches highlight the humility of the counsellor. In both models, this humility allows compassion for the human condition and for the possibility of the counselling process being a partnership between client and counsellor. In both approaches the counsellor is aware of the limitations of the counselling relationship. Both have similar goals in seeking to establish a counselling relationship with the client based on the core conditions. Both are concerned with helping the client to move towards his goals. Both are based on a belief that an individual is aware of a problem, is tense because of it, seeks help to resolve it and can enter into a relationship with another individual – the counsellor – who is accepting and allows the client to freely express his emotions and feelings.

In an article entitled ‘Can the Psychotherapy of Muslim Patients Really be Helping them without being Islammised?’ Badri (2007) compares Islamic and person centred principles. He argues that the principles of PCA are not new for Muslim clients because the role of the person centred counsellor is to a high degree similar to the Prophet’s methods of dealing with others. For example, the warm and friendly relationship exists Islamically. He adds that both the Holy Quran and Prophet’s teaching about being warm, friendly and accepting are very clear in the personality and life of our Prophet (PBUH).

Badri adds that modern Muslim psychologists can find the highest values and lessons about how to be friendly brothers and sisters to their clients and patients in the Holy Quran. Just one verse is enough to summarize this whole

field of Islamic counselling and exhibit its uniqueness. The verse describes the character of the Prophet (PBUH) in dealing with his followers:

It is from the Mercy of Allah that you deal gently (and warm) with them (his followers). But if you were severe and harsh-hearted, they would have broken away from you. So pass over their faults and pray for their forgiveness and counsel them in affair before taking a decision and when you decide put your trust on Allah for Allah loves those who put their trust in Him. (3:159 cited in Badri 2007)

Badri interprets the above verse from a psychological point of view as saying that the Islamic counsellor has to be warm, loving and gentle to the client. Badri sees the Islamic counsellor as merciful and more comprehensive and spiritual than the Western counsellor. Nevertheless, he suggests that there are similarities because the main elements, 'warmth and friendliness', are applied in both approaches.

According to Al-Qarnee (2002), gentleness and goodness are essential in making people's relationships with the self and others healthy and effective, as the Prophet (PBUH) stated:

Whenever gentleness is present in something, that thing is beautified; when gentleness is removed from something, that thing becomes spoiled. (p.437)

I believe that gentleness and goodness in the counselling relationship are unquestionably important, and this is what both the person centred and the Islamic counsellor share in their counselling relationship with their clients.

According to Badri (2007), Muslim counsellors should be grateful to Allah (SWT) for being chosen to help and support other Muslim brothers and sisters psychologically and socially. He sees Muslims as depending on each other and not thinking individually. He also believes that Muslims should take care of themselves and others. He argues that using the term 'self-actualization' in Islamic society can be problematic. However, in my view Muslims have to be aware of their needs as individuals as well as considering the needs of others.

In short, the similarities mentioned above can be modified when considering Islamic values such as the Holy Quran and Prophetic teachings. However, it can be argued that Rogers' (1980) positive view of life and the individual indicates an underlying spirituality which is religious in character (Al-Bahadal 2004, p.121).

This section has focused on applying the core conditions within an Islamic context, the Islamic perspective of the 'self' and how warmth and gentleness are important factors when counselling a Muslim client and/or using the PCA. I have discussed how it may be difficult to encourage clients towards the 'self-actualization' approach in the Islamic context, but I have also showed how the similarities between the PCA can be modified and considered when counselling the Muslim client.

Having presented an overview of the PCA and the similarities between Islamic and person centred principles of counselling, in Chapter 5 I present the methodology of my work in both the pilot and the main fieldwork.

CHAPTER 5: Methodology

Introduction

The aim of this chapter is to present my work in both the pilot and the main fieldwork study.

In this chapter I focus on the methods I used to answer the main question:

How can a modification of the person centred approach be applied in the State of Qatar?

I describe here how the work was carried out in both the pilot and the main fieldwork studies, which were undertaken at the Psychiatry Department at HMC Hospital in the State of Qatar and outline the methods I used to interview professionals at HMC, Qatar University (QU) and the Family Counselling Center (FCC).

Section One explains why I chose to work with depressed Muslim clients and describes the ethical considerations which had to be addressed when working with both clients and professionals. Section Two focuses on the purpose of undertaking a pilot study; the study design for the pilot and main fieldwork study; the duration, preparation and procedures of the pilot and main studies; time considerations, and learning from the pilot study. Section Three presents the methodology of the sampling and the organization involved in setting up interviews with the HMC psychologists, FCC counsellors and QU teaching staff. Section Four presents other aspects of the study including translation of the counselling sessions and interviews with professionals; why I used a combination of qualitative and quantitative case studies; how, as a Muslim person centred counsellor, I applied a modification of the PCA; my roles as a researcher and counsellor in the pilot and the main fieldwork study; what I

learnt I as a researcher in the main fieldwork study; and my roles as both an outsider and an insider.

Section One: Working with Muslim clients and ethical issues

Why Muslim depressed clients?

As a Qatari Muslim female from an Islamic background I was very interested in applying a modification of the PCA in my society. I chose to work at HMC in Qatar with depressed Muslim clients because HMC is the only government hospital with a psychiatry department treating people with psychological disorders. Moreover, I was aware of the availability of support from its professional staff, who had experience in dealing with mental health problems. I did not choose a private clinic because none have the facilities that HMC has. The majority of HMC outpatients are depressed. According to the statistical records of HMC's Psychiatry Department for April, May, June and July 2006, the largest number of depressed clients was 212 in May, and the smallest 131 in July. The total number of depressed clients during the four months was 712 out of a total of 1,996 psychiatric patients. The greatest number of these clients presented in May, before the summer holiday, whereas the smallest number presented during the summer when most Qataris are away during the holiday period and therefore would not attend hospital for treatment.

I strongly believe that the rapid changes in Qatari society since the discovery of oil (see Chapter 2) have affected individuals psychologically. As a volunteer counsellor since 2003 I noticed that the majority of clients with whom I worked were suffering from depression. I believe that depressed clients should be helped to express their feelings and thoughts instead of being advised on what to do.

I wanted to provide my study participants with a new therapeutic method for helping and supporting them as individuals who each had different needs. I was of the opinion that this new approach would enable Muslim clients to work from within to achieve satisfactory outcomes in the longer term.

Ethical considerations of my work with clients and professionals

Due to the sensitive nature of this study I was particularly careful to consider ethical issues which could affect the clients' wellbeing at every stage in my study.

As McLeod (2003) states:

In counselling and psychotherapy research, the well-being of the client can be threatened by intrusion of the research into the actual therapy session itself. (p.169)

I have divided this part into three areas as follows: the general key issues in my work with clients and professionals; ethical considerations in both the pilot and the main fieldwork study; and finally, other ethical considerations in both the pilot and main fieldwork studies

General ethical issues regarding my work with clients and professionals

The key ethical issues in this study are the participants' willingness to take part in the study, gaining their informed consent, their right to withdraw and ensuring confidentiality.

The participants' willingness to take part in the study

It was very important for me to work with clients who were willing to participate in the study. The clients in the pilot study were happy to attend the eight sessions. Some of the main fieldwork clients were happy to attend more than nine sessions with me. For example, Fatma, Mariam and Farhan (see Chapter 6 for details of the clients) were happy to work with me and attend the sessions. I believe that the clients were willing to open up and share their feelings and thoughts with me. However, one client, Hadi, did not feel satisfied with the counselling he received and cancelled his sessions. I also believe that the clients' willingness to take part in feedback sessions was important to monitor the outcomes of the study, as Bowling (2002) states:

Patients' *satisfaction* with their care and its outcome is the most commonly used indicator in studies which aim to include their evaluations. (p.42, italics in the original)

As a researcher I believe the professionals were happy to participate in this study and to present their views on applying a modification of PCA in Qatar.

The right to withdraw

Bowling (2002) considers that participants in a study should have the freedom to stay or leave at any time. I agree: I felt that it was my responsibility to protect them and to ensure that they felt comfortable working with me.

During both the pilot and the main fieldwork study I was aware of the clients' right to withdraw at any time. One client decided to withdraw from the pilot study. My aims were to help the clients to feel free and relaxed, and open to expressing their feelings and thoughts about continuing or stopping their sessions.

The professionals that I interviewed were also informed that they could withdraw at any time, and I gave them my contact number in case they decided to change their minds.

Informed consent

The use of *informed consent* represents one of the main strategies for ensuring that ethical principles are reflected in practice. Informed consent involves providing the client with accurate and adequate information about the therapy. That they are being offered, and other alternative therapies that might be available. The person is then allowed sufficient time to make up his or her own mind, is offered an opportunity to ask questions, is not subjected to any kind of coercive pressure, and then makes a decision that forms a contract or binding agreement between himself or herself and the therapist. (McLeod 2009,p.518)

In both studies I gave each client a consent form (see Appendices 1 and 2 in Arabic and English) prior to offering them the counselling sessions. The consent form included the client's name, date, signature, contact number and the name of their psychiatrist in case I needed to contact them. Each client read and signed the consent form. Ethically it was important for the clients to

read this and understand the purpose of their participation in the study, as Bowling (2002) states:

The ethical principle governing research is that respondents should not be harmed as a result of participating in the research, and they should give their informed consent to participate. (p5.6)

The clients were willing to sign the consent form and take part in the study. They felt protected by me and reassured that there was no third party involvement in the sessions. This allowed them to feel free to share their personal issues with me. I explained the purpose of the study very clearly to them and let them decide what was best for them. I did not ask the professionals that I interviewed to complete a consent form.

Ensuring confidentiality

I was aware of the ethical importance of protecting the clients' personal information in both studies. Explaining to the clients how I would maintain confidentiality was very helpful because it encouraged them to be open and honest in providing me with personal information. I respected and protected my clients' personal information, identity and video and audio recorded sessions; for example, one of my main fieldwork clients talked about some personal problems he had with a member of staff at HMC and I was careful to protect his identity when transcribing and translating the session.

I reassured the professional participants that their personal information would be treated confidentially. Sensitive issues were raised when I interviewed them which I was ethically unable to include in this study.

Other ethical considerations in both the pilot and main fieldwork studies

I carefully considered ethical factors when dealing with personal issues and was aware of the importance of my clients' wellbeing. According to McLeod (2003):

It is necessary to give careful consideration to ethical issues at all stages of the research process: planning, implementation and dissemination of results. Research in counselling is bound by a general set of ethical

guidelines applicable to all type of investigation of human subject, but also generates unique dilemmas and problems distinctive to the nature of the counselling process. (p.167)

Setting up the pilot study

After presenting my procedural paper in February 2006 the Ethics Committee at the University of East Anglia asked for more clarification regarding the ethical considerations of working with patents at the hospital. On April 2 I sent a copy of the protocol for study to the committee (see Appendix 3). On March 3 2006 my supervisor emailed the head of the committee explaining that further information would be provided to allay the committee's concerns and that approval for the study would also be sought at local level (see Appendix 4).

On April 7 2006 the committee raised a number of concerns including the fact that I had given no indication that I would need to seek local approval for working with outpatients at HMC in Qatar (see Appendix 5).

Following a verbal discussion with HMC psychologist Dr Elnour regarding the study, on April 16 2006 Dr Elnour emailed my supervisor and me assuring us that the study could be undertaken at HMC. He highlighted eight points that needed to be considered when working with the depressed HMC clients (patients). He also suggested writing a formal letter to the head of HMC's Psychiatry Department (see Appendix 6). On April 27 2006 my supervisor sent a letter requesting the permission of the head of the Psychiatry Department at HMC to carry out my research (see Appendix 7). In April 28 2006 my supervisor emailed the committee with more explanation of my work at HMC (see Appendix 8).

On April 30 2006 Dr Elnour emailed my supervisor assuring her that the outcome of the HMC Ethics Committee was likely to be favourable (see Appendix 9). The supervisor replied thanking him for supporting my study (see Appendix 9). Approval for the study was given verbally by the chairman of the HMC's Department of Psychiatry, who requested all the psychiatrists to participate by referring clients to me (see Appendix 10). The HMC emailed their

forms to me and I had to read and complete an HMC research ethics form (see Appendices 11,12 and13). I was also given formal permission to carry out my study (see Appendix 14).

Data collected from the pilot study would be used only in the UK, which the clients had agreed to. After finishing eight sessions with each client the video tapes, audio tapes and files were stored in a locked drawer at my home. I transcribed the sessions with each client, retaining their first names for identification purposes only. However, I took care that confidentiality was respected; this is particularly important when sensitive topics are being studied, as in this research. For example I assured my participants that I would not reveal their full names, protecting them from the possibility of being exposed to situations which might affect their jobs or personal lives.

Setting up the main fieldwork study

Before travelling to Qatar at the end of March 2007 for the main fieldwork study I contacted the HMC psychologist Dr Elnour. He introduced me to the Head of the Psychological Department, who welcomed me and asked me to write an official letter to her department asking them to provide me with a room.

Dissemination

Before keeping the first name of each client I had to discuss the effect of using their real names in my thesis. My colleagues advised me to keep their first names because the names are common in Qatar and not easily identifiable. I changed some client information which could be identified by others and some of their family members' names.

All the psychiatrists at the HMC Psychiatry Department were informed of both studies by a letter from the hospital Chairman. All depressed clients who matched the selection criteria were referred to Dr Elnour, who helped me by arranging the timetable and location for each session and by meeting each client to obtain their approval prior to meeting me. I met each client

individually, explained the purposes of the study and my role in the sessions, assured them of confidentiality and reassured them that they could withdraw from the study at any time.

Part of my research involved translation, and I chose to employ the services of two male and two female translators because I was concerned that I would not have the time to listen in depth to all the data. In order to assess the quality of their work I sent them all the same piece of work to ensure that they produced work of the same standard, and more importantly that I was happy with their version of the translations. I was aware that these translators must be trustworthy. I informed them of the importance of protecting the participants' personal information. I asked them to transcribe all the cases and interviews and then I chose which data to use for analysis. I decided to analyze the data in English, although on occasion it was necessary for me to check the Arabic version for clarification. I had access to the translators via email and telephone whenever it was necessary and I found them all very helpful and was happy with their work.

To protect the professional participants' identities I decided to give them numbers; for example, Interviewee 1, Interviewee 2, etc. Some of the interviewees preferred a written interview to being interviewed by me directly, although it would have been more useful to meet them in person and gather more information directly from them. However, it was important to ensure that they felt free to decide what was best for them, and I respected their decision.

Section Two: Methodology of the pilot and main fieldwork studies

The purpose of the pilot study

Initially I undertook a pilot study to examine the possibility of using a modification of the PCA with Muslim clients in Qatar. I began with counselling sessions. Oppenheim (1992) states:

The earliest stages of the pilot work are likely to be exploratory. (p.51)

The pilot study was important not only to examine the feasibility of the study but also to help me to refine my data collection plans. Yin (2003) states:

The pilot study helps to reshape the data collection plans, with respect to both the content of the data and the procedures to be followed. (p.79)

The pilot study allowed me to consider extending the counselling sessions in the main fieldwork study based on the clients' needs. It highlighted the need to interview the professionals in the main fieldwork study to collect their views on applying the modification of PCA..

Study design for the pilot and main fieldwork studies

The sample

The sample group was depressed clients. I used a small group to allow me to collect and analyze the study data in detail and to limit the amount of time needed for the analysis.

When selecting the study sample, I gave consideration to age, gender and nationality, as well as to educational level, as I was of the opinion that better-educated clients would be more able to express themselves. I chose only educated clients because they had to be able to read and write to understand and answer the questionnaires and to communicate clearly and effectively. I found that the HMC clients tended to ask for direct advice rather than helping themselves, but the educated clients were more willing than the uneducated clients to take an active part in counselling. Therefore only depressed clients

educated at least to high school level were selected from the outpatient Psychiatry Department at HMC in Qatar and asked if they would like to be counselled as part of the research. In both the pilot and the main fieldwork study the following criteria were applied:

- diagnosed with depression
- between 16 and 60 years old
- Muslim
- educated at least to secondary school level
- had not had psychotherapy sessions before.

In the pilot study I met with twelve clients and selected two males and three females. The clients were chosen after discussion with the HMC psychologists.

The five clients were:

- Yousef: 51, Qatari, married, male
- Kalthem: 50, Qatari, married, female
- Mona: 34, Yemeni, divorced, female
- Amer: 33, Egyptian, single, male
- Laylah: 33, Qatari, single, female (withdrew).

In the main fieldwork study I worked with five female and two male clients.

They were:

- Mariam: 50, Qatari, married, female
- Farhan: 42, Qatari, married, male
- Fatma: 42, Egyptian, married, female
- Hadi: 34, Syrian, married, male
- Heasa: 25, Qatari, single female
- Shathah: 26, Syrian, Single female (case translated but not analyzed)
- Safah 40: Lebanese, Married female (case translated but not analyzed).

The two last cases in the main fieldwork study had nine counselling sessions with me, but after discussing them with my colleagues at HMC I decided to analyze only the first five cases because these clearly present the clients'

changes and level of improvement, and because I did not have enough time to present the all case studies. However, the clients were informed that their cases might not be presented in the study. They were happy to participate whether they were chosen or not.

Data Collection Tools used for the Pilot and the Main Study

Self-report questionnaires

Self-report questionnaires are widely used in counselling research (McLeod 2003) and this method is frequently used in Qatar. Their advantages are that 'they are relatively easy to administer and interpret, and are generally acceptable to research subjects' (ibid, p.60).

To assess the clients' progress in the pilot study a number of self-report measurements were required from them, including:

The Beck Depression Inventory (Arabic version) (see Appendix 15)

The Beck Anxiety Inventory (Arabic version) (see Appendix 16)

Clinical Outcomes in Routine Evaluation (CORE) (Arabic version) (see Appendix 17)

Self-rating paper, scored from 1 to 10

In addition I audio-taped and video-taped the pilot study sessions.

In my main fieldwork study I used audio and video recordings in addition to the following measurement:

The Beck Depression Inventory (Arabic version) (see Appendix 15).

Each client from the main study was also given two feedback evaluation sessions with an HMC psychologist to assess the benefits they had experienced, if any, from the counselling sessions. The first feedback evaluation was undertaken after the last counselling session, and the second no more than three months from the first.

I arranged feedback sessions because I believe that only the clients know exactly what is going on from within during the sessions and they can give a clearer picture of the whole process. I also believe that evaluating the sessions from the client's point of view is an important part of the study.

In the pilot study I was only able to get feedback from one client, which I took myself. I found it very useful to learn how the client had progressed following the counselling sessions, and this encouraged me to reshape my main fieldwork study to offer feedback sessions to all clients with someone other than myself so that the client could feel free to express negative feelings about the counselling if this were the case. In most cases the feedback was with Dr Elnour.

Test and questionnaires

McLeod (2003) presents different means of assessing the outcomes for clients, such as through standardized 'self-report' tests/inventories, client satisfaction questionnaires, ratings of target symptoms and complaints, therapeutic goals, behavioural measures, structured interviews by expert clinicians, rating by significant others, rating by therapists, cost-benefit analyses and comparing sources of evidence about the effectiveness of therapy.

In this main study, applying one self-report questionnaire (the Beck Depression Inventory) helped me to evaluate the clients' progress and gave me a clearer understanding of the outcome of the sessions.

The feedback also helped me to obtain an overview of the clients' feelings and thoughts about the benefit of the sessions. According to McLeod (2003):

The central task for anyone planning and carrying out an outcome study is to find adequate ways of assessing change in clients. (p.121)

Tests and questionnaires have limits regarding reliability and validity in counselling research, as McLeod (ibid) states:

It is clear that not all tests used in counselling research are equally valid. Moreover, the concepts of reliability and validity established in

mainstream psychological research may have limitations in the specific context of counselling research. (p.68)

To overcome the limitations of applying self-report questionnaires in the main fieldwork study, each depressed client was interviewed by Dr Elnour (HMC psychologist) to evaluate the outcome of their sessions.

In Chapter 7 I divide the main fieldwork clients into two categories: those with a positive outcome and those with a less positive outcome, based on Dr Elnour's and my own evaluation. Our evaluations were based on our subjective perception of the clients' capacity and willingness to help themselves to change from within.

Audio and video recorded counselling sessions

In the pilot study I was able to audio record all five cases. One female and one male agreed to be videoed. In the main fieldwork study I audio recorded all five cases, and two males and the female agreed to be videoed as well. In both studies the sessions took place at HMC's Psychiatry Department. I prepared the recorder and the camera before meeting with my clients. I used a remote control to press the camera button whilst facing my client after letting them decide on the seating arrangements for the session.

I found it very useful to have the evidence of both the tape recorder and the video camera when it came to transcribing my data. I was able to listen and write without missing information, and it was easy for me to go back and listen to any part of the session. According to Bowling (2002):

If a tape recorder is to be used the respondent's permission must be sought prior to the session. Respondents are typically informed that its use helps the interviewer to check that he or she has recorded their views correctly ... if there is any anxiety about it, respondents can be informed that they will soon forget it is there, but refusal must be respected. (p.323)

Depoy and Gitlin (1998) believe that audio taping is fundamental in collecting research data and they encourage interviewers to test their equipment prior to

their interviews. I found checking the equipment beforehand saved time and made the counselling sessions and interviews go smoothly.

Videotaping some of my clients was also very useful because it allowed me to observe non-verbal communication which I had not been aware of at the time of the interview. For example, watching video-recorded sessions with Fatma, Farhan and Hadi, all main fieldwork clients, and Yousef, a pilot study client, helped me to observe their body posture and hand movements. I was also able to observe responses such as smiles and laughter.

As Depoy and Gitlin (1998) state:

Videotaping is particularly useful in studies that focus on interactions between individuals, such as a study on health professional and patient interactions or when observations of both non verbal and verbal behaviour are the focus of the research study. (p.227)

Duration and preparation of the pilot and main studies

Preparation for the pilot study started after my arrival in Qatar in May 2006, with great help and support from the HMC psychologists. In the pilot study the preparations included the compilation of eight files in Arabic (because I was not sure of the exact final number of the case studies; in the event only four were used) which included the following papers: the consent form (written in Arabic by Dr Elnour and myself); the timetable for each client; the client's self-rating paper for use after the last session and three English evaluation forms translated into Arabic. The pilot study lasted almost two months, from June 4 to the end of July 2006.

The pilot study helped me to better organize myself and my equipment. In the main fieldwork study I was also helped by HMC staff, who were willing to provide me with clients. The pilot study helped me to give the staff a clear idea of what I expected from my main fieldwork study, the preparation for which was similar to that for the pilot study. I had a counselling room where I was able to store my equipment and meet my clients in a quiet environment without any disturbance. The duration of the fieldwork study – almost eight

months from the end of March 2007 to the middle of November 2007 – was longer than I had expected.

Procedures for the pilot and main fieldwork studies

To work more effectively with the clients I decided to define a clear procedure for both the pilot and the main fieldwork study. Al-Shennawy (1996) believes that the counselling session is the foundation and centre around which the entire psychological process revolves, with both the counsellor and the client interacting in such a way such that the client can get help and grow appropriately. The counsellor brings to the meetings her work, skills, expertise, and ethics, and the client shares his challenges, energies, capabilities and expertise. In addition to the above the counsellor brings her real self to the session, and I believe that this helped me to build a good therapeutic relationship with my clients.

To organize my work with each client the following procedures were applied in both the pilot and the main fieldwork study.

Introductory session

At the initial meeting with each client my aim was to explain the purpose of the study, the client-counsellor role during the sessions and what was expected of them as participants. All clients were assured of confidentiality and that they could withdraw at any stage. When the clients agreed to take part in the study they signed the consent form (see Appendix 1 and 2) and completed other necessary forms such as the Beck Depression Inventory. At the end of the session they were given time to ask questions.

Counselling sessions

Clients were offered 8 counselling sessions of 50 minutes duration each in the pilot study and 3 to 14 sessions in the main fieldwork study. There were two reasons for allowing clients to decide the total number of sessions in the main study: firstly, I believe that they knew their needs and had a right to decide for

themselves as mature adults; secondly, I had had a pilot study client who had needed more than eight sessions, but due to time constraints I had not been able to offer her more.

During the sessions, as a person centred counsellor I worked as a facilitator to help and support the clients. I pointed out when the session was nearing its end and showed my willingness to discuss any issue in the next sessions.

All clients were asked to complete the required forms before starting their first counselling session and at the end of their last counselling session with me. In the main fieldwork study, as mentioned earlier, the clients filled out the Beck Depression Inventory form at the beginning and the end of their counselling.

All clients received non-directive therapy (modified PCA) from an Islamic perspective. The therapy involved working with Islamic values and beliefs based on the Quran and the teachings of the Prophet Mohammad (PBUH). The modification included spirituality and the factors that both the PCA and Islamic teaching have in common. The modification is explained more fully below.

Modifying the person centred approach as a Muslim person centred counsellor

My modification of the PCA according to Islamic principles involved carefully choosing some of the Holy Quranic verses and the Prophet's teachings that follow the principles below:

They encourage the depressed client to believe in Allah's (SWT) mercy and forgiveness;

They encourage the client to love and take care of him/herself as an individual and of society;

They encourage the client to be responsible for his/her actions and work from within to change;

They reassure the client that Allah (SWT) is always there for him/her;

They encourage the client to accept and enjoy what s/he has;

They encourage the client to follow the Prophet (PBUH) as a role model.

I was aware that I must consider each client's individual needs, and therefore combined the above principles with person centred principles and skills to apply the modification. It was clear that my clients were ready to share the religious or spiritual side of their lives with me.

Feedback sessions

Only one of the pilot study clients, Yousef, had a feedback session with me following his eight counselling sessions. The remaining pilot study clients were not available for feedback. Yousef had a further feedback session with Dr Elnour in 2007 (see Chapter 6). In the main fieldwork study all the clients had two feedback sessions with Dr Elnour, the first after their counselling ended and a further session a month post-counselling.

I returned to Qatar for three months to carry out my pilot study. After consulting my supervisors I decided to do this from the beginning of June until the end of August 2006. I started the main fieldwork study at the end of March 2007 and it lasted until mid-November 2007. I had the opportunity to visit the library at Qatar University and meet with professional staff. Finally, I met with some of the HMC psychologists and other members of staff to conduct interviews with them.

Learning from the pilot study

Undertaking the pilot study was one of the challenges in my research because of my lack of experience. Working at HMC was harder than I had expected. For example, I had to find a room in which to meet my clients and store my equipment. Sometimes clients had to wait for more than 30 minutes while I looked for a room to use. Even though the psychiatrists were informed verbally and then asked in a formal letter from the Chairman to refer clients to Dr Elnour, I had to wait a long time before this happened. Sometimes I would go to each psychiatrist's room to remind them. Furthermore, I believe that the clients needed to be educated about the purpose of the counselling; they needed encouragement to learn how to be positive, to be helped to take responsibility

for decision making and to explore themselves as individuals. They also needed to understand the non-directive role of their counsellor, who is there not to advise but rather to listen, reflect and share their concerns. I had expected to give more explanation of the clients and the counsellor's role but it was not easy to do this.

I was informed by Dr Elnour that I would be allocated a private room for the main fieldwork study in which to counsel my clients and keep my equipment (video camera, audio tape recorder, files), and which I could decorate with plants. Always meeting the client in the same room helps both client and counsellor feel relaxed and comfortable. The reason I chose to start working with clients at the end of February or early March was so that I could select a sample of clients before the summer, because as mentioned, Qataris usually travel abroad or stay at home during the summer holiday due to the heat. I decided to use the Arabic version of the Beck Depression Inventory commonly used at HMC. Other forms (the Beck Anxiety Inventory and Clinical Outcomes in Routine Evaluation), which have not been translated and were not used in the Psychiatry Department were not employed in the main fieldwork study because the Beck Depression Inventory is well-known in the Arab world and has been well translated into Arabic by experts.

To avoid clients misunderstanding the aims of the counselling, I explained the purpose of the study and the role of both client and counsellor again at the beginning of the first session. As video and audio recorded data had been very useful in the pilot study I planned to use them again in my main study. Before I carried out the pilot study in Qatar I had been hoping to use a quantitative method in my research, as this is the method most commonly used in Qatar. Even though it was difficult for me to be both researcher and counsellor at once, I found working with clients, getting closer to their feelings and thoughts, watching and listening to videoed and recorded sessions and engaging with what took place during counselling much more interesting and rewarding than looking for statistics in quantitative data.

Moreover, after coming back to the UK, reading more about qualitative methods, analyzing some of the collected data and seeing in detail how the counselling sessions worked, I decided to change the methodology of the study from quantitative to qualitative. However, I retained the Beck Depression Inventory form to give some statistical results from quantitative data which would be significant to colleagues at HMC and which enabled me to triangulate the data. Finally, as I was interested in individuals' feelings, thoughts and experiences, I aimed to use case studies and follow-up interviews in my main research in order to gather more detail so that I could study and analyze the cases in depth.

Section Three: Interviews with professionals

To collect more information for the study I was keen to interview HMC psychologists and QU and FCC staff to obtain their professional views on applying a modification of the PCA in counselling in Qatar. This involved a semi-structured interview based on the questions below to encourage them to present their views on the modification of the theory, while I controlled the interview and reminded them of the purpose of the study. I asked the 16 professionals to answer the following five questions:

1. Can non-directive counselling be used in Qatar?
2. How can the non-directive method be modified for application in Qatar?
3. Do you think depressed patients will benefit from this approach, and if so, how?
4. How can this modification be useful to the students of Qatar University in solving their psychological problems?
5. Can non-directive training courses be applied in Qatar, and if so how?

The semi-structured interview helped me to understand the professionals' points of view and learn more about their experiences with Qatari clients. McLeod (2003) states:

This kind of semi-structured interview is highly effective when the researcher feels able to anticipate in advance the areas into which he or she intends to enquire. (p.74)

Al-Zabadi and Al-Khateeb (2000) believe that the interview is a human interaction between the interviewee and the interviewer. It is not an ordinary dialogue: rather it provides the interviewer with information. Having chosen the semi-structured interview I was aware of the positive and negative sides of using it as a data-collecting method. McLeod (2003) and Marshall and Rossman (1995) consider that amongst the advantages of this method are the face-to-face encounter with the participant, which allows the researcher to monitor whether s/he understands the meaning of each question and to check their understanding of what has been said. One of the limitations of the interview,

from their point of view, is that interviews are highly dependent on the ability of the researcher to be resourceful and maintain a control bias.

None of the professional interviewees employed person centred counselling but all had theoretical knowledge of it.

Controlling the interviewees was important to me as a researcher as it allowed me to be specific and clear in my approach and to gain more information. Therefore my role as a researcher was obvious to the interviewees following Rubin and Rubin (1995), who state that an interview is not a normal conversation but a method in which the interviewer guides not only the direction of the interview, but also the emotional tone and intensity of interaction.

Bowling (2002) believes that in face-to-face interviewing a good interviewer must show sensitivity and the ability to establish a good rapport with a wide range of people. The interviewer needs to be friendly, positive, and trustworthy, and should be a good listener and speaker. I was aware of being friendly and positive when working with the professionals. I also took care to create a friendly atmosphere and let them feel free to talk and share their experiences with me. Bowling's (2002) requirements of the interviewer's personal character agree with the principles of the PCA as well as the Islamic point of view regarding people's relationships.

I believe that interviewing the professionals helped me get closer to individuals' thoughts and feelings, and this allowed me to gather personal views on my subject. McLeod (2003) states:

Interviewing is a very widely used qualitative data-collection technique. The research interview is a flexible way of gathering research data that is detailed and personal. The presence of the interviewer enables on-going monitoring of the relevance of information being collected, and enables the researcher to check out his or her understanding of what is being said.
(p.74)

According to Cohen and Manion (1997), an interview can help the researcher to read what is going on in the interviewee's head and the interviewee's likes

and dislikes. Participants are more willing to provide the researcher with information in an interview than in a questionnaire (Lovell and Lawson 1970). Bryman (2001) states that the interview allows the researcher to ask many open-ended questions, which helps in collecting a large amount of information which does not require writing lengthy answers.

There are potential disadvantages to interviews; for example:

One of the principle disadvantages of interviews lies in the amount of time that can be spent in setting them up, conducting the session and then transcribing the tape recording. (McLeod 2003, p.74)

Another disadvantage of analyzing interviews is mentioned by Cohen and Manion (1997), who believe that it is more difficult than applying a tabulation of figures from questionnaires. I agree with the above because in this study I had not only to focus on what the clients and the professionals said but also to take their feelings into consideration.

I spent a lot of time rereading the data. With the BDI tables (see Tables 7.1 and 7.2) my aim was to analyze change in the clients by comparing their scores before and after the counselling sessions.

Regarding their advantages and disadvantages, using both methods allowed me to benefit from the strengths of each and to cover their limitations. The interviews increased the depth and richness of the study, affording a more complete view of the issues investigated.

Interview sample and method

The total number of professional interviewees was sixteen; seven worked at QU, one at the Ministry of Education, two at the FCC and six at HMC. I contacted all the interviewees at HMC, FCC and QU in advance in order to identify who was appropriate for interview. The participant from the Ministry of Education met with me at HMC and I coordinated a meeting with three of the QU staff through the secretary of the Mental Health Faculty at the Education Department. When I attempted to arrange the interviews, the four who worked

at FCC refused to be interviewed face-to-face and preferred to give written answers. All contact with them was via a third party, the secretary at FCC, who called and asked me to collect the completed questionnaires. Having arranged the other interviews at HMC, QU and FCC I made follow-up contact to confirm the date and the time. Two females and a male were happy to be audio recorded and videoed (see Chapter 9). Three agreed to be videoed and recorded, whereas the rest would only be recorded. One refused to participate in the study after meeting me because he thought it would be better for me to interview people who are interested in counselling.

Setting up the professional interviews

When arranging the interviews I ensured that the venue was as convenient as possible for the interviewees. I conducted the interviews between April and May 2007. They took place in a friendly atmosphere; some of the interviewees were very interested in the study and asked questions regarding my work with depressed clients and how their participation would contribute to knowledge.

I began each interview by asking the about the interviewee's understanding of the term 'non-directive counselling'. I was keen to focus on the five questions but was flexible in encouraging them to feel free to express their ideas on the PCA. I was careful not to interrupt the flow of suggestions in the answers and waited until the interviewee stopped talking before asking the next question.

Different themes emerged on reading the transcripts of the interviews, and I have divided these into two categories. The first category focuses on the main themes of the five questions related to the interviews presented above. The second category focuses on the sub-themes:

- The role of the counsellor

- Educating the client in how to use non-directive counselling

- Working with educated clients

- Qatari society

- Applying religious support in counselling

The above sub-themes are related to the main themes and should be considered in the analysis. They will broaden the reader's understanding of the interviewees' points of view with regard to some of the more sensitive issues such as religion and culture. They also takes into account the role of both the client and the counsellor. I expected that including sub-themes would help me when it came to analyzing the counselling sessions later. Analyzing the themes was a challenge because of the large amount of data, as confirmed by McLeod (2003):

Analysis and interpretation of qualitative data present considerable challenges to researchers. Typically the qualitative researcher will gather many thousands of words of transcripts, notes and other written materials. (p.84)

This describes the clear disadvantage of applying qualitative methods, as mentioned earlier in this chapter.

I was keen to explore the participants' views of the possibility of applying the PCA; methods and techniques of modifying the PCA; and its potential effect on both depressed and student clients. Finally I wanted to explore the possibility of establishing training courses for those interested in the modification of PCA. I tried to meet as many professionals as I could, and from different fields and places of work. These interviews helped me to a better understanding of the possibility of applying the PCA from a professional point of view.

Section Four: Translation and using triangulation methods

Translating the counselling sessions and interviews with professionals

From the transcripts of the sessions with the five main fieldwork clients and the sixteen interviews I chose the parts that I believed should be used for the analysis in this study and then translated them into English. In both studies I used software (MAX.QDA2) to facilitate my work in collecting and organising the data.

Bowling (2002) states:

Computerised categorisation and analysis are becoming increasingly popular, and arguably make the process of categorisation and analysis popular, and hence rigorous. (p.392)

The software helped me to collect and organize the main themes that emerged from each case study and the main and sub-themes in the interviews with professionals.

After putting all the counselling sessions and interviews into the MAX.QDA2 software, five Arab females transcribed the audio tapes and two male and two female translators translated them. They all spoke and wrote Arabic fluently. I chose this group of people after much searching and guidance from my colleagues. I explained the purpose of the study to them and how the group would work. The work was expensive because I had to pay each individual an hourly rate. I was able to contact the members of the group individually via telephone and email whenever they were needed. They were all very helpful and I was glad to work with them. The reasons I chose to work with a group were to allow me to give more attention to each client and to save my time to analyze the data in depth. I was worried that I might not be able to find time to listen to each session and select the parts I wanted from the large amount of data I had. Therefore I asked the group to transcribe the all cases and interviews so I could then decide what I was interested in analyzing. I checked

the quality of the group's work by giving them a session to transcribe. I decided to analyze the data in English, which I found easy, and referred to the Arabic version whenever I needed to do so for clarification.

Initially it was hard to choose the right part of each session for translation, but after extensive reading I was able to select the appropriate sections and translate them into English. Some of the transcribers enjoyed my work and empathized greatly with the cases, making very positive comments about the outcome of my work. One of the translators, a teacher, invited me to talk to his students regarding the importance of counselling in school. Unfortunately I was not able to accept the invitation because of time constraints. However, I recommended a QU colleague to go in my place.

Methods used to collect the study data

As already described, I collected a combination of qualitative and quantitative data for my case studies. McLeod (2003) comments:

In case study research, the notion of combining qualitative and quantitative data is attractive. It offers the promise of getting closer to the 'whole' case in a way that a single-method study could never do. (p.108)

Using a combination of methods helped me to tap the strengths of each data source and improve the validity and reliability of the collected data. A single method approach might not have given me the freedom to explore the full complexity of the clients' thoughts and feelings. The mixed methodology was chosen as a result of the encouragement and advice of my colleagues at HMC and my desire as a researcher to observe the changes and progression in each client by offering them the self-report questionnaire and the Beck Depression Inventory before and after treatment. Although the clients were aware of the study's aims, as a researcher I left the decision whether or not to complete the forms with them.

I found that applying both methods was useful for collecting a wide range of data. In this respect, qualitative and quantitative data collection were

combined in a complementary way with beneficial results. Brewer and Hunter (1989) point out that triangulated measurement tries to pinpoint the value of a phenomenon more accurately by looking at it from different methodological viewpoints. McLeod (2003) encourages counselling researchers to undertake triangulation methods to make collecting and analyzing data easier. Statistical and personal information helped me to collect the case study outcomes and provided me with a clear view of my clients' progression.

The quantitative method was useful in my study because it helped me to measure the effectiveness of the counselling sessions in figures and allowed me to analyze and compare the data collected. I was familiar with using quantitative methods because in the State of Qatar quantitative research is considered the best way of measuring the outcome of a study. However, in recent years QU has begun to place more importance on qualitative methods in research, increasing awareness of this methodology through the First Annual Conference on Action Research Reflective Practice sponsored by SEC and QU's College of Education (COED) on June 21 2008.

I focused on applying a qualitative method by paying attention to the personal information and views I gathered from the depressed clients' sessions and feedback and the interviews with the professionals. According to Maykut & Morehouse (1994) and Rubin & Rubin (1995), the qualitative method is interested in people's narratives and descriptive words and actions. Tesch (1990) agrees that qualitative approaches are concerned with words rather than numbers, using open-ended questions and looking at phenomena from the inside, and that the qualitative approach considers subjective facts and explanations and tries to capture their uniqueness.

McLeod (2003) considers qualitative research a process of systematic inquiry which requires people to make sense of their experiences and guide their actions. Watkins & Campbell (1991) concur, stating that the purpose of the qualitative methodology is to produce fully integrated descriptions of an experience or situation under study. Watkins & Campbell focus on applying the

qualitative method to collect personal experiences from participants willing to take part in the researcher's study. This method helped me to gain a better understanding of each client and interviewee. It also made me see myself as a counsellor first and as a researcher second. However, writing up research and using the qualitative approach were new experiences for me. I found the qualitative approach challenging as well as an opportunity to experiment in a different way of conducting research. Applying the qualitative method might be considered an unusual process because it is based on the personal experience of both the participants and the researcher. I believe that we all undertook a personal journey to discover and explore the clients' inner feelings.

The qualitative method provided my study with rich data that I could not have accessed using quantitative methods alone. According to Lythcott and Duschl (1990), qualitative methods using diverse data sources can provide better information and richer data about participants' views, opinions and ideas on the problem being examined and help the researcher to get closer to situations and have a better understanding of their problems. I used my counselling skills in the case study interviews to gain a better and more holistic understanding of the concerns and issues of the clients.

To conclude, triangulation using quantitative and qualitative methods allowed me to confirm the analysis of the study data.

Section Five: Reflection on my roles in the pilot and main fieldwork studies:

Reflection on my roles as researcher and counsellor in the pilot study

In this section I focus on my role as both counsellor and researcher.

I found it difficult to work as both a researcher and a counsellor at once during the pilot study because in my role as a researcher I was more interested in explaining the research and collecting the clients' forms than in being totally present for them as a counsellor. One of my clients told me that he did not like all the form filling but because he had to complete them I felt that I was dealing with him as a researcher who was more interested in ensuring that the work would be finished in time for me to return to the UK. Furthermore, I was not totally focused on my work as a counsellor. The counselling part of me was there, but not very obviously. I aimed to work more closely with the clients as a counsellor in the main fieldwork study and to focus on their needs before considering my own as a researcher.

Overall, I found that the pilot study helped me to get a clearer idea of the methodology that I would use in the main fieldwork study.

Reflection on my roles as researcher and counsellor in the main study

It was much easier for me to differentiate between myself as a counsellor and researcher to play each role more confidently in the main study after experiencing the the pilot study. As a researcher I was able to clearly explain the purpose of the study and the Becks Depression Inventory form to each client.

As a researcher I learned to:

understand the difference between my role as a counsellor and researcher;
hear my own voice as a researcher;
organize my ideas and make them understood to the participants;
speak directly and clearly to my participants;
listen to and accept the participants' points of view about my work without judging them.

As a counsellor I felt that I was there with the clients, helping and supporting them, and I was able to apply the modification of the PCA as a Muslim person centred counsellor.

Reflection on my role as an outsider

It was a new experience for me to see myself as an outsider. Banks (1998) states:

The external outsider often misunderstands and misinterprets the behaviour within the community. (p.8)

I partly agree, insofar as I am outsider in Western society writing my thesis for British and international readers, who could misunderstand me due to cultural differences. In the UK I am an outsider from a different cultural background as well as someone with different religious beliefs.

Studying as an international student in the UK has helped me to learn things that I would not be exposed to in Qatar. Working with the clients and professionals in my study helped me to sit back and observe myself as an outsider who had to learn the British way of thinking and writing. I had to learn to be explicit and share my personal issues with my readers.

I had to go back to Qatar and present a new way of helping and supporting people with life and psychological problems as a Muslim person centred counsellor influenced by PCA and believing in the importance of modifying the theory in my society. Without doubt, my way of dealing with the study in general and counselling in particular was influenced by my experience of the

UK's educational and counselling systems, which are based on learning to be open and willingness to help oneself as an individual. Being an outsider in the UK helped me to observe and balance my feelings and thoughts about my work during this study.

I was practical in my interviews with the professionals as I was able to inform them of the study in a professional yet friendly manner with more distance from my culture. I was able to collect information and see the interviewees from their own point of view, as an outsider, without leading them or trying to persuade them to believe in my study.

Reflection on my role as an insider

As a Muslim Arab counsellor I was also an insider who was able to feel and sense each client's need and to deal with their issues. I was able to share religious and cultural issues with them. This also helped me to build a healthy relationship with most of them. The fact that my clients and interviewees shared a similar background helped us to create good understanding relationships. I was able to be myself with the clients; I did not want to be an outsider nor to misunderstand what my clients said or felt.

As a researcher, despite the insights that I brought from my work in the UK I was also an insider while interviewing the professionals, because we both shared a similar cultural and religious background. It was not difficult for me to be open and challenge them to say more about how they felt or thought about my work.

Writing my thesis made me more open towards my own experience as a researcher, a counsellor and a person. The thesis is a new way of writing that may encourage researchers in Qatar who are interested in being explicit about themselves during the study journey in order to share their personal experiences with others. Studying in the UK helped me to challenge myself through new experiences such as writing this thesis. Working with and writing

about my personal experiences as a counsellor and a researcher helped me to gain a better understanding of the clients and professionals involved.

Overall I was glad of this dual role because it allowed me to discover and evaluate my abilities and work as an insider and outsider.

I have explained the methodology that I applied to examine the study question and explored my role as a counsellor and researcher and the positive changes and learning experiences that I experienced while working on the pilot and main studies. I have given a detailed explanation of the methods I used to collect my data. In Chapter 6 I present a brief summary of the nine case studies.

CHAPTER 6: Brief Summary of the Nine Case Studies

Introduction

This chapter briefly introduces the nine depressed clients at the Department of Psychiatry at Qatar's HMC Hospital with whom I eventually chose as participants in the pilot and main fieldwork studies. All the clients were referred by the department's psychiatrists.

Section One: The pilot study (four participants)

Brief summary of pilot study case 1

Yousef was a 51-year-old married Muslim man with children. He was employed until he retired in 2006 after finishing his counselling sessions with me. Yousef had suffered from depression since he was 15 years old. Following the death of his mother he had received psychological support from a hospital but no counselling support until 2006, when he was referred to me by his psychiatrist. Yousef had eight counselling sessions and a feedback session. He was the only pilot study client able to attend the feedback sessions with me, as two clients left the country when their counselling ended and one did not turn up for the feedback.

At our initial consultation Yousef looked very calm and came across as a well-educated person of good background, with religion featuring prominently in his life. He spoke with confidence. He told me he liked to read and watch television. His wife is a full-time housewife and retired teacher. Yousef was very keen to get help and counselling support, and attended all eight sessions.

Why Yousef needed counselling

Yousef was keen to have a better understanding of the self and to get in touch with his inner feelings and thoughts. His main concerns were his sensitivity to others' points of view.

Relationship with others

Yousef felt that he did his best not to harm or annoy anyone intentionally. He always tried to be on his best behaviour with people and accept them for what they were.

Yousef:

I do care about my relationships with others and I am keen to not hurt their feelings ... (Session 1)

Yousef was sensitive in his relationship with others. His sensitivity caused him a lot of conflict in his relationships.

Yousef:

... you say that I tolerate too much ... and that would harm my health ... that would cause stress so what is the solution? ... I am a sensitive man ... should I quarrel with people?... I tried this way ... and I lost everyone. (Session 3)

Yousef wanted to do everything perfectly, which made him feel unhappy with whatever he did for others. In the statement below he used not 'I' but 'we', which, I believe, indicates that he was too sensitive to face his unwanted behavior.

Yousef:

You have put your finger on the problem I suffer ... it is the excessive sensitivity I have The feeling that we have to be perfect ... too perfect ... perfect with excellence [laughs]. (Session 3)

Self relationship

Yousef talked about how he saw himself and his relationship with the self:

Until now ... frankly speaking ... I've tried my level best to explain myself ... through our sittings ... with you and with other doctors ... I am trying to discover myself ... discover my weaknesses ... See what affects this personality of mine ... what causes the excess sensitivity ... I don't claim to be an ideal human ... I am sensitive ... why don't I describe myself as an emotional person? ... I think too much ... why do people call me 'sick' ... when they do that I get annoyed and become sensitive. (Session 3)

Yousef was not aware of his relationship with himself at first. Eventually, with counselling, he began to feel that he wanted to feel as positive about his relationship with himself as he did about his relationships with others.

Yousef:

...I did not think of taking care of myself ... why did I not think of that from the beginning? [Falters]. I for got myself ... but now I have to love myself and give myself priority. (Session 7)

His busy life isolated him from himself and others:

Yes I have a point to mention ... I enjoy work ... that's why I am employed ... and if I calculate the time ... I know I have little time for myself. (Session7)

The therapeutic relationship

The therapeutic relationship went well and Yousef was happy to share his thoughts and feelings with me:

I am relaxed with you ... you can't imagine my happiness ... How I can express my feelings! ... you don't hesitate to ask Yousef a hard question ... I am open ... I don't have anything to hide ... I'm not afraid because I don't have anything to hide. (Session 5)

I believe that the therapeutic relationship allowed me to talk directly to Yousef and to clarify my points. This was highlighted during the sixth session when he allowed me to indirectly remind him of his role as a client as well as talking to him in a friendly manner and calling him 'the boss'.

Counsellor:

Our target is that you tell me what you feel ... what you want me to share with you ... so you are the boss here ... you tell me what you want. (Session 6)

Overall I the outcome of the counselling was that the client had a better understanding of the self, as is evident from his feedback. Yousef was the only pilot study client who was agreeable to and available for both feedback interviews.

Brief summary of pilot study case 2

Mona was a 34-year-old Yemeni divorced mother of two. From the first session it appeared that she was willing to share and talk about her problems. She looked very upset and unhappy and when she spoke her legs shook. She was sensitive and cried easily. Her appearance suggested that she took good care of herself.

Why Mona needed counselling

Mona felt upset because her ex-husband had run away with her two children. She felt alone, even though she lived in her parents' house. She wanted to be loved and accepted by others. She wished to find the right person to start a new family with. She felt that no one understood her or was willing to listen to her.

She kept all her pain and frustration inside. She believed that men wanted to take advantage of her. She was dissatisfied with her life because of the pain and misery in her.

Relationship with father

Mona loved her father, who was everything to her. She felt she had hurt him when she had insisted on marrying her ex-husband, who was neither an Arab nor a Sunni Muslim, as she is. She felt guilty at not listening to her father's advice and believed she had let him down in her insistence on marrying this man.

Relationship with others

Mona complained that her mother did not love her as her father did. Her mother was not the mother she wished to have. She felt that her mother did not accept her and had never respected her.

The therapeutic relationship

The therapeutic relationship went very well because Mona was able to share her burdens with me without hesitation. However, I believe that she needed more than eight sessions to help herself solve her problems. My experience with Mona led me to offer more than the eight sessions in the main study.

Brief summary of pilot study case 3

Amer was a 33-year-old Egyptian single male who worked as a school bus driver. When he presented himself to me he looked big and strong; however, he cried continually before we even started our conversation. He did not take care of his appearance and was unkempt.

Why Amer needed counselling

Amer was not happy with his relationship with his father.

Self relationship

Amer had low self-esteem. He was uninterested in life and other people. He did not care about his health or what he ate. He felt that everything was slow and heavy. He did not know how to build a relationship with himself. He was very depressed and cried readily.

Relationship with others

Amer isolated himself from his friends. He did not want to talk with them or go out with them. Instead, he preferred to sleep so that he would not have to interact with others. He felt that others did not understand his problems and he did not tell them that he felt depressed.

Therapeutic relationship

I felt that Amer was willing to share his feelings and thoughts with me, especially when he cried in front of me. It is unusual for Arabic men to show their emotions in front of a female because they think that it indicates that

they are weak. I believe that Amer showed his emotions with me because he needed to be listened to regardless of the counsellor's gender.

Amer wanted to help himself to get over his pain:

... I know that I'm not feeling well and that I'm under cure: I want to help myself... Therefore I'm trying to do my best... (Session 6)

He had negative views of the self:

... I My self doesn't deserve [to be loved by me], because the self can make evil... (Session 6)

The counselling helped him to start to become aware of his relationship with others, but not with himself. He was not aware of the self relationship, but he was keen to help others.

Amer:

To know myself ... I don't know, there should be love for people and doing good to them without expecting anything in return. (Session 8)

From the above it is clear that the therapeutic relationship went well because Amer was willing to share his feelings with me, but I believe that he needed more than eight sessions to build a healthy relationship with the self.

Brief summary of pilot study case 4

Kaltham was a 50-year-old Qatari married female. She was a religious and pious woman who put her faith in Allah (SWT). When she presented herself to me she brought with her a bag full of religious cassettes as she believed that religious support helps people to overcome their problems.

Why Kaltham needed counselling

Kaltham believed that she had the ability to cure herself by praying to Allah (SWT), but she wanted to participate in the counselling and please Allah (SWT)

by helping me as a student. However, she also wanted to talk about her unhappy marriage and to explain how she tried to deal with it.

I respected what she said and made it clear that the aim of the study was to work with clients who really needed to be counselled. She welcomed my clarification and asked to participate. Although the introductory session explained the purpose of the study and what counselling is, I believe that she did not understand what I told her. I also think that as a religious woman she did not want to reveal her psychological problems because there is a belief that religious people should not have such problems. Interestingly, Kaltham enjoyed attending the sessions and talking about her feelings about her husband.

Relationship with husband

Kaltham felt that she did everything to please her husband, who, she believed, did not care about her. She treated him nicely in order to save her marriage, and tried her best to bring up the children well. Most of her arguments with her husband were concerned with the religious duties expected of him. For example, he did not like to go and pray in the mosque and nor did he like her attending the mosque when she felt the need to do so.

Therapeutic relationship

The relationship was positive in terms of Kaltham being open about her relationship with her husband. However, I felt that she wanted to take on my role and work as a counsellor. She would have benefited more if she had been more aware of her role as a client and mine as a counsellor. Overall, I believe that Kaltham was not ready to understand her role as a client or to engage therapeutically with the issues she brought to the counselling.

To conclude this section, some of the pilot study clients needed more than eight sessions to come to a better understanding of the self relationship and move on with their lives positively. Not having my own counselling room affected some of the clients: for instance, before one of Amer's counselling

sessions with me we had to wait more than 30 minutes for the HMC psychologists' room to become free.

Section Two: The main fieldwork study

Brief summary of main study case 1

Mariam was a 50-year-old married Muslim Qatari woman and a mother of five children, three of whom were married and the other two unmarried and living in the family home. Mariam was married to a retired Qatari man who had taken a second wife, now in her 40s. They had all been sharing the same home for the last 15 years. Mariam had been a primary school teacher until her retirement at the end of 2007.

Mariam had nine counselling sessions with me on a regular basis. She was keen to attend the sessions, despite having difficulties with transportation and finding time to attend the sessions.

At the first session Mariam looked tired and breathless and had difficulty walking. She looked older than her years. Her legs were shaking and she did not know where to start, and she was worried about the consequences of revealing secrets about her own and her family's life. I reassured her about the purpose of her visit and the confidentiality of the counselling sessions and told her that she could withdraw at any time, as we had agreed at our introductory session.

Why Mariam needed counselling

Mariam had suffered from depression since 1983. She had never had counselling prior to being referred by her psychiatrist at HMC to participate in this study. Her main concern was her unhappy relationship with her husband. She had wanted to end her marriage after her husband took a second wife, but had decided to stay for the sake of her children.

Mariam's main concern

Mariam's main concern was her husband's new relationship. Mariam talked about how it affected her own marital relationship. Mariam felt she had no choice but to accept the reality and live with it. She talked about her husband's

treatment of her and expressed how she felt about him. She complained that he did not respect her feelings as a wife or as a person. She talked about his second marriage and her feelings about having to share the house with his second wife. She felt that her husband's new marriage affected her psychologically, physically, emotionally, and socially.

She believed that her husband tried to control her and did not allow her freedom to go about her business as an individual:

What's annoying me is my husband's dominating nature... 'don't go ... don't travel'. He makes problems of small matters. (Session 1)

She complained that her husband was never satisfied with how she carried out her household duties:

I am suffering ... if I take a rest ... he objects ... he blames me for carelessness ... he says 'You leave all the work for the servants ... they are playing in the kitchen, you need to supervise them ... don't you know that they are irresponsible?' Why does he interfere in the kitchen? ... [laughs]. (Session 8)

Mariam's husband slept in a separate room and she missed his company. The separation made her feel lonely and she had difficulty sleeping:

Ah, I don't feel that I want to go to sleep: at first my sleep was different – when I lay down, I slept; now, no, I bring a pillow, I sleep as if I am a child. (Feedback 2)

All she wanted from this relationship was to be loved by her husband, but she felt that he did not feel the same about her:

This is all I ask for, a sweet word, a sweet embrace. I'm a human being, I've reached my fifties and I don't want sex or anything else. I want kindness and sympathy. (Feedback 1)

The unhappy relationship affected Mariam's self-esteem and self confidence. She started to think negatively of herself and her life. She did not take care of herself very well and began to isolate herself. She slept to avoid her duties as a mother and a wife. Mariam wanted to love and take care of herself as she had used to do, but she was incapable of doing this.

Her daughters tried to encourage her to take better care of herself and to go and spend time with her friends and family. However, in Mariam's eyes life was hopeless and worthless. Negative thoughts and feelings consumed her:

It seems that I have ignored myself for long ... 'No ... mother ... You've really forgotten yourself...you're sacrificing yourself...you're giving others more than your capacity ... And harming your health ... Yourself and your health are the price of your carelessness.' (Session 3)

The therapeutic relationship

The therapeutic relationship was satisfactory. Mariam was glad to participate in the counselling. She was willing to share her feelings and thoughts with me:

Yes, thanks Allah ... I am happy with the relation with her ... I praise Aisha. I feel she is my sister ... she calls ... she sets appointments ... by the grace of Allah ... she tried to help me in many ways ... she helped me to express what I feel ... to express what is hidden in my heart ... there was a tremendous change between our first meeting and the last one ... by the grace of Allah. (Feedback 1)

I felt able to understand her both through empathy and because we had much in common, such as our cultural background, traditions and religious values. Mariam allowed me to see the world from her point of view. Her issues are common in the state of Qatar and I understood how she felt about her relationships with her husband and his second wife. I felt that Mariam wanted to move gradually from focusing on relationships with others to getting in touch with her relationship with herself. As I was aware of her cultural background, I did not encourage her to leave her husband but rather helped her to choose and decide on ways of dealing with the situation that would be best for her and her family. I offered her the core conditions from the Islamic perspective.

The depth of the relationship allowed me to be myself and express my feelings about the positive changes in her outlook, as noted in session 5:

Counsellor:

I notice the difference between the first meeting and now ... I notice you're calmer ... you have a smile on your face ... earlier you looked as if

you were overburdened ... But now ... you move swiftly ... your face is bright ... By the grace of Allah. (Session 5)

Overall I believe that Mariam benefited from the counselling sessions, as discussed in more detail in the results chapter.

Brief summary of main study case 2

Heasa was a 25-year-old unmarried, Muslim Qatari female student. She had nine counselling sessions with me, although not on a regular basis because of her absences. Heasa is gay and had had relationships with various girls. She covered her face with her *nekhbab* (veil).²² I could hardly hear her voice; it was heavy, sad and distant. I could only see unhappy eyes full of sadness and pain.

Heasa:

... I used not to wear the veil when I was young ... I started wearing it very late ... people used to tell me to wear it ... I used to tell them I will wear it when I'm ready to do so ... later I wore it ... but I used to show my hair ... I stayed this way for such a long time. (Session 6)

Why Heasa needed counselling

Heasa needed to talk about things she had kept hidden for years. She wanted to face herself and her fears in front of someone who did not know her or her family. She did not want to be judged by anyone about how she looked or what she said. Moreover, she wanted to be helped directly to solve her problems. She believed she had caused all her troubles in her life herself.

Self relationship

Heasa did not know where her self was. She did not respect herself. She wished she was dead. Heasa had very low self-esteem; she thought negatively of herself. She was not satisfied with anything, but found some consolation in shopping:

²² See glossary

You know ... when I go shopping ... I find myself ... I am fond of shopping ... I didn't have such a hobby before ... (Session 1)

She felt confused between good and bad. She was not happy with herself:

I 'm annoyed with myself ... Because I 'm unable to continue in any program ... I mean to stick with being good or being bad ... I feel that I have conflict in my mind between good and evil ... I even have conflict in my personality ... sometimes I feel that I am male ... (Session 7)

Life was worthless in her eyes, and she felt negative about her own life:

... I think about committing suicide. (Session 7)

Sexual abuse by her uncle and lesbianism

Heasa was sexually abused by her uncle between the ages of 9 to 24. He was supposed to be her protector and to love her as a niece. She could not tell anybody about it because she thought that no-one would believe her. Heasa's life became unsecure and uncertain. She lost trust in everybody, even in herself:

I feel exploited ... it is clear in my mind that ... it is not easy to forget it ... although I try to ignore it ... there are many people who exploit others ... I need protection ... I need someone to be with me. (Session 5)

She acted as a boy and had sexual relationships with her girl friends:

I dress like a boy ... I rarely dress like a girl ... I mean I like to feel like a boy ... I don't have problem with it ... but I I can't stick at any particular way.

I wear clothes like girls ... put on makeup ... sometimes I stay for months without makeup. (Session 6)

The term *lesbianism* is not accepted in Islamic religion and culture because it is forbidden. However, as a PCA Muslim counsellor I was able to encourage the client to say more about her personal issues without controlling or advising her, as the Prophet (PBUH) used to listen and talk indirectly whenever he was faced with sensitive social issues.

Therapeutic relationship

Heasa:

But I feel that I am okay with you ... I am relaxed talking to you. (Session 9)

Heasa understood my method of counselling, which required her to work from within. She was happy to be open and talk freely with me, but she was looking for more direction or solutions to her problems and so the counselling was not very effective:

[Dr Aisha's] way is between you and yourself, it means that if you want to do the thing, do it; if not don't she doesn't tell you, but sometimes, a person can be tired and doesn't think: she must show him the way. (Feedback 2)

Even though I had not expected to meet issues such as Heasa's I felt able to be there for her. My relationship with her helped me to encourage her to get in touch with herself.

Counsellor:

By the will of Allah (SWT) ... I want to help you ... and I want Heasa to be the nearest one to Heasa ... that's why we are looking for Heasa. (Session 8)

I felt willing to accept her as a person without questioning or judging her. I believed that her openness and willingness to share her problems with me helped me to accept her.

Counsellor:

I accept anything from Heasa ... and it is not my role to tell you what is *halal* [acceptable] ... and what is *haram* [forbidden]... surely we know the *halal*... and the *haram* ... we know that from our parents ... so we can talk ... I mean ... we learn from each other. (Session 9)

I believe that she trusted and accepted the relationship even though she expected to be guided directly.

Brief summary of main study case 3

Farhan is a 42-year-old Qatari male. He was the only child of elderly parents: his father had married at the age of 45. Farhan had not finished his education. His first wife had died, leaving him with three children, and then he had married his cousin. He was self-employed.

Why Farhan needed counselling

Farhan wanted to share his feelings and thoughts about his relationships with himself and others. He was upset and sad because he believed that he had neglected himself and his needs as an individual. Farhan had eleven sessions with me. He believed that Allah (SWT) was always there for him. He talked very spontaneously about his dreams.

Farhan's main concern

Farhan did everything he could for his family and others without wanting anything in return. People's attitudes affected him emotionally, psychologically and socially. He believed that he did what he could for others for the sake of Allah (SWT):

The Prophet told us to do what we can ... we should live our lives correctly ... we should not harm others ... and not let others harm us ... and Allah (SWT) will reward everyone according to his intention. (Session 1)

Moreover he felt that he was totally honest and open, which allowed others to take advantage of him. They abused their relationship with him:

I know what is wrong ... and what is exploitation ... I know my steps... I should not share my secrets with people ... so they don't control me ... I've changed my mind ... I should not share my secrets with others ... I should moderate myself in this regard. (Session 2)

No one was there when he needed them, yet they always expected him to be there for them:

I used to take care of others ... but they did not do anything for me ... they didn't take care... They call me when they need me ... [sighs]. (Session 2)

Self relationship

As a result of neglecting himself and putting others first Farhan was upset and unhappy and withdrew from everyone and everything around him:

So this is my problem ... I forgot myself ... and now I am getting the result ... I hate everything ... I did not go to my office for a month. (Session 1)

He wanted to look after and get in touch with himself. In addition he wanted to guide himself towards positive things instead of focusing on others' needs:

I have to have mercy on myself ... Allah (SWT) gave us the choice to do right or wrong ... I've come to the conclusion that I've deprived myself of my rights I have given others what I should keep for myself ... Allah (SWT) ... He did not ask us to deny ourselves. You have contributed to opening into this door for me ... I thank Allah (SWT) for His guidance ... He guided me to you ... I was reluctant to come to you ... I came twice and went back ... I am glad to express myself ... I feel like a human being ... I'm not saying that to please you. (Session 2)

Farhan wanted to be helped to take care of himself. He felt it his own responsibility to protect himself rather than getting others' support:

... I was in need of a hand An honest and helping hand ... a trustworthy helper ... even in myself ... in my house ... I have to find someone who gives me peace and security ... the feeling of security would let me understand myself better ... I came to know that I am the cause of my sickness ... no one has imposed that on me ... I want to know why I did it ... I have to take care of myself ... I have to avail myself of my rights ... and live a normal life ... I told myself, 'I don't want to do illegal things ... Allah (SWT) gave me the ability and the power ... so I have to speak the truth and be confident'. (Session 2)

Therapeutic relationship

The therapeutic relationship went very smoothly. I felt that Farhan was totally himself and able to share his feelings and thoughts with me. I felt I was there to understand him better as a person.

Farhan:

Yes, and I feel if I talk, she understands me exactly, and I don't feel that she is coming to carry out research or anything else. (Session 11)

Our therapeutic relationship allowed Farhan to accept me as a person who was there to help and support him. My role in the sessions was to help him to talk freely with me about his concerns.

Farhan:

Dr. Aisha – may Allah (SWT) give her long life – maybe I accepted her better than other any doctor. The role of Dr. Aisha was a big role for me; there was a big role for Dr. Aisha. What I was in need of was to talk over my problem which I have concealed for 25 years. (Feedback1)

Overall, I believe that the therapeutic relationship worked due to the positive changes that Farhan underwent during the sessions.

The seven stages of process

Farhan was able to express his inner feelings and thoughts from the first session onwards. He was totally himself, which allowed him to feel free to cry and express his emotions. He talked about how others had abused him emotionally and financially and how he wanted to focus on his own needs and find the self. At the beginning of his counselling, Farhan was probably at the fourth stage, aware of how he was feeling and able to describe his emotions. He became more willing to take risks when forming relationships with others.

Farhan was able to experience and accept his feelings. Acknowledging his feelings allowed him to become more willing to learn about himself and to become the 'real' Farhan.

His bodily and facial expressions, as shown in the video, were relaxed, which suggests to me that by the end of the counselling Farhan had moved to the sixth stage, in which he was not tense and felt relaxed expressing his feelings. He became able to accept responsibility for his responses and reactions. He became clearer about his own values and beliefs. He was curious about himself and his world, and did not seek to blame himself or others but to understand, love and accept.

Farhan moved to a stage where he fundamentally trusted in himself and his ability to process change, and where he did not deal with new experiences according to past patterns but was able to meet them with openness and willingness to learn from the present. Farhan had found himself and become a new person.

Brief summary of main study case 4

Hadi was a married Muslim Syrian male in his 30s and the father of two children. He had a five-year-old daughter from his first marriage and a one-year-old son from his second. Hadi worked as a driver for a pharmacy and as a taxi driver to support his family. He lived with his second wife and their son. Hadi was brought up in the State of Qatar. His parents had returned to Syria after his father retired, leaving Hadi in Qatar with his family.

Hadi was unsure of how to start his first session with me, but then opened up and talked about his ex-wife and how much he missed his daughter. My initial impression was that he wanted me to tell him what to do.

Why Hadi needed counselling

Hadi had never had counselling before. He had been referred by his psychiatrist at HMC to participate in this study. He wanted to solve his problems with his ex-wife and her family. He had missed his father's support and help since his father had relocated to Syria on his retirement. Hadi wanted someone to take his father's place so that he could share his feelings and thoughts with them.

Hadi's main concerns

Although he talked initially about his previous marriage, Hadi's main concerns were firstly that he missed his father's support and help and secondly, that although he was always pleased to help others, such as his ex-wife's family, they never appreciated his help.

Relationship with father

Hadi had a very strong relationship with his father, who was always there for him with advice and support. If Hadi had problems he would only ever involve his father. As counsellor I felt the abundance of Hadi's love for his father, and it was obvious that his father had played an important role in Hadi's life.

Hadi:

I try not to involve my family and try to solve [my problems] myself. If I would involve anyone I would involve my father; we are very close.
(Session 1)

Hadi talked about his childhood and his relationship with his father. As a child he had been totally dependent on his father, who did everything for him without giving him the opportunity to become an independent, mature person. Being totally dependent on his father had affected his ability to face difficulties without his father's support. Hadi recognized this when he started to become more independent:

My father did not allow me to take any responsibility when I was younger. He was the one who solved all the problems, even my clothes – he used to buy them. I was dependent on him. If I had a problem he did not give me a chance to think how to solve it. He thought I might be unable to solve the problem. This affected me negatively later in my adulthood. The disaster started when I needed to become more independent. (Session 2)

Hadi had no choice but to depend on himself and to take care of his family after he lost his father's support:

I used to talk to my father until I started to be independent; then I tried to solve my problems on my own. (Session 2)

Relationship with others

Hadi believed that he needed to be happy from within to have healthy relationships with others. I could see from his character that he was a very sensitive person whose main aim was to please others before himself. This upset him when things went wrong or did not go to plan in his relationships.

Hadi:

With myself I do not know ... I do blame myself a lot, and I'm keen to satisfy others. (Session 2)

Hadi had difficulty building friendships:

Of course it isn't easy for me ... in this country people think individually, from my experience with people, but I don't know, I may be right or wrong. (Session 2)

The therapeutic relationship

The most interesting part of this case was the therapeutic relationship between Hadi and me. It is important to highlight how he saw me as a counsellor: we only had three sessions because he believed that he did not need more counselling support, but Hadi was able to share his feelings and thoughts with me although the sessions did not go as he had expected and he did not feel that he benefited from them. He believed that he had helped himself to feel better and that I had not supported him as a counsellor. He felt that I was not engaging with his issues as he had expected:

I feel she talks indirectly, she could give you hints but I have to talk continually and she moves to different subjects ... Once I kept talking I didn't know what to say, you don't feel there's a conversation, you may talk for ten hours. (Feedback1)

He expected me to be more active by asking him questions and guiding him towards his aims:

I think there should be communication between me and the person who is in front of me. (Feedback 1)

He believed that neither the counselling sessions nor the counsellor was helpful:

I do not think it will be effective because it depends on the cases. I do not know whether if someone has severe depression and comes to Aisha he would come to her again, because he will be getting no benefit. Go for one, two or three sessions just to talk; I don't think the approach is successful with all cases. (Feedback 1)

Because I was not directive Hadi believed that any good listener could have taken my place. Therefore he believed that he had helped himself to solve his problems:

I worked hard on myself. I observed within myself that somebody had helped me to make things clear in my life, so I tried to work on myself, then I found myself at last. (Feedback 2)

Hadi was looking for someone to direct him towards his goals rather than have someone listen to what he had to say without taking any action to help him directly. As a Muslim counsellor from a cultural background similar to his, I believe that Hadi expected to be guided directly. Because of his background he was used to being advised directly by his father or other people as part of the framework of our/his culture

Hadi:

Most of her time was silent: she listens, you know. In the three sessions I was the one who was talking, I did not get advice on what to do. She was listening; I prefer discussions, questions and answers, what to do and not do. (Feedback 2)

I tried to be totally myself as a Muslim person centred counsellor. I was aware that my role had limitations. I felt that Hadi was dissatisfied with the three sessions, but I felt that I was there with him and trying to see the world from his point of view.

Counsellor:

I notice that ... Hadi gives more time to others than he does to himself... (Session 3)

I was also honest in expressing my feelings about changes in him which I felt he was unaware of.

Counsellor:

What I understand is that you found yourself and there is confidence, even in your way of sitting, but compared to the previous session I notice some sort of worries; correct me if I'm wrong. (Session 2)

To sum up, the counselling did not work as Hadi had expected. However, he made some positive changes during the three sessions.

Brief summary of main study case 5

Fatma was a 42-year-old Egyptian married woman with five daughters and a son. She came from a very strict religious background. Her father was a religious imam, and her mother a housewife. Fatma had had a happy childhood with her parents, four sisters and brother until the death of her father while she was at secondary school. This event changed her life dramatically and brought her many problems, especially when her widowed mother started to depend on her to take on the family responsibilities.

Fatma was the eldest child. She was brought up in an Islamic environment surrounded by her father's teachings. Her father had been the closest person to her heart and she had loved him dearly. Fatma had had a wonderful childhood and constantly talked about this happiness during her counselling sessions. After her father's death her life had changed greatly. She went from a child to someone who had to take care of everything around her. She lost her trust in people. Fatma enjoyed reminiscing about her past and childhood memories, and especially thinking about people whom she loved.

After her marriage, Fatma had travelled to live in one of the Arabic Gulf countries to be with her husband, who worked there. It was not easy to leave her mother and her four married sisters and disabled brother, but she had had to go to create a better future for her own family.

As a Muslim woman Fatma wore traditional Islamic clothes and covered her face. She appeared young, strong and confident. I offered her fourteen counselling sessions plus two feedback interviews. Fatma had the longest counselling course of all the case study clients.

Why Fatma needed counselling

Fatma was referred by her GP to HMC. She was suffering from depression and had been on medication since 2004. Fatma had never had counselling support prior to meeting me. The first session with me took place in 2007. The psychiatrist introduced her to me and gave her brief information about the purposes of my research. She told the psychiatrist that she liked me and was happy to participate in the research. We went to my room for an introductory session, at which I explained the kind of counselling I would be offering. She was happy to work with me, even though her house was not close to HMC.

Fatma's main concerns

Fatma had had a wonderful and happy childhood with her parents and siblings. Everything had gone smoothly and she had enjoyed her life. She felt safe and secure with her loved ones around her. She was glad to share this memory with me:

I still remember myself as a child that saw the world as a nice place. I used to be happy in a stable family. I have five sisters and one brother that this accident happened to. Everything was beautiful in my eyes and nothing was depressing. As soon as I entered secondary school I got engaged to my cousin. He was the only man I could see and I felt that I wanted to be married to him. He was abroad working and earning money to establish his independent life. I felt happy and safe at first. (Session 1)

Fatma did not know how or where to begin, as everything she had dreamed of had changed. Eventually she started to talk about her brother, with whom she had a very strong relationship and who meant everything to her, especially since the death of her father. When their father died her brother was only six years old, and Fatma had been responsible for caring for him ever since. After his graduation Fatma's brother had travelled abroad to live with her and find a job. Fatma had hoped that he could eventually take her father's place and take care of the whole family, but her dreams were destroyed when a car accident in 2003 disabled him. She started her first session talking about him and how badly this had affected her:

I don't know where to start ... At the beginning or at the end ... because the end that I'm living now is more tragic. The thing that brought the issue to a head was the accident that happened to my brother and my husband. My husband was the driver when it happened, and his injuries were not serious, but my brother's injury was a serious one to his head. He had to stay for some time in the hospital, He was a pharmacist and I had great hopes for him, but I was shocked by this accident. (Session 1)

Relationship with father

Fatma loved her father and the childhood she had had with him. She liked to be called by the names her father had given her:

My father used to call me *battoot* [ducks] ... and I like this name ... I'm attached to it ... many lovely memories are associated with this name ... but after his death ... nobody called me that . When I forgot this name ... I forgot many good things associated with it. (Session 12)

Relationship with mother

After the death of Fatma's father her mother felt unable to take on the family responsibilities because she had been totally dependent on her husband. Fatma's mother left all such responsibility to her, and she became the person on whom everyone depended:

The biggest problem was my mother, who my father had respected and loved. After him, she felt that she wasn't able to carry on alone with five daughters and a son. Unknowingly ... I carried many responsibilities which made me feel much older than I actually was. (Session 1)

Relationship with cousin

Fatma hoped that her fiancé would take care of her and her family after the death of her father. Unfortunately things did not go as she had hoped:

The three years of secondary school passed very fast. I was an ambitious person and wanted to become a medical doctor, as I was a hardworking student in the science section ... At that time my cousin returned from his journey, but he had changed into another person. (Session 1)

Relationship with husband

One of the most important relationships Fatma talked about was her marriage and how she married her husband, who was chosen by her mother.

He [husband] was our neighbor and my mother recommended him. I didn't feel bad about him, although it was a traditional marriage

When she moved to live with her husband's family Fatma was not happy:

I got married to him physically, but my thoughts were with my mother and sisters. (Session 1)

Relationship with her children

Fatma felt unable to provide time and show love and affection to her children because she had no desire to do so:

I want to live a normal life, to be with my children. I feel I'm not being fair to them ... I'm unable to do anything for them ... I've totally left them ... The only thing I do for them is cooking ... as a mother has to do ... They come to me seeking my love, but I don't have this feeling for them ... I've lost my feelings about everything ... I feel that there's a stone inside me ... I don't know how to get out of this and what to do with all these bad memories. (Session 1)

Self relationship

Fatma was not aware of her self or her needs as an individual because she was busy helping and supporting others. She even blamed her husband for not helping her to find herself:

I've discovered that I forget myself [silence].

...I blamed my husband for not helping me to find myself 'Why didn't you help me to find myself?' (Session2)

The therapeutic relationship

Fatma appeared satisfied with our therapeutic relationship because, as she says here:

I'll tell you one thing frankly: for a long time I've been looking for someone with morality. A person to whom I can tell my experience ... and I've found it. (Session 6)

I felt glad to work with her and believed that she could be greatly helped by counselling. I was positive that she could achieve a good outcome.

This is only a brief introduction to Fatma, who was the most interesting case I worked with. I explore her case more fully in the next chapter, where her changes and self development during the counselling sessions are analyzed in detail.

In conclusion

This chapter has presented the nine cases that I worked with in the pilot and main fieldwork studies, and their varying responses to the counselling. It has also showed how, as a Muslim counsellor, I dealt with culturally sensitive issues such as not advising or encouraging my female clients to leave their husbands, which might be surprising to a UK counsellor. The counselling process had to be adapted to work in the Qatari context: this is the focus of the next chapter.

CHAPTER 7: Findings from the Study and Analysis of Some Aspects of the Counselling Sessions

Introduction

In this chapter I present the findings of the study. I have divided the chapter into three sections: the first presents the outcome of the pilot study; the second, the outcome of the main fieldwork study cases, and the third presents findings from the Beck Depression Inventory (BDI).

Section One: Brief analysis of the pilot study

In this section I briefly present the findings of the pilot study at HMC.

Depressed client self-rating score and client comments on the counselling

The clients were asked to rate their progress from 1 (worst) to 10 (best) at the end of the eighth session. Of the males, Yousef gave himself 8 and Amer 4. Mona and Kaltham (females) did not rate themselves, because Kaltham did not believe that she was depressed, and Mona made the comment below instead, which I find more meaningful than a number, describing her view of counselling:

Mona:

In my opinion, having someone who is willing to listen to you like the counsellor, even though you're surrounded by your family and friends, is much more important than just taking medication.

Mona was clearly happy to attend the counselling sessions. She was very open about sharing her personal problems with me. Although she needed more sessions, she was aware of the purpose of the study. She knew should continue her sessions with HMC psychologists whenever she needed to do so.

Kaltham stated that nothing had changed after her eight counselling sessions. The experience of counselling was more positive for Yousef and Amer.

I present the four main themes that emerged from the pilot study below.

Main themes emerging from the pilot study

The first of the main themes was the clients' relationship with Allah (SWT); the second, their relationship with family; the third, changes in behaviour; and finally, changes in self-understanding. I also explain below how I worked with some of this material.

Relationship with Allah

As Muslim clients, the four cases were very aware of maintaining a healthy relationship with Allah (SWT). For example, Kaltham, a religious woman with a very strong relationship with Allah (SWT), believed that whatever she suffered was a test from Allah (SWT) to strengthen her faith and test her patience when faced with problems. She described the presence of Allah (SWT):

Kaltham:

You may find someone who will listen to you, but Allah (SWT) is different. What is between you and Allah (SWT) is much greater. He is the only one who helps you. All you need to do is just ask Him, and without doubt He will give. Your sadness, tiredness and depression will all go. (Session 1)

Because acceptance is important in Muslims' lives they accept whatever Allah (SWT) gives them and feel satisfied. Yousef demonstrated this and showed his acceptance of the fact that nothing happens unless Allah (SWT) wants it to:

Yousef:

Thanks to Allah, He loves me ... If I had not come here I would not have met you. When my doctor told me about you, he said: 'There is a Qatari female researcher doing research on depression' and so on. It happened suddenly and I'm here today because Allah (SWT) wanted; no one can deny that. (Session 8)

Yousef was glad to have met me and appreciated how I had helped him. Islam encourages Muslims to do what they can and leave the rest in Allah's hands. This makes them feel relieved and satisfied with whatever Allah (SWT) gives them. As a Muslim counsellor I was aware of the importance of sharing religious values with my clients. As an example of encouraging them to change from within, I quoted from the Holy Quran:

For each (such person) there are (angels) in succession. Before and behind him: they guard him by command of Allah. Verily never will Allah change the condition of a people until they change it themselves (with their own souls). (13:11) Al Islam www.Al-Islam.com

The above verse is similar to PCA: both encourage people to be active and responsible for their own actions. This helped me to encourage my clients to work from within to help themselves.

To give another example, when speaking with a client about the importance of taking care of the self, I would add: 'Allah (SWT) asks us to take care of ourselves'. Usually Muslims value what counsellors say if it involves some of verses of the Holy Quran or the Prophet Mohammad's (PBUH) teachings. Therefore, as demonstrated here, I tried to involve myself with my clients by using 'we' instead of 'you', which means 'I am sharing responsibility: as Muslims believing in Allah (SWT) we both need to take care of ourselves'. I also shared some religious values with Amer, who constantly compared himself to others and had very low self-esteem, such as 'our belief in Allah (SWT) without doubt helps us to accept whatever Allah (SWT) gives us'. At the end of the eighth session Amer did not compare himself to me or to others and stated; 'I hope Allah (SWT) helps me to ease my worries; leave it to Allah (SWT)'.

Mona believed that Allah (SWT) tests her to see whether she can cope with life's difficulties:

Allah tests me a lot. I put my pains in Allah's hands. He is the only one who can help. He listens always to me.

She had done what she could to keep her marriage and now she prayed to Allah (SWT) to take care of the rest of her concerns. I would call this a relieving

method. There is no doubt that it helps clients to feel better and stop blaming themselves.

Family relationships

As Muslims, all four cases were very aware of the importance of family relationships and all wanted to improve and maintain these relationships to please Allah (SWT). For example, Kaltham was very keen on keeping her relationships with her husband, children, brothers and sisters strong. Even though her husband was not very religious she had always hoped that he would change for the better by starting to pray at the mosque, go to religious sessions and taking responsibility as a Muslim husband and father. She believed that she had done her best to make him happy with her; 'I stay home looking after him and the family' (Session 1). Even though what she had done had not changed her husband's attitude, she believed that maybe Allah (SWT) had sent him to her to make her faith stronger. This indicates that some clients with a very strong belief in Allah (SWT) accept what they have in order to please Allah (SWT), as well as praying to him. I believe the client needed to be helped to be made more aware of her relationships with others as well as her relationship with Allah (SWT):

Kalthem:

I always accept whatever Allah (SWT) gives me, we pray to him and he listens... In the past when my husband did not want me to go to the mosque I agreed because I wanted to obey him to please Allah (SWT).
(Session 1)

The above statement indicates how her religion interfered with her ability to look at what was going on for her at a psychological level.

Mona was divorced and had two daughters who lived with their father. After her divorce she lived with her parents and had a very strong relationship with her father. She prayed to Allah (SWT) to keep him healthy and happy. The idea of losing her father frightened her: 'I feel scared if I do not see my father in front of my eyes'. It commonly happens that when daughters get divorced they go to

live with their parents or their children. In Mona's case her husband took her daughters and went back to his country, as he is not a Qatari.

Changes in behaviour

Although there is not enough space here to give all the details of the clients' therapeutic changes I present some of the observable changes in the clients below.

There were huge changes in Yousef's behaviour from the first time I met him. For example, he used to stay at home watching television or reading:

Frankly, Aisha, I am the kind of person who does not like going out that much. I do go, but not always. I go to Al-Majlis [where men meet and chat] but not every day. If I don't go today I go the next day. I spend most of my time reading. (Session 1)

After the counselling sessions, however, Yousef was more aware of the importance of variety and started to enjoy activities like going to the cinema, meeting friends, listening to music, and even eating out, which he had not done in the past. For example, he stated in his last session: 'I like staying at a hotel just to change my environment' (Feedback 1). At his first session Yousef stated that he did not share his feelings or thoughts with others: 'I keep things inside'. At the first feedback session he was more relaxed, confident and willing to share things with me and others. For example he told me about the changes he was going through and how his son had noticed these, saying to his mother, Yousef's wife, 'My father talks a lot, not like before'. This indicates that Yousef had become more willing to share his feelings and thoughts with others.

Changes in self-understanding

Each client had different feelings about self understanding. For example, Yousef found the sessions very useful in terms of discovering himself: 'Of course I've gained a lot; I've discovered myself, things I was not aware of before' (Feedback 1). Our counselling relationship began when Yousef told me: 'Believe me, talking to you helps me to get a bit of relief'.

At Amer's first session he was not totally aware of what he wanted from counselling. He was hopeless, sad and depressed. He had no desire to change his clothes, take a bath or eat. He rarely smiled. Some changes occurred during the course of the counselling sessions. He bathed and changed his clothes. At his last session he talked about what he wanted to achieve. For example, he stated: 'I need to feel confident when I talk' (Session 8). Even though he had a good memory and talked clearly, he was not confident. Amer became more aware of the importance of his relationship with himself. He understood his need to build a relationship with himself but wanted to sense or feel that it existed within him: 'Yes, but there is something more important, being aware of myself. If I know it I will be a human being' (Session 8). For him, discovering himself would make him a human being. Amer wanted to start from within, knowing himself and then others. This indicates the changes in cognition and self-awareness that he underwent in his counselling sessions. The most important elements for Amer were knowing himself and having a good relationship with himself. I was empathic when at his last session he was very upset and depressed due to problems at work. I wanted to help him feel that he was not the only one who had such problems – his colleagues were facing the same situation: 'So you are relieved now, it is not only you – many may have the same misunderstanding' (Session 8). When Amer talked about the last session and his worries about his work he said 'Yeah, but when you saw me at the last session I was really worried, I was not totally with you' (Session 8). As a counsellor using the core conditions I felt I was real and congruent with him when I told him what I really felt by saying 'No, you weren't'. I felt that I should be honest with myself and with him.

Mona was willing to share her personal problems with me. She needed to be heard without judgment, and I tried to do this by listening and trying to understand what she was saying. Mona was very confused and conflicted, unsure of what she really wanted from herself. She was focusing on her relationships with others but was unaware of her relationship with herself.

Although Kaltham was willing to come and share her personal problems with me she denied her depression and that the sessions were useful. She enjoyed talking about the importance of religious support in one's life and related that to her personal problems. Kaltham was not totally engaged with the counselling to help herself to improve her relationship with her husband; rather she wanted to feel free just to talk, without helping herself to work from within to solve her problems.

I noticed significant changes in some of the clients; for example in our first sessions Yousef avoided making eye contact with me, whereas later he did make eye contact. Muslim men are not allowed to make eye contact with women, but I believe that Yousef was aware that our therapeutic relationship, which was based on understanding and respect allowed this, and he began to understand our roles of client and counsellor. I did not mind not having eye contact with him because I understood and accepted his cultural and religious background.

Mona told me at our first session that she was a busy woman and needed to be reminded about her sessions otherwise she would forget to attend. I called to remind her about the second session and after that she came without a reminder. Mona stopped seeing other psychologists at HMC after we finished the eight counselling sessions.

Feedback from the pilot study

Having given a brief summary of the analysis of the four clients, I feel it is important to mention what I learnt from Yousef, who was the most interesting case I worked with in the pilot study because:

- he was aware of the importance of the self relationship;
- he wanted to work from within to help himself;
- he was a motivated client keen to take self-responsibility.

I was able to meet Yousef for the first feedback session on 5 September 2006, immediately after his eight sessions ended. He had a second feedback session

with an HMC psychologist in 2007, a year after the first. Having feedback after a year allowed me to notice the changes and improvement in Yousef since his counselling sessions with me.

I consider this last feedback a follow-up session to examine the effectiveness of the modification of the PCA over the longer term. The results were as follows:

1. Yousef had a better understanding of his needs as an individual:

Of course after so many sessions, the main point that I was complaining about was the pressures of work and that led to my forgetting my self. (Feedback 2)

2. In his seventh session Yousef rated his improvement as follows:

Yes, I think I did 60% good ... and I'm still trying and improving. (Session 7)

After a year Yousef felt more satisfied with himself:

Yes, content with myself, and maybe perfection is for Allah, but I can give myself 100%. Thank Allah. (Feedback 2)

The use of non-directive counselling

My sensitivity to the client's readiness is part of my person-centred counselling and this could only be achieved through listening to them empathically and acceptantly. I know I that the client knows best in terms of their process and, for this reason, it was my aim to work as non-directively as possible with each of them, but, at the same time, I was aware of sometimes offering guidance to help the client to build a healthy relationship with their self.

Because both the client and I come from a similar religious and cultural background I am aware of the importance of reminding myself and my client of some of the Prophet Mohammad's (PBUH) teachings and also sometimes of verses from the Holy Quran. However, I would only do this when the client is ready.

Summary

This section has presented the main four themes that depressed clients talked about during the pilot study and has given some indications of how I worked with them. The four clients were willing to share their issues with me. They also were able to rate how they felt during the counselling sessions. The pilot study highlighted the effect of the counselling on the clients' behaviour and self understanding, which is one of the PCA's main principles.

Section Two: Analysis of the main fieldwork cases

Introduction

This section is divided into two parts. The first presents the positive outcomes of two of the main fieldwork cases, namely Mariam and Farhan. I analyze Farhan's case in Chapter 8. The second part presents the less positive outcomes of the two other cases, Heasa and Hadi. Fatma is also discussed in Chapter 8. Classification of the quality of the outcomes is based on the Beck Depression Inventory and feedback forms used. In each case I present the main themes, give a general summary and analysis, make general comments and analysis throughout based on the seven stages of the PCA process (see Chapter 4).

The seven stages provide a useful guide to how aware clients are of their feelings and thoughts and are an indicator of whether or not they are working from within and willing to move on in their life. I end this part with a statement by Rogers (1961):

Individuals move, I began to see, not from fixity or homeostasis through change to a new fixity, though such a process is indeed possible. But much the more significant continuum is from fixity to changingness, from rigid structure to flow, from stasis to process. (p131)

And from Watson et al (2002):

[The stages of process are] an indicator of when clients have resolved problems or shifted their understanding so that they are looking at their experiences in new ways. Although shifts can be indicators of dramatic change, sometimes they are also indicators of different ways of conceptualizing a problem, for example, when clients shift from viewing themselves as victims of their moods to seeing that it is their self-critical behavior that may be contributing to their feelings of depression and become committed to changing their way of treating themselves. (p17)

Part 1: Cases with positive outcomes

This part presents the two cases who achieved good outcomes from the counselling and shows how easily these clients engaged in counselling. Both

formed a positive alliance with their counsellor from beginning to end of the treatment.

Case 1: Mariam

Mariam described a lonely, sad marital relationship. As a wife she felt mistreated, ignored and neglected. She spoke of her husband's way of treating her and the emotions she expressed at home when her husband married his second wife. She told me that her husband was not willing to listen to or support her. She described him as a demanding and critical man. Mariam revealed that she felt unloved, unsupported, and neglected. She was very self-critical and blamed herself for things that went wrong. She felt ashamed, and tended to silence her feelings and needs in her interactions with others, particularly her husband. In terms of her emotional processing, Mariam showed characteristics of being both upset and stressed. She was unreflective about her needs as an individual. Mariam's non-verbal behaviour such as was consistent with her emotional processing; her shaky legs and moving hands were ways of expressing her sadness.

Main themes

- Relationship with husband
- Self relationship
- Relationship with Allah (SWT)
- Housework
- Therapeutic relationship

Relationship with husband

Mariam:

He takes what he wants ... but he doesn't give what he has to give. If I say 'Let's go somewhere' he will say 'No' ... if I discuss that with him, he gets irritated ... he may take me out ... but he remains upset inside himself.
(Session 2)

The client was able to share her feelings and thoughts with me in the second stage, where a slight loosening of rigidity is allowed and there is greater willingness to accept that things are not right in the client's life. Later Mariam showed a greater willingness to look at her own past in the relationship:

Thanks to Allah (SWT) ... but I want Abu Naseer [husband] to change himself too ... I mean should I continue with him or leave him? I am puzzled ... sometimes I think it would be bad to leave him after so many years together ... my kids will suffer ... where should I go? ... but I am irritated ... I say it's better to get rid of him ... in the second option I feel I am under pressure ... now I feel that I can deal with the matter more effectively ... so I clean ... I put things in their place ... remove the dust ... earlier I used to keep looking at them being dirty Just watch. (Session 5)

Through the counselling Mariam learned to accept her husband as a whole and to think more positively about building a healthy relationship with him. There are positive changes in the above statement compared to the previous statement from Session 2.

Mariam:

I accepted him with his negativities ... earlier I wanted to get away from him ... but now ... I am used to him. (Session 6)

The above statement indicates that Mariam had become more aware of her ability to deal with her husband. In this session she was accepting her relationship with him as it was.

As a counsellor I felt it was important to focus on the positive changes that appeared in her personality, which indicated that Mariam was moving towards a better life and relationships with others, as I mentioned during Session 6:

Counsellor:

But ... now I think that you have confidence ... self reliance ... You think that you have the right to choose ... and decide and execute ... And he has to accept that from your side ... and it is clear that Abu Naseer is accepting that from you.

Mariam:

Yes ... even I noticed that he doesn't get irritated easily ... earlier he used to get annoyed: 'You did this ... you did that ... you interfere'.

Counsellor:

Now you can understand each other in a better way?

Mariam:

Yes ... we understand each other in a better way ...

Counsellor:

I think that there is a new language between you and better mutual understanding.

Mariam:

Yes ... yes ... you mean that I have changed ... I feel that I have changed.

The changes within affected how she thought and dealt with others. She was able to see the positive changes in herself and use them to deal with others rather than engage her energy in trying to persuade others to change themselves. Her statements, above, were important in that they indicated changes she had made to herself.

Mariam started to work from within. She was able to get in touch with herself and observe her inner changes. The client moved from being engaged with others to being more engaged with her own feelings and thoughts.

In the session outlined below I gently asked her to say more about the changes she had experienced. Her answer shows the improvement within her self and her willingness to see herself before and after the sessions. I believe the sessions helped her to renew her relationship with her husband and allowed her to have a better understanding of how she could enjoy herself with him by being happier and satisfied from within.

Counsellor:

Can I know how this change happened?

Mariam:

Maybe because my mentality has changed ... I can tolerate Abu Naseer more than before ... Earlier I used to get irritated by small things ... and get ready to leave my home and my husband ... but now ... I don't get irritated (Session 7)

Mariam's following statement reinforces the improvement in her relationship with her husband and her willingness to spend more time with him. I felt she was happy to describe the positive changes in both of them:

For example that day he raised his voice because the maid did not turn on the light ... he felt embarrassed and even I did too ... I took the coffee to him ... and we felt that we were near to each other ... each realized his mistake ... so ... now whenever he asks for food ... I go and prepare the food and take it to him and sit with him ... yesterday I put the dinner out for him ... when I went upstairs I found him sitting with Bakheeta [his second wife] ... I sat with him ... just I liked to sit with him. (Session 7)

She became more willing to do her duties as a mother and wife. She blamed herself for letting her children look at their father as she did and stopped encouraging them to see him negatively, feeling upset if they did.

Moreover, the positive changes towards her husband improved the quality of the children's relationship with him. They became more willing to spend time with their father and loved to help and be there for him, as Mariam did.

Mariam:

After our sessions ... frankly speaking ... earlier it was hard for me that he did not let me go for an outing ... but now it is normal ... I am better ... I accept that from him ... when he gets angry over the kids ... they say, 'Ooooh'; I say, 'he is your father'. Earlier I used to get happy when I saw my daughters criticizing him ... but now I don't like that ... I say, 'He is you father ... he is what he is' ... this is my nature ... I accept him the way he is. (Session 7)

She was also happy to feel the positive changes in his response to her. Mariam described the changes in the way her husband communicated with her.

Mariam:

Yes ... I noticed that when he feels that I am upset ... he does not seek forgiveness ... but he shows his good intentions by lowering his voice ... getting normal ... earlier he used to show that he himself was upset ... and wanted me to seek forgiveness And seek his pleasure ... in fact, I and he, both should show our good intentions. (Session 7)

At her eighth session Mariam was open to sharing her deeper feelings about her husband. She compared her inner feelings before and after the sessions. She believed the improvements to her marital relationship were due to her being able to change herself from within. In other words she had been able to change her method of dealing with him instead of asking him to change as she used to do:

I am saying that I am taking care of him ... even more than before ... I go to him ... sit with him ... I accept him more than before ... not as I was earlier ... crying and quarrelling ... that's why I used not to go to him ... But he himself comes to me and sits with me ... sometimes he lies down with me ... I like to go to him now ... earlier it was no different whether I went to him or not... but now if I don't go I feel that if I have committed a mistake ... even yesterday I missed him as if I hadn't seen him for a long time ... I am changed in this way Maybe this changed him too.

I was curious to know more about these changes, as I told her in during session 8:

What I understand is that your feelings about him have changed now.

Mariam:

Now he is flexible ... easy-going ... now he takes care of his mother and sisters ... earlier he was careless.

Counsellor:

By the will of Allah, the grace of Allah (SWT)... now Mariam goes to many places.

Mariam:

[Laughs] ... now I don't care whether I go outside or not ... the important thing is that my relationship with my husband is good ... I love him ... tolerate him.

The feedback shows Mariam's willingness to communicate and share things effectively with her husband. She was willing to take care of her family:

I try to calm him down ... and to accept the situation ... I advise him ... I sit with him to eat lunch ... and prepare the tea for the afternoon ... He is normal ... he enjoys talking with me ... earlier I used to get annoyed easily ... and didn't talk to him ... sometimes for two weeks ... sometimes I used to go out of the house ... but now I don't want to go out ... go away from my kids and my husband ... I don't want to go away from my house which I built for thirty years ... why should I ruin it? (Feedback 1)

Mariam started to become more aware of her needs as an individual and as a wife. The last feedback session showed that the client was more interested in getting her rights and needs met than in complaining that she did not get them. Her feelings had changed from not being able to stand or live with her husband to loving and accepting him.

It is clear that her feelings and attitudes about her husband had changed compared to previous sessions, when she was not ready to love or accept him; however Mariam still missed having intimate relations with her husband.

Mariam:

Sometimes, I say to him, 'Abu Naseer I wish to sleep with you, for I will sleep securely'. He says 'No, I do not want anybody to sleep with me', he is accustomed to sleeping by himself ... I say I do not want anything from him, I just want to share the bed with him ... This thing hurts him psychologically as he can't give me my rights ... I return to my room, and feel empty ... if I say to you that I don't feel anything, I'm a liar... I feel the absence of the husband ... as if he isn't affected, like a stranger. ... I feel hes putting me in the house to take care of the children as a mother, he has no concern for me as a wife. (Feedback 2)

Self relationship

In her first and second sessions Mariam was not aware of her relationship with herself. She was aware of the marital relationship and how it affected her life. She realized that she treated herself very badly by ignoring herself. Mariam was even ignoring her daughters' comments and did not care what they said about her appearance. She was not interested in anything and did not want to change:

It seems that I have ignored myself for long ... earlier I used to spread dark colour on my hair as soon I saw it graying. But now ... Ooooh ... I leave it ... I ignore it ... I don't care that people will see me looking untidy ... They like it or they don't like it ... I don't care ... once Noora [her daughter] told me 'No ... mother ... you're really forgetting yourself ... you're sacrificing yourself ... you're giving others more than you have to give ... and harming your health'. You asked me 'Where is Mariam?'. That means that you have noticed that I am not taking care of myself. (Session 3)

It is clear that Mariam had ignored herself for a long time as result of her unhappy marriage, which had affected her psychologically and made her depressed. Instead of taking care of herself, she took care of others. She lost interest and hope in life in general and in her duties as a wife and mother in particular. Mariam reminded me of a question I had asked her about whether her 'self' was there. I did this because I felt she was totally engaged with other people's problems:

Yes, it is helpful ... sometimes I harm myself when I attend to others' views and emotions ... it is not important that I please all the people ... I am not strong enough to please all the people ... why should I bring such a headache on myself? (Session 4)

The change in Mariam started to become noticeable in Session 5 when she became aware of how she forgot herself and realized that she had to take care of herself and her health:

[Laughs] ... yes, by the grace of Allah (SWT) ... I think that earlier I forgot myself ...for example I used to give a lot ... I gave to others but forget myself ... I didn't take care of my clothes ... my meals ... but now ... you can see the change ... what's made me start dieting or taking care of my health? ... It's normal if I don't eat now. (Session 5)

Mariam had started to love and respect herself and her needs as an individual, and there is no doubt that this contributed positively to the counselling process.

At the seventh session Mariam told me how she enjoyed buying things for herself:

Do you mean taking care of myself? ... I am back to myself ... I'm taking care more ... I buy what I like, I wear good clothes ... just to show that I am taking care of myself more than before ... I've changed my old veil for a new one.

Mariam started to improve from within, but she had not totally engaged with her inner self. Her comment below shows the positive outcome that she was beginning to experience:

Yes, earlier I didn't care ... But now I buy ... I change ... even when I was going to some people ... I dressed myself ... then I changed and dressed myself in a better dress ... I don't know I if did this to avoid criticism or because I'm taking care of myself. By Allah, I don't know. (Session 7)

At the same session Mariam mentioned that she did not mind staying at home. She wanted to be at peace with everything around her. Her house was her world, and she wanted to live in it, as she used to. This is in complete contrast to what she mentioned at her first session, when she complained that her husband did not want her to travel or go out, which annoyed her so much:

Yes ... as you say ... maybe I have returned to the old Mariam ... I don't bother about the joy of life ... I mean ... whether I travel or not ... go to a party or not ... I'm normal ... I sit in my house ... I'm attached to my house more than before ... I work ... I mend ... I sew ... I am contented and at peace ... I'm almost the old Mariam now. (Session 7)

Mariam loved her family, who were everything to her. Towards the end of her sessions she was totally aware of the self relationship and her needs, and I believe the sessions had helped her to get closer to herself and focus on the self relationship.

Mariam:

I noticed that even in my house ... my daughters ... my sons ... my friends ... I used to give them priority ... Later I noticed that I had forgotten *myself* ... (Feed back 1)

The sessions not only helped to build the relationship with the self but also encouraged her to take action to care of the forgotten self.

Relationship with Allah (SWT)

Even though her depression made her feel powerless and unable to carry out her religious duties as she wanted to, Mariam did her best to strengthen herself religiously by maintaining her prayers regularly as well as doing her best to keep

up a good relationship with Allah (SWT) by seeking his forgiveness. She knew that Allah (SWT) was always there for her and accepted her as she was. He was there to help and support her. Being close to Allah (SWT) helped her think more positively about death. Mariam was afraid to think about death and its unknown ending, especially after the death of her closest brother.

In the fifth session Mariam's fear of death had psychologically and physically improved. She was thankful to Allah (SWT) for the way he made her change on this subject and she embraced the idea of death. The statement below illustrates her previous and her new concepts of death:

Thanks to Allah (SWT) I feel much better... When people talked about life ... I asked myself how do they have hopes in this life ... if I heard about someone dying in an accident I felt sad and thought about him all day ... but now no ... By the grace of Allah (SWT) ... I say he will go to heaven ... Earlier I used to think deeply ... where has he gone ... what happened [talking about dead people] ... the idea of death used to dominate me ... but now I say 'Thanks be to Allah (SWT) ... he [the dead person] is in a nicer place' ... now my idea of death has changed ... Before, I used to be dominated by negative ideas ... I even used to be incapable of going to the toilet ... So I thank Allah (SWT) that I am better (Session 5)

At her seventh session Mariam was stronger and happier. She believed that the positive changes were due to the religious and therapeutic support she had received during the sessions. I believe that this support will help people like Mariam who are aware of their needs as Muslim clients.

Mariam:

May Allah (SWT) bless you ... this is because of you ... and by the grace of Allah (SWT), the Lord of the worlds. (Session 7)

As a Muslim, Mariam was able to heal herself by praying to Allah (SWT):

I am happy to have found the right treatment ... I prayed to Allah (SWT) to be fine forever. (Session 7)

At the eighth session Mariam felt able to return to doing things she used to do before, for example reading the Holy Quran and praying before going to bed. She was glad to maintain this religious aspect, which is an important part of her life:

I say that I changed myself ... changed too much ... earlier I was abnormal ... I was lazy ... pessimistic ... but now everything has changed ... the fear has gone ... earlier I used to go to sleep as soon as I went to bed ... but now I recite the Quran and glorify Allah (SWT) before I fall asleep. (Session 8)

The statement below shows the depth of the relationship between Mariam as a Muslim and her Allah. For her, only Allah (SWT) knows and accepts people as they are. She wanted to be herself and express her feelings freely, therefore in the presence of Allah (SWT) she could be totally herself because she believed that what was going on within her was known by Him only;

I mean I ignored myself too much ... and people don't care about anything except their appearance. They judge a person by their clothes ... nobody knows the reality except Allah (SWT). (Session 9)

Housework

At the beginning of her counselling Mariam talked about her difficulties with her domestic responsibilities because of her age. She got tired very quickly due to knee problems which prevented her from moving or walking easily. Mariam was overweight, but she was on a diet. One of the problems she had with her husband was her carelessness in the house, as she depended on the servants to do the housework whether she was at work or at home. She felt that she did not have the capacity or energy to do what she used to do:

I'm getting older ... I get tired when I work in the house ... earlier I used to work ... But now I'm old ... I get exhausted when I clean the house ... or cook. (Session 1)

At her seventh session with me Mariam was more energetic and said she was undertaking her domestic responsibilities happily. She did not blame her age; rather she was enjoying working in her home and wanted to redecorate the house and make changes. I believe this also shows how much Mariam has changed from within:

Yes ... I like to make my house as beautiful as I can ... yesterday I went to the shop and I saw a set of chairs ... I liked them ... I thought I will buy them for the house ... I will put them in the corridor ... earlier I had such desires ... but there was something stopping me from fulfilling my desires. (Session 7)

Mariam used to do things for others without thinking of herself, but now she was more aware of her own needs, as she recalled:

Something was stopping me ... was ruining me ... even though I used to clean and arrange my house ... because I had to do that ... or just to please the people ... but now I do it willingly ... even cooking ... people used to say that the food is not tasty ... but now ... I like to present the food perfectly ... even Abu Naseer praised me ... Maybe I was really ignoring the house beyond the limit. (Session 7)

Mariam had started to think of her role as a housewife and was now willing to take responsibility for herself and others.

Therapeutic relationship

The relationship between Mariam and myself as a counsellor went very smoothly. She was open and willing to share her personal issues with me. Mariam enjoyed the idea of having someone listen to and accept her as she was. At the end of her sessions she brought me a wristwatch as a gift. I accepted the gift because I was aware of her positive feelings about me and I did not want to hurt her feelings. The Prophet encouraged Muslims to accept gifts as a sign of loving and caring for others. The therapeutic relationship had improved the quality of her life and helped her to be more active and happier. It had also helped her to undertake her duties as a wife and mother, which affected her relationship with herself and others.

Mariam:

By the grace of Allah (SWT) ... when I came to Aisha ... I talked to her ... I felt relaxed ... I became normal ... not as I was earlier ... burdened by the depression ... unable to go outside ... unable to go to the bathroom ... But when I met her ... I returned to normal. (Feedback 1)

I believe that Mariam felt that I was close to her first as a person and then as a counsellor.

Mariam:

Yes, by Allah ... her way of talking... her pleasant personality ... her way of treating the patients ... she is such a sweet person ... I trusted her and told her everything I have. (Feedback 1)

Summary

By the end of her sessions Mariam was more self-aware and confident of her own needs and feelings. She was able to move forward in her relationship with her husband. She accepted that she had to work from within to improve the quality of her life. She recognized she was tired of being unable to find a way to build a healthy relationship with her husband. She had stopped seeing herself as hopeless and worthless through thinking more positively about herself. She was open to sharing her deep feelings about her husband with me. The most important change to which she was looking forward was getting closer to her husband and accepting living with him. Moreover she also had realized her needs as a wife and as a woman. She had started to socialize with others instead of sleeping or isolating herself.

Mariam became able to engage in new behavior and to be more compassionate to herself. She learned to be totally herself and accepted herself, even if others did not like it: for example she wore what she liked, not to please others but to please herself and she traveled abroad to relax whenever she felt the need. Mariam was able to appreciate her experience and reflect on her own and other people's behaviour in an accepting and forgiving way, even remembering treatment she had received from others. Mariam was able to love and give herself as much as she did to others, and this affected her relationship with people positively. She was able to communicate more positively with herself and her husband, whose unwanted behaviour was changed through the changes Mariam had effected within herself. During the sessions she had become aware of how she had neglected herself, taking care of others at her own expense. Her capacity for empathy and her ability to care for others made it easier for her to adopt a more caring, nurturing and validating position towards herself.

The seven stages of progress

According to my interpretation of the seven stages, Mariam started her session talking about others, indicating that she had little awareness of her own

experience and believed that her husband should change his unacceptable behaviour rather than considering her own behaviour. At her third session Mariam moved to what I would identify as the third stage, where she was able to focus on herself and her needs. In Session 5 she was able to express her feelings and moved on to accepting them. She learnt to love and accept herself; although I felt she was not totally ready to work as a fully functioning person in general, she had improved and would reach the last stage given the chance. Mariam had started not only to take responsibility for the family but also to learn from her experiences.

Beck Depression Inventory result

Finally, the remarkable change in her case was evident in the Beck Depression Inventory result with the score moving from 25 before to 11 after her sessions, i.e. the depression had decreased from moderate to mild.

Case 2: Farhan

At our first meeting, prior to our sessions, Farhan looked unkempt even though he wore very expensive accessories such as wristwatch and glasses. He looked tired and depressed, and as if he was looking for someone willing to listen to him and feel his pain. However, at the first session I noticed that he was clean and well-dressed and was willing to participate and talk openly about his personal issues.

Main themes

- Relationship with father
- Wishing to take a second wife
- Relationships with others
- Self awareness
- Medication
- Work
- Relationship with Allah (SWT)
- Therapeutic relationship

Relationship with father

Farhan had a very strong relationship with his father, whose death had affected him physically and psychologically. He had loved and respected his father as a friend and as a person who knew how to deal with life's problems. He had received his strength to deal with problems from his father, who had been there to advise and guide him. Farhan told me how his father had died on his way to the mosque. Farhan had taken responsibility for washing and burying his father, as is normal Islamically. He felt his father would come back one day. I believe that this indicates how much he misses his father:

I was a strong person ... I could bear accidents ... but since my father died ... I felt I am weaker. My father was like my friend ... I didn't feel that he was my father ... after his demise ... I held him and buried him with my

own hands ... bathed him with my own hands ... sometimes I think that he will come back to me ... one day he will come. (Session 1)

Farhan always felt that his deceased father was with him everywhere he went. The statement below shows how much he missed and loved his father. Visiting his father's grave comforted him and made him feel he was meeting with him on a regular basis. It also seemed that he used this as a way of comforting himself and to express his inner feelings when he remembered the times he shared with his father. He liked to recite the Quran when he visited the grave. It is important for Muslims to pray to Allah (SWT) for forgiveness for the deceased whilst visiting their graves. He told me how much his father and mother had loved and respected each other, and talked about the life they had shared for over 64 years:

I feel that he comes to me ... near to me ... especially when I visit his grave ... And I read *Surat Al-Fatiha* [the Holy Qaran] ... then I go to my car ... I feel him saying ... 'Go, my son ... May Allah (SWT) bless you.' From when I buried him until now ... I remember him ... when I go for a journey ... I feel him saying 'Don't go too far'.

Counsellor:

You feel that it's important to keep going to his grave.

Farhan:

Yes, it is important ... on Fridays I go and visit the grave and pray ... My mother is fed up with life ... she never went to the market without him ... they were married for 64 years. (Session 1)

Wishing to take a second wife

One of Farhan's concerns was finding the right soulmate. He wanted to marry someone who would understand, respect and care for him:

If I come to a girl ... I don't know whether she will accept me or not ... I feel the doors are closed. She might be an angel ... but when she closes the door ... the negatives appear ... I don't want to hurt anyone or to be hurt by others ... I will suffer a lot if I fail.

Counsellor:

You allow it to affect you too much.

Farhan:

That's why I am afraid to take this step ... by Allah ... I'm afraid ... nobody knows how afraid I am.

Relationships with others

Farhan had difficulty building relationships with others whom he trusted and loved. These unhappy relationships affected him psychologically. He was idealistic in his way of living and dealing with others and aware of how his religion expected him to behave as a Muslim:

The Prophet (PBUH) told us to do what we can ... we should live our lives correctly ... we should not harm others ... and not let others harm us ... and Allah (SWT) will reward everyone according to his intention. (Session 1)

The client believed that he must love and take care of others because this would please Allah (SWT) just as taking care of the self does:

I give others what I have to keep for myself ... Allah (SWT) told us to give others what we have in excess ... He did not ask us to deny ourselves ... (Session 2)

Recalling his past, Farhan was upset when he told me about how he had cared for and supported others such as cousins and friends. He said that they only contacted him when they needed him physically or financially. Farhan's eyes filled with tears when he recalled his sad memories. His money and energy had gone out to them and he had received pain and sadness in return:

I used to take care of others ... but they did not do anything for me ... they didn't care ... They call me when they need me ... [sighs]. (Session 2)

It is clear that the client had started to become aware of his relationships with others. The statement below shows his self-awareness of not being there for himself whereas he was there for others:

I discovered that ... I give others what they need ... sometimes I cannot ... but the problem is that I harm myself to give to others. (Session 9)

Farhan decided to deal with others differently and was able to see a new Farhan who was self-aware with a more positive and optimistic outlook. The feedback shows the remarkable improvement in the self from within. He was back to the real Farhan, the person he knew and loved, the person who knew how to deal with others without upsetting himself:

The new Farhan, I notice him now when I'm dealing with people. When I deal with people, now the inner Farhan [meaning the old one] I could let it pass, but no, I correct him, here I knew that Farhan had come back to what he was in the beginning. (Feedback 2)

The real Farhan was present at this second feedback session. He was confident and aware of not letting others abuse his friendship. He was able to support the new person within by correcting his mistakes without sacrificing his personality.

Self-awareness

Farhan was interested in building a relationship with the self. He was interested in taking care of it as he did of others. He felt guilty for forgetting himself:

So this is my problem ... I forgot myself ... and now I am getting the result ... I hate everything. (Session 1)

Farhan told me he had even forgotten to look at himself in the mirror because he had lost interest in everything. Taking care of others and forgetting himself made him feel depressed, and he felt pressure on himself to please others at the expense of his own needs:

I used to be careless ... I used not to look at myself in the mirror when I was shaving ... if I'm taking care of myself ... I have to have a look at myself ... it's a psychological matter ... I discovered that I'd forgotten my face ... since I hadn't seen it for a long time ... I revised my papers ... which I wrote ... I evaluated myself ... I found myself getting 6% of my concerns ... and the other 94% goes to my house and family ... It is as if I'm holding the world on my head ... this was my mistake ... everyone has to live his life ... he should think about others ... but I should not ruin myself for others' comfort ... it is tough or impossible to make everyone happy and relaxed ... in fact people exploited me. (Session 2)

I believe this session helped him to become aware of how much he had forgotten himself and how much he had been giving to others.

In Session 2 Farhan revealed that he needed to take care of himself. He had become aware of how his life had passed without enjoyment. It was clear in this session that the client desperately wanted to change things from within. He was able to compare his past attitude with the new outlook he anticipated for himself and his relationships with others:

I feel that I have turned into a new person ... even my colleagues notice that I am happy ... I have changed. May Allah (SWT) give you a long life ... I feel most of my life has passed ... I have to maintain the rest of my life ... I seek the help of Allah (SWT) ... and reorder myself [sighs]. (Session 2)

He discovered that he had not been seeing things as he did now because he had focused on supporting others. This was very positive because it shows how much the client had started to think differently and had become more open-minded about the future. He admitted that it was his own fault for not being there for himself.

Later in the counselling process he was able to get closer to himself:

The good thing is, I am near to Farhan. (Session 11)

He knew by this stage how to improve the quality of his life to live more happily. The statement below shows significant self-awareness and the ability to take positive action to help himself:

Now I am eager to know what's in me ... either a depression or any other thing imposed upon me ... and what the source of it is ... now I know how to push it out ... I know how to treat it.

Counsellor:

You know how to treat yourself?

Farhan:

Yes ... I am the reason [I was depressed]. (Session 11)

In the first feedback session Farhan was happy to have his self back and vowed never to return to how he had behaved in the past. When the HMC psychologist asked him about the new Farhan he told him that he was still there, with some

of the past still within him; but the new Farhan was willing to carry on along this new path when dealing with the self and others.

Psychologist:

The new Farhan still exists?

Farhan:

Exists, but not 100%; did I not tell you that I would stick to the path because I want to change? (Feedback 1)

The client had his own way of dealing with life and others without forgetting himself, but he acknowledged that more work was still required on this.

Medication

Stopping medical support was one of the issues that Farhan talked about proudly. In Session 7 he revealed that he had stopped taking antidepressant medication and felt much better without it. His first session was on 7 May 2007 and the seventh was on 28 of June 2007. I believe his decision was based on his sessions with me, which had improved his feelings and thoughts about life and helped him to be aware of his need to choose and decide what was best for him as an individual.

Farhan:

I stopped taking the medicine one and a half months ago. (Session 7)

When I asked him directly whether he had decided by himself or not, Farhan told me that the aim of stopping his medication was that he needed more than just being treated medically.

Counsellor:

You yourself did that?

Farhan:

I stopped taking the medicine ... I was not feeling good using the medicine ... I need something that gives me power and helps me feel relaxed ... now I can do my work properly without the medicine. (Session 7)

The following statement reveals that the client benefited from the sessions more than from his medication:

I feel that I am better since I met you ... These sessions have benefited me even more than the medicines I take. (Session 9)

At his eleventh session Farhan stated again that he still was not taking any medication and preferred having counselling sessions with me:

By Allah, I don't need pills ... I have not taken any pills. (Session 11)

Farhan did not consider himself a depressed patient; rather he believed that he had to face his problems and get rid of them himself rather than being surrounded by the idea of feeling depressed and ill. He had decided to win his battle to stay alive and enjoy the rest of his life. He believed that he had to work hard to win his battle with depression:

I've never accepted that I am sick, and because of that I stopped taking the pills ... (Feedback 2)

It was a real challenge for Farhan to prove to himself that he had made the right decision. It also seems that he had a strong desire to move on with his life instead of being a patient, controlled by his psychological illness.

Work

Farhan:

I am fed up with life ... I have worked hard ... since I was 15 years old. (Session 1)

Before his depression Farhan had spent most of his time at work, and when he became depressed he had stopped working or even going out with others. However, by the fourth session he had gone back to work:

Good news ... by the will of Allah (SWT) ... I went to my office ... I have started a new page in my life ... I set up my office and my work ... Set the

priorities ... I started a new register ... and wrote, 'In the name of Allah (SWT), the most kind, the most merciful' and assigned the work to be done in its time ... earlier I used to work 18 to 20 hours a day ... now I set timings for my duties ... from 7:30 till 12:00 ... Now I am having my meals on time ... by the grace of Allah (SWT) ... I feel I am a new person. (Session 4)

Relationship with Allah

In his all sessions with me Farhan would refer all his talk back to Allah (SWT). He was aware of the importance of keeping up his duties as a Muslim to please Allah (SWT). He had unsettled difficulties with the self and others but was keen to maintain his relationship with Allah (SWT) by praying and asking him for forgiveness. He believed that Allah (SWT) is there to listen and support his believers. Farhan asked Allah (SWT) to guide him to find the right wife for him. It was clear that he had a strong belief in Allah (SWT) and knew that Allah (SWT) is always there to help him:

I want to complete my half ... I don't want to do anything illegal ... Allah (SWT) gave me the ability and the power ... to say the truth and be confident ... to be frank and honest ... trust in Allah (SWT) ... and go ahead on your way ... surely Allah will help you ... he who asks Allah (SWT) for his bread and asks him for forgiveness ... it is unimaginable that Allah (SWT) will not have mercy upon you ... He is the most merciful. (Session 2)

Farhan was very grateful to Allah (SWT), who he saw as having helped him to improve the quality of his life making him able to lead a better life:

Allah (SWT) said: 'if you have mercy on others, you will get mercy'.

Counsellor:

Correct.

Farhan:

Allah (SWT) has given me my bread ... For the last six years Farhan has been living a prosperous life ... he is even able to have such an expensive watch.

Counsellor:

By the will of Allah (SWT).

Farhan:

It is a favour from Allah (SWT) ... he opened the door for me ... I started [work] from zero. (Session 6)

In Session 7 Farhan was very positive about himself and life. He was aware that he was not perfect and, like others, could make mistakes, showing that he could forgive himself as human being. This was a positive sign of self awareness:

I am relaxed now ... since the morning ... and I am praying to Allah (SWT) for strength ... I am struggling ... I don't want to harm anyone ... and don't want to be harmed by anyone ... I am not an angel ... I make mistakes. (Session 7)

In Session 10 I felt he was happier. I told him what I felt to encourage him to say more. With happy eyes and voice he told me about how he had spent the previous Friday, which is an important day for Muslims.

Counsellor:

You are happier with yourself.

Farhan:

I had my lunch and ... I prayed... I read *Surat Al-Baqara* [Quranic verse] ... I like to read that *Surah* every Friday ... and I went to the mosque at noon and read *Surat Al-kahaf* and *Surat Al-Hajj* [Quranic verses] ... in 30 minutes, then the Imam started the prayers. (Session 10)

It is obvious that Farhan had a very strong belief in Allah (SWT), who knows what is going on in people. He believed that Allah (SWT) loves and cares for him. He told me how Allah (SWT) had saved his life when he had decided to kill himself a long time ago. He also believed that Allah (SWT) had helped him to come to the sessions to be helped by me:

I am grateful to Allah (SWT) ... I pray and I bow before him ... He listens to our prayers ... we are fortunate.

Counsellor:

So you are happy.

Farhan:

Once I tried to commit suicide due to depression. Allah (SWT) saved me and guided me to come to you ... He gave me the power and the will to come to you. (Session 10)

Therapeutic relationship

By the second session Farhan was pleased to be working with me. He told me that he prayed to Allah (SWT) to bless and save me. The dialogue below is an example of the religious support I offered because of the client's religious background. As a Muslim counsellor I was aware of referring all my support back to Allah (SWT), who guided me in my work.

Farhan:

I pray for you ... 'O Allah (SWT) bless her'... You and the other doctor ... by Allah (SWT) ... every time I pray for you ... may Allah (SWT) give his guidance and bless you according to your intentions.

Counsellor:

By the will of Allah (SWT).

Farhan:

Because you have opened a door for me ... yes, I have the money ... I have the honoured post ... but by Allah ... all these things are not important to me ... I am ready to live in a small house ... even in a tent ... I am ready to sign over a blank paper ... I can build it again ... but I want to build it correctly ... not ignore myself.

Farhan was very aware of his need to have someone to help and listen to him who could help him to express his feelings and thoughts.

Farhan:

I was in need of a hand ... an honest and helping hand ... a trustworthy helper ... and security ... the feeling of security would let me understand myself better ... I have come to know that I am the cause behind my sickness ... no one has imposed that on me ... I want to know why I did this. (Session 2)

He comments on the quality of my help in the following statement:

I felt that she is not only a person who wants to succeed in her life and her work, but she is also a helper and supporter ... She had a big role, she talked clearly, she discussed with me what was behind my issues. (Feedback 1)

Farhan was happy to have an honest counselling relationship with me. I believe the 'real me' helped me to establish a healthy, respectful therapeutic relationship. He felt I was totally myself as 'Aisha' first, which made him feel confident and willing to share his issues with me:

She introduced herself and told me that she is a researcher from the university... Frankly she was clear, and didn't make me feel like a patient ... I felt that there is confidence, there is integrity, and this is what has been born between me and Dr. Aisha. (Feedback 1)

Feedback 2 shows Farhan's willingness to take self-responsibility after building a healthy relationship with the self and acknowledges the importance of my role:

If you talk to me about the positive role of Aisha, she has a role in my life; I want to say I reached a far state and she helped me a lot to move away from depression. I discovered that I have strength and confidence in myself, and I don't depend on another person. (Feedback 2)

Summary

By the end of the counselling sessions Farhan felt that he was ready to move on and enjoy the rest of his life. He was able to see the new Farhan within. He had come to terms with his relationships with others and knew he had the ability to treat them differently. He was aware of the need to give the self more space, which he had forgotten to do for a long time. He was able to build a healthy relationship with himself. His counselling had helped him to improve the quality of his life and reduce the level of his depression. The sessions helped him to learn not only how to treat himself but also how to set boundaries with others so that they would treat him with respect. Alongside these positive changes he had begun to feel better about himself and learnt to value his strengths and achievements.

The seven stages of process

Farhan was able to express his inner feelings and thoughts from the first session. He was totally himself, which allowed him to feel free to cry and be emotional. He talked about how others had abused him emotionally and financially and how he wanted to focus on his own needs and find the self. At the beginning of his counselling Farhan was probably at Rogers' fourth stage, aware of how he was feeling and able to describe his emotions. He became more willing to take risks when forming relationships with others.

Farhan was able to experience and accept his feelings. Acknowledging his feelings allowed him to become more willing to learn about himself and to become the 'real' Farhan.

His bodily and facial expressions, as shown in the video, were relaxed, which suggests to me that by the end of the counselling Farhan had moved to the sixth stage, where he was not tense and felt relaxed expressing his feelings. He became able to accept responsibility for his responses and reactions. He became clearer about his own values and beliefs. He was curious about himself and his world, and did not seek to blame himself or others but to understand, love and accept.

Farhan moved to a stage where he fundamentally trusted in himself and his ability to process change, and where he did not deal with new experiences according to past patterns but was able to meet them with openness and a willingness to learn from the present. Farhan had found himself and become a new person.

Part 2: Cases with less positive outcomes

Case 1: Heasa

Heasa had nine counselling sessions and two feedback sessions. She had a lot to say and to discover within herself, and took time to adopt a healthy relationship

with herself. Heasa came to therapy broken and depressed. She wanted to be directly guided and advised about solving her problems. She was willing to share her personal issues with me only from behind the *nekhhab* (veil). Covering her face allowed her to feel free to talk and share issues with me that she would not have been able to share uncovered. I felt that her *nekhhab* was her way of protecting herself in a society where many of the things that she shared with me are considered forbidden and unacceptable. She felt worthless, depressed and hopeless about the future and wanted to improve her relationship with others. She often found herself feeling irritable and intolerant of herself. At the beginning of her sessions she reported that she had unresolved conflict with her stepmother, who treated her unfairly. Heasa mentioned her relationship with her half-siblings, who received love and support from their mother and lived more happily than she did. Her difficult childhood had made her unhappy and unable to trust people close to her. Her uncle, who was supposed to be a father figure, had abused her sexually since she was ten years old.

The analysis, outlined below, shows some slight changes achieved by Heasa during her sessions with me.

Main themes

- Relationship with others
- Childhood experiences
- The sexual relationship
- Gender
- Self relationship
- Relationship with Allah (SWT)
- Education
- Fears
- Compulsive shopping for self gratification
- Direction and guidance
- Therapeutic relationship

Relationship with others

Heasa was happier to talk about others than about herself, and often referred to herself in the third person. She had difficulty building healthy relationships with others, such as her stepmother, who was also her aunt (as is Islamically acceptable) and her grandmother. Heasa wanted to be loved and respected by her family:

Frankly speaking, I am not sure enough ... if [my family] love me ... I hope that they love me. (Session 2)

People showed their care and love for her only when she was ill, and as a result she liked be ill in order to get attention from her loved ones:

I feel they pay attention ... they treat me differently ... it's a nice feeling ... frankly speaking ... when I was young ... I used to see sick people being treated nicely ... I remember that ... and when I went to the university I used to tell my colleague ... that I was sick ... without reason. (Session 2)

Childhood experiences

Heasa had had very painful childhood experiences which had made her unable to trust people. She had had a hidden sexual relationship with her uncle, who had abused her sexually for years. She could not tell anyone about it because she felt that no one would believe her. With her low voice and sad eyes Heasa wanted to share her secret with me. I understand how difficult it is for anyone to admit such a secret to anyone, particularly when that person comes from the same cultural and religious background. Heasa and I were both living in the same small society where people know each other very well.

Heasa felt that she had lost herself and was sometimes unaware of the self relationship. I empathized with her when she told me about her childhood, as she looked really lost. Heasa decided to talk indirectly to me to test my ability to accept and support her. She started sharing her secret by asking me indirect questions about my thoughts and opinions about her problem, perhaps to gauge whether I cared or believed her. She was unable to talk directly about the

uncle who had abused her. I think she thought that I would not believe her if she did. I encouraged her to say more.

Counsellor:

Do you feel that people are exploiting you ...? What do you want to say about that?

Indirectly Heasa started expressing her feelings about people who had abused her emotionally:

I feel exploited ... it is clear in my mind ... It is not easy to forget it ... though I try to ignore it ... there are many people who exploit others ... I need protection ... I need someone to be with me.

Counsellor:

You mean that you feel that you are exploited ... Are you exploited by all the people surrounding you, or just your friends?

Again I wanted her to say more, therefore I questioned her directly.

Heasa:

All the people surrounding me. Even when I was a child ... the most painful thing is that my uncle exploited me.

Counsellor:

Your uncle? How?

Heasa:

What comes to your mind? (Session 1)

As a counsellor I wanted to go back to her feelings and thoughts rather than focusing on mine. But I did not know how to answer her, and I felt anger within me because of how she had been treated. I asked her for clarification in order to gain a better understanding of how she was thinking.

Counsellor:

Can you make it clear?

Heasa:

Sexual.

Counsellor:

He exploited you sexually?

Heasa:

For a long time ... I wished he had killed me.

Counsellor:

Can I know more? How old were you then?

Heasa:

I was in fifth or sixth class.

Counsellor:

You've kept this secret for a long time.

Heasa:

I kept this secret until this year. (Session 1)

Heasa told me that she felt accepted by me and was therefore able to share her unwanted feelings and experiences in detail.

Heasa had lost her trust in her closest family members after the sexual abuse by her uncle. She had not disclosed it to anyone because no one would believe her.

I felt from our first session that there was space for her to share her personal secret with me and trust me as a counsellor. I admired her honesty with me from the first meeting. It appeared that she was happy and willing to be with me and that for her, being there was part of establishing a healthy therapeutic relationship between us. I listened to and accepted the feelings she shared with me in that session. Sometimes clients know at a very early stage how much they

want to reveal to their counsellor, and I am glad that Heasa trusted me enough to share her issues with me.

The sexual relationship

Heasa was a lesbian. She had had relationships with some of her girlfriends. She liked to take the male role with them. Sometimes she had had sexual contact with two girls at the same time in the same room, and ended up crying and feeling guilty after these events. She told me she did not want to do this but had been forced into it. In collecting more information from her I tried to be non-directive so she would feel free to share what she wanted to share with me. I also wanted to encourage her to express what was going within her as she discussed the issue of force.

Counsellor:

Can I know what you are feeling?

Heasa:

Every time I have sexual contact with the girls ... I do it ... I cry... and feel upset.

Counsellor:

You are not happy with yourself ... but happy with others?

Heasa:

I feel that it is normal with them ... one of them did it ... and continued to say ... that I forced her ... but thanks be to Allah ... I have never forced anyone ... I did not start it.

Counsellor:

You mean that they forced you.

Heasa:

Yes ... they forced me to commit it.

Counsellor:

Ah ... so you don't like to do it ... you are afraid ... even though you continue to do it.

Heasa:

I don't know ... why I do it ... when I am fully convinced that I will not do it again.

Counsellor:

Even though you aren't happy ...You cry.

Heasa:

Yes ... I often cry ... I don't know why. (Session 7)

The above dialogue shows how much conflict and uncertainty there was within Heasa. I was empathic with her and felt I should reflect her feelings, saying, 'You don't like to do it', it rather than advising her or reminding her of her role as a Muslim female. From an Islamic point of view homosexuality is forbidden and individuals are not allowed to choose their sexuality unless it is medically necessary. I responded as I did to let her feel that I was there to help and support her. I felt that she was not ready to be advised religiously, and that it was important to listen and accept her as a whole because at this stage she was not aware of how she could help herself or stop behaving in this way.

I was aware of encouraging her to see more without forcing or advising her directly to change her unaccepted behaviour. If she had been counselled by an HMC psychologist I believe that her issues would have been treated differently and she would have been directly advised to stop the undesirable behavior and remember her duties as a Muslim female, and told that she had strayed far from Islamic principles and values.

Gender

Heasa talked about her desire to act as she felt, for example whenever she wore male clothing. I believe that acting as a man gave her the feeling that she was

strong and accepted by others. Heasa was not happy to go against her religion, but she felt that this was out of her control:

I like to wear boys' clothing ... I rarely wear a dress like a girl ... I mean I like to feel like a boy ... I don't have a problem with it ... but I am unable to continue in any way ... in a particular way ... I dress like a girl ... put on makeup ... but sometimes I go for months without makeup. (Session 6)

Heasa wanted to feel understood by others but this was hard because of the way she thought and acted. She wanted to live and act as a man. She had sexual relations with girls and this made her feel guilty from a religious point of view. It is clear that Heasa lived with two personalities, the first accepted by others but not real to her, and the other not accepted and in fact forbidden in her society, but the one that she wanted to identify with. Living between two personalities prevented her from fulfilling her needs as an individual.

Self relationship

Heasa did not like herself and was not aware of the importance of having a healthy relationship with herself. She believed she had caused all her unhappy feelings and experiences herself.

In her third session Heasa talked about her hope of living happily among others. She wanted to have lots of friends and improve her relationship with Allah (SWT):

I'm trying to imagine a picture of myself ... among the girls ... that I'm fine ... nobody knows that I'm sick ... As far as my relationship with Allah (SWT) goes ... I'm not satisfied ... I'm not happy. (Session 3)

Heasa's voice and appearance, recorded on video, show her low self-esteem and sense of powerlessness. Even her body language and her voice tone showed her sadness.

Heasa:

But when I watch myself ... I get annoyed ... though I don't want to have any kind of operation to beautify myself ... I can't accept myself ... My face ... my body ... once I lost nine or ten kilos within one or two months ... but

now I am not doing anything ... to reduce my weight or improve my looks.
(Session 6)

Heasa did not know what she wanted from life. Everything seemed mixed up within her. She even had mixed feelings about her gender. When I asked her whether she was satisfied with herself, Heasa admitted that she did not like herself and wished she could kill herself, believing that she caused her own pain and misery:

I'm annoyed with myself ... because I am unable to stick to being good or being bad ... I feel that I have conflict in my mind between good and evil ... I even have conflict in my personality ... sometimes I feel that I am male.

I think about committing suicide ... I feel that the self is the cause of my misery. (Session 7)

Heasa did not like herself, and she did not have a conscious relationship with her inner self:

I feel that I don't want to sit ... with myself ... though I sit with myself ... I don't want to get annoyed. (Session 7)

Even after the counselling, not only had Heasa not accepted herself, she did not accept life in general:

At the same time I feel I am not accepting the whole of life. (Feedback 2)

Relationship with Allah (SWT)

Heasa was aware of the importance of improving her relationship with Allah (SWT) but was unable to stop herself doing things that she knew were against her beliefs as a Muslim. It was clear that she was experiencing conflict between her unacceptable desires and her Islamic and cultural norms:

By the will of Allah (SWT) ... I will work hard to maintain a good relationship with myself and with Allah (SWT). (Session 3)

I believe that she covered her face as for cultural reasons and not as a religious practice. This also made her feel protected from others. It was clear that the conflict she felt made her feel confused and unsure of her needs and what she

should be doing as a Muslim female. She suffered between what she really wanted and what others wanted her to do:

I think to abide with our religious instructions ... I am convinced about the *nekhhab* system ... but I think that there are priorities ... and the *nekhhab* would be the last one ... I mean I have to do many things before I wear the *nekhhab*. (Session 8)

Heasa feared not having a healthy relationship with Allah (SWT).

Education

Heasa talked positively about her hope of continuing her education. I felt that this was a positive force in her life and that it was important to support her positive view and at the same time focus on improving her way of thinking about herself.

Counsellor:

To work hard in the academic field is a good thing ... you scored high marks ... do you not think that this is a success ... and a way to improve yourself? (Session 3)

With optimistic eyes Heasa shared with me her hopes for continuing further with her education as I was doing. She was happy to talk about the importance of education. She hoped to work as a fashion designer, and had a plan for the kind of education and work she wanted to do in the future:

I feel education is so important ... you know ... when I was younger ... I used to score higher marks ... I notice that I am interested in education so I have to work hard and take care of my career in the future. (Session 3)

Heasa was highly ambitious and wanted to attain a high position, have a positive relationship with her future colleagues and be surrounded with love at her future place of work:

I want to excel academically ... I want to acquire high positions in my place of work ... I want to be a supervisor or head of department ... and at home I want to be loved by all. (Session 3)

The above shows the client's willingness to think more positively about herself.

Fears

Heasa had a fear of travelling on airplanes, even though she had done this in the past. She was also afraid of being in high places. I believe these fears were based on her unhappy childhood and the fact that she missed her mother as a protector, and the trust of her family. I think she wanted to be reassured of her safety to be able to deal with her fears:

Fear of the future ... I don't have any reason to have fear ... even though ... I am really afraid ... before I used to be frightened even of airplanes Until I boarded them ... I used to get frightened of high things ... even now ... I feel that the high things will collapse. (Session 6)

Her negative feelings and thoughts made her afraid of living and experiencing new challenges in her life. However, Heasa shared with me her hopes and her dream of travelling abroad for further education, which was a good sign.

Compulsive shopping

Heasa liked to buy things even if she did not need them. She would borrow money from others in order to fill her room with new things. She told me she did not have enough space in her room to move around comfortably. I felt she wanted to do things for herself because no one else did or bought her things. I felt that nothing interested her in this life, but she tried to do things to make herself feel independent:

You know ... when I go shopping ... I find myself ... I'm fond of shopping ... earlier I didn't have such a hobby ... (Session 1)

Even though she had financial problems Heasa was keen to buy a new car:

I have an idea of buying a particular car ... I will buy it by the will of Allah (SWT) ... and I have an idea of buying something ... I like electronic things ... and I will buy some. (Session 3)

At her third session Heasa said that she wanted to treat herself and buy herself a gift. I believe she had started to think positively but was not aware of the importance of having a clear plan of her needs:

So I have many ideas ... and I want to do them ... when my salary increases ... I think that I will buy something for myself ... when I pass the exam ... I think I will buy some gifts for myself. (Session 3)

Heasa liked to make herself feel good by buying unnecessary things:

I've put off my buying program ... until everything gets better ... but I think that if I buy first I'll have a good feeling. (Session 3)

She thought it would be difficult to break her shopping habit:

Thank Allah ... I could not overcome this habit ... the doctor told me that I buy things impulsively. (Session 5)

Direction and guidance

Heasa wanted to live her life as she wanted without being guided by others:

Maybe my problem is that I do not want to be told not to do. I want to do everything. (Session 7)

Therapeutic relationship

The therapeutic relationship appeared to go smoothly because Heasa was able to talk freely about her personal issues, which she had never shared with others. The sessions provided a forum where she was able to express her feelings and thoughts to someone who was there to listen to and support her. She felt that someone believed in her without judging or giving her religious or social advice. However, the client hoped to be guided directly towards solving her problem. There were places for applying the core conditions which allowed her to feel that she was accepted as she was, as she stated below:

I feel that I'm ok with you ... I'm relaxed talking to you. (Session 8)

Thank Allah ... I really like professionals ... I like psychiatrists ... I feel that they have strong senses ... they understand others in a better way ... But I feel that you can understand me too. (Session 9)

Heasa was aware of my non-directive method of counselling and my way of offering support. She was happy to work with me, but was looking for more than working from within:

[The counsellor's] way is between you and yourself; it means that if you want to do the thing, do it – if not, you think, she doesn't say it, but sometimes a person may be tired and doesn't think, she must show him the way. (Feedback 2)

Some positive changes occurred during the sessions; for example, at her fourth session Heasa looked happier, and when I asked her the reason for this she told me she had got good results in her exams. I focused on her success.

Counsellor:

Well done, Heasa! You deserve to be happy. (Session 4)

She was more optimistic about her studies after getting satisfactory results. She felt that studying would change her life and help her to feel better about everything. I was aware of focusing on her positive feelings and thinking.

Counsellor:

It seems that you have opened a new door for Heasa ... you seem to be optimistic ... it seems that you have plans in your mind ... I don't know ... what is the effect of such positive feelings ... especially that you are in a new term. (Session 5)

Heasa was surprised that I was totally with her when she shared her painful stories with me. She had thought that I would not accept her or would be surprised. As I did not show any adverse reaction when she spoke she continued talking without fear. I comforted her by emphasising that it is our duty to be here for her and that everyone makes mistakes.

Counsellor:

We are here for you ... and nobody is perfect. (Session 9)

She told me how important it was that counsellors understand different issues that individuals may have. In her opinion counsellors should be prepared to hear different stories, including stories about crimes. I reassured her.

Counsellor:

I accept anything from Heasa ... and it is not my role to tell you what is *halal* [acceptable]... and what is *haram* [forbidden]... surely we know the *halal*... and the *haram*... we know that from our parents ... so we can talk ... I mean ... we learn from each other. (Session 9)

Summary

A review of her BDI scores shows that Heasa was experiencing severe depression and distress at the end of treatment. The feedback shows that she was in need of more support and counselling sessions. Heasa reported that the sessions provided her with new ways of looking at her problems. This view is supported by her feedback. Her feelings and thoughts were negative. She was not ready to get in touch with herself or to work harder to understand her needs as an individual. She needed to be loved and supported by others before she could be ready to work from within. She was not aware of the importance of building a healthy relationship with herself. I accepted her as a counsellor, but she also wanted to be accepted by others. The BDI form shows that the level of depression had not improved, but she had been able to talk freely with me, to think about her future plans and how she would improve the religious aspect of her life. Although talking about sexual abuse is very difficult, Heasa had faced her fears and shared her experiences. I felt that she was brave to share her unknown side with me.

Regarding emotional processing, there was a sense that she had neglected her emotions and learned to silence her need to feel protected and supported by others. Heasa felt happy to share her issues with me but she might have felt hopeless about ever getting better, given that the treatment had not helped in the way she had expected. In comparison with her friends, Heasa felt a failure and unhappy. She wanted to feel equal to other girls who lived a normal life without such issues as she had. I believe that in order to have effective therapy the client needs to be able to help herself to get in touch with her inner feelings and thoughts as well as taking responsibility for her actions. Heasa needed more time and further sessions to reach the point where she could be responsible for

her decisions and choices. Covering her face did not allow me to read her facial expressions, except her sad eyes, and this limited my ability to understand what was going on with her. I let her feel free to do whatever made her feel comfortable, therefore I did not ask her to take off her face cover, as the psychologist did. Heasa needed further counselling to progress from a stage of feeling negative to one which would allow her to think positively about her life and herself. Before being able to fully engage in therapy, Heasa needs to recover from her deep sense of shame and to feel optimistic about her ability to change.

My personal view is that Heasa benefited from the sessions, and whilst her outcome can be perceived as poor, I do not think that the written score reflects the reality. I believe that the improvement in the Beck Inventory Score from 56 to 52 does not do justice to the work I achieved with Heasa, who, I felt, benefited from the sessions because she was able to find herself – perhaps not fully, but she was making small steps.

Heasa:

By the will of Allah (SWT) ... I will work hard to maintain a good relation with myself and with Allah (SWT). (Session 3)

I believe that Heasa should be encouraged to attend more sessions in order to achieve a much more positive outcome to enable her to feel happy and satisfied with who she is, to allow her to feel less guilty about the sexual abuse inflicted on her by her uncle and to realize that it was not her fault.

The seven stages of process

From our first session, Heasa was open to sharing her personal issues with me. She was not rigid or uncertain about these; rather she expressed her feelings and pain with me. She felt that there was room for her to talk and reveal her secrets. I believe Heasa started from stage four, where she was able to talk about her personal issues as well as express her present feelings. I believe she had challenged herself to be open with me. She moved on to stage five, where

she was frightened and uncertain about her feelings and herself. At this stage she was still confused and unsure about how to handle her life correctly or control her unwanted behavior. She wanted to be acknowledged by her society as she was. Cultural and social factors played a very significant part in her lack of therapeutic movement. They prevented her from helping herself and moving on with her life. Heasa knew she had to accept the need to take responsibility for herself but she was not ready to do so. More sessions would have helped her to move to the other stages smoothly. She had not reached the point where she could function properly as a person. The small change in Heasa's scores before and after the session shown by the Beck Depression Inventory form were a positive improvement, although the level of depression stayed the same.

Case 2: Hadi

Hadi looked confident and was talkative. He liked helping and supporting his family, and he worked hard to please them and his close friends. He believed in his ability to help and support himself psychologically. Hadi had only three sessions with me and two feedback sessions. He was not motivated to continue with the sessions and therefore decided to withdraw. He believed that he did not need counselling because everything was fine. I reinforced that if he wished to resume the sessions he could do so at any time.

Main themes

- Relationship with father
- Relationship with others
- Self relationship
- Family problems
- Direction and advice
- Medication
- Therapeutic relationship

Relationship with father

As a child Hadi was totally dependent on his father, who did everything for him. This affected him later in life when he felt unable to face problems without his father's support and help. Hadi became aware of this when he started to become more independent.

Hadi had a very strong relationship with his father, who always helped and advised him in all matters. He trusted his father and believed that he would always solve his problems for him, but now his father had moved abroad and Hadi did not want to take up his time with his problems because he cannot help him physically.

Hadi revealed that he had to depend on himself to solve his own problems:

I used to talk to my father until I started being independent and tried to solve my problems myself. (Session 2)

Being away from his father had made Hadi more aware of the importance of helping and supporting himself as the father of his family.

Relationship with others

At the beginning Hadi told me that he found it difficult to build relationships with others because it was not easy for him to trust other people as he did his father. He was aware that he had a tendency to allow others to take advantage of him:

...I am very sensitive and romantic; more than I should be. (Session 2)

In his third session Hadi said that he was not able to build friendships with others:

Of course in this country I do have friends, but I am not always available to them or they are not available to me. I enjoy going to the sea, fishing or swimming or eating at a restaurant. (Session 3)

At his second feedback session Hadi talked about his friends and the time he had spent with them during his holidays. It is evident that he had become more

aware of the importance of building relationships with others. He did not fear being abused by others at this stage. I believe his personality had developed because he had learnt to deal with others and build relationships with them:

Yes, for a long time I had no friends, but again, to be with them, we go out at weekends. In this way I hold a thread, I can stay on a strong platform. (Feedback 2)

Others came first, therefore he was not aware of his needs as an individual:

I do blame myself a lot. I annoy myself to satisfy others. (Session 2)

He wanted to be understood; he wanted to be listened to by others as his father had done:

No one is willing to listen as you want. Listening, ok, listening and discussing things with you. (Session 3)

It is clear that Hadi's family meant everything to him. As a result of this he felt he had to do things for others and please them without considering his own needs. Later Hadi discovered that he had forgotten to look after himself.

Self relationship

At his second session Hadi began to feel more open about this issue. He was also taking responsibility for it:

The best for everything is myself, because I myself will make others happy, but if I am tired and unhappy I will destroy myself and others. (Session 2)

He believed that people should take responsibility for their actions and themselves. The session shows that the client was aware of the importance of working from within, as well that feeling positive within would be reflected in his relationships with others:

...but one does one's best. Whoever wants to be good is good; if one wants to be bad one will be bad. With regard to his family, education and the surrounding culture ... if I want to be good I will do my best to be good and work hard to be better in my work and my prayers. (Session 2)

Hadi believed that talking to the self helped him to have a better understanding of what he wanted and needed to do:

You know when I talk to myself I feel as if I am talking to someone.
(Session 2)

In his third session he moved from thinking negatively about the self to being more positive. The image of the self changed and he was able to see himself differently:

I used to say bad things to myself like, 'You're stupid, why did you do that?', but now the self relationship is much better. (Session 3)

At his third session Hadi became more aware of thinking positively about himself. The session helped him to focus on himself instead of thinking about others. He moved from talking in general to talking more specifically about himself:

...not that much, but I started liking [myself]. (Session 3)

At his first feedback session Hadi said he had felt that he had had to work hard during the sessions to move forward:

The most important thing is to be honest with yourself ... I feel I worked hard with myself during the sessions I attended. The session is ok but a person has to work hard on his own to get anything out of the sessions.
(Feedback 1)

Hadi told me that he had initially attended the psychiatrist as a result of family pressure, which was not helpful as he wanted to be advised directly, whereas he attended the three sessions with me by choice and without being forced by others:

There is a difference between someone coming to sessions unwillingly and the one who comes willingly. If a person comes willingly to get medication you will see him treat himself and benefit from the treatment. (Feedback 1)

Family problems

At the first session Hadi talked about his relationship with his ex-wife. I did not interrupt him, so he kept talking and reflecting on what he was saying. Hadi talked about keeping himself busy so as not to allow himself to think about his personal problems:

...you try to make yourself busy to not think of your own problems.
(Session 1)

He spoke of how he felt overburdened by his thoughts:

If I think about something I make it bigger and bigger in my mind. I think about it in detail. It puts me under pressure and I isolate myself. I mean I just try to escape and go out of the house and make myself busy with work. This is what I'm trying to explain to you. (Session 1)

Hadi tried to explain how he was feeling in that moment and I felt it was important to reflect this back.

Counsellor:

Any tiny problem would isolate you from your family and others.

The response shows that Hadi was keen to get help and support from his father without involving the rest of the family, because he did not believe they would help him as his father had:

I try not to involve my family in my problems. If I involved anyone I would involve my father. We are very close. (Session 1)

Although Hadi had no problems at home or at work he felt unhappy. Again my response empathically reflected what he said.

Counsellor:

Doing fine at home and work but unhappy. (Session 1)

He wanted to be satisfied, but felt that his self did not belong to him:

Sometimes I feel that I belong to my wife and home and work ... I would like to satisfy myself but I do not know how to do this. (Session 3)

I felt unable to establish a good relationship with Hadi because of the small number of counselling sessions we had. However, I tried to encourage him to work from within. For example, in our second session I focused on the self relationship to help him to say more about himself than about others. He was not happy with himself. Hadi was able to express how he felt and I respected his way of sharing his feelings by reflecting and listening.

Direction and advice

Even though Hadi believed that he did his best to help himself, he also wanted to be guided and advised directly:

Yes, [someone] listening and giving some advice that one can benefit from.
(Feedback 2)

Hadi was very honest to say that he expected to be helped and supported in solving his problems by a specialist, but the sessions did not go as he had expected:

I want to be frank with you. As for the sessions, you learn nothing, you are coming to talk about yourself, you feel there is time for you to talk ... Talking to a specialist about personal issues helps the person to feel relieved (Feedback 2)

The above shows that the client benefited from the three sessions we had, but I believe it would have been more beneficial for him if the method had been directive. I also believe that he was looking for someone to play his father's role to guide and advise him directly.

Medication

Hadi was on medication for depression, but he believed that he did not need this because he felt able to control it himself. He was not sure whether the medication or the therapy was helping him to feel better. Although he had been taking medication before our sessions began, I believe the counselling played a role in making him feel relaxed.

Counsellor:

You feel you can stop the medication.

Hadi:

The psychotherapist wants me to continue taking the medication, but I think if a person talks he feels more relaxed than with doctors and medication. I don't know if I'm right or wrong.

Counsellor:

Of course you have a right to discuss that with your doctor.

Hadi:

See, even if I discuss it with the psychotherapist he will ask me to continue this medication which was prescribed two years ago. The first time I was prescribed it I took four or five a week, I don't remember, and then I stopped.

Counsellor:

It was your own decision.

Hadi:

Traveling helped me to change my environment ... I didn't need the medication. I could treat myself. When I came back from my holiday two weeks ago and met my psychiatrist he asked me to start taking my medication again and that really surprised me.

Counsellor:

You don't want to be dependent on medicine.

Hadi:

Yes, from the beginning I didn't like taking medicine.

He adds:

I feel I'm getting better. I don't know if this is because of me or the medication ... but I feel more relaxed.

Hadi felt that he could help himself without psychiatric support. He seemed very confident of his ability to help himself overcome his depression. Whilst I believe that he had the right to choose and decide for himself, my concern was that I was not unsure whether he would be able to help himself without psychiatric support. I strongly believe that some clients require both psychiatric and counselling support to help them deal with psychological issues (see Chapter 2), and this appeared to be the case with Hadi. He was not ready to work from within, nor was he ready for long-term counselling.

Hadi was neither happy as a client nor as a patient due to his belief that he could help himself. I argue that Hadi needed to understand the need for both treatments to support him psychologically. If he did not need help he would not have returned for the second time as an outpatient at HMC. He was very proud of his ability as a man, and did not want to feel that he was not strong enough to deal with his problems.

An external factor affected the progression of our sessions. Hadi was very angry because he had had a psychiatric appointment before the counselling session but had had to wait two hours to see his doctor. I knew that waiting for a long time had made him angry, and that it was not conducive to our relationship because he was not in the mood to talk. His face was very angry, and he was sweating profusely and moving his hands as he talked. His mind was preoccupied with what had happened to him earlier.

Hadi:

...I don't know why I am here. (Session 2)

Hadi started to say more about the things that were annoying him:

... before I came to the psychiatrist I was fine. Waiting for my turn from 9 till 11 and saying to myself that if I had gone to work it would be better than waiting for the appointment. (Session 2)

He was very angry about missing work. Again he felt that having someone to talk to was better than seeing his doctor. When Hadi got angry nothing was

good. He was in a bad mood and did not want to talk or share anything with me. Waiting for two hours had made him unable to tolerate his session with me. I felt this was another reason why he wanted to end the counselling sessions.

Hadi:

If I get worried I don't like talking to others because I don't gain anything from anyone.

Counsellor:

You gain nothing?

Hadi:

I feel I don't benefit.

Counsellor:

Do you benefit from yourself?

Hadi:

I benefit from myself.

Counsellor:

How?

Hadi:

I mean talking to myself, solving my problems, because when someone is upset he doesn't want to be blamed: 'do this and that' – I'm not willing to hear that. (Session 2)

Hadi's anger took over and made him feel that he had wasted his time. However, I believe that the three sessions helped him to become aware of his needs as an individual and perhaps to appreciate his work with me later, when I had returned to the UK, as shown below.

It was important to encourage the client to express his anger freely by listening to and accepting him.

Therapeutic relationship

I believe that Hadi felt superior to me because he was a man and I a woman, despite the fact that he had cried in front of me in our first session. He was not ready to work from within, nor was he ready for long-term counselling. Regarding gender, I felt freer when working with female clients such as Mariam than when working with males. I admit that this differs from person to person. For example, with Farhan I was more relaxed than with Hadi, regardless of his gender. I believe the client's attitude shaped how I felt towards him as a female counsellor.

The client and I did our best to improve the quality of the therapeutic relationship. I was glad to hear that he was working from within to help himself, and trusted his ability to take responsibility for his words and actions.

Interestingly, Hadi believed that his case was not a complicated one and that it was his depression and anxiety that had caused him to lose himself:

My case was simple just depression and anxiety; to me life was boring, I could not find myself ... but now I've found myself. (Session 3)

Hadi did benefit from the counselling to some extent because he helped himself, which is what person centred counselling encourages. I believe that he and Heasa both needed longer-term counselling in order to be able to understand their role as clients, or a further educational session to help to them understand the purpose of person centred counselling. Hadi was not aware of the roles of either the client or the counsellor, but after my return to the UK he called and asked for more sessions because he believed that I had been there for him, listening in depth and supporting him. I believe he had a real need to be listened to. His call shows the importance of listening in counselling.

At the third session Hadi stated that the counselling had not helped him but that he had helped himself to improve the quality of his self and his life:

I feel I'm not benefiting ... I've benefited from myself.

I felt that he was not ready to go into his inner feelings about himself in depth; rather he engaged with his relationships with others, which made him feel tired and unhappy with many things around him. He felt he had said all he wanted and did not have anything to add:

I didn't have anything to add. This made me stop, and I felt better.
(Feedback 1)

I think the main difficulties in Hadi's case were his high expectations of the counsellor's role. I believe that he needed to be educated more about his role as a client and mine as a counsellor, and about the difference between counselling and conversation

Hadi:

Most of her [the counsellor's] time was silent. She listens, you know. In the three sessions I talked, I did not get advice as to what to do, she was listening. I prefer discussions, questions and answers, what to do and what not to do. (Feedback 1)

Hadi was not happy with my style of counselling. He wanted to be guided directly toward the solution of his problems as his father used to do. Despite the fact that he, like everyone else, had had an introductory session with me, he did not want to talk continually and wanted guidance and direction:

I feel she talks indirectly. She could give you hints but you have to talk continually and you move to different subjects. Once I kept talking; I did not know what to say. You don't feel that there's a conversation. You might talk for ten hours. (Feedback 1)

The client believed that he had done his best to help himself and had received little direction from the counsellor:

As I told you, I helped myself ... I didn't get any clear support from her.
(Feedback 1)

Summary

Hadi made some progress in the therapy and was able to share and express strong feelings about himself and others. After the short series of three sessions

Hadi left therapy feeling that he had not gained anything, nor did he feel that the issues that had brought him to therapy in the first place had been resolved.

The therapeutic relationship needs to be based on the client understanding the roles of both client and counsellor, but unfortunately this was not the case here. Hadi did not submit any of his forms to measure his changes. However, as a person centred counsellor I was aware of the client's right to choose and decide whether he wanted to complete the forms or not. He did not make good progress in terms of accessing and expressing difficult emotions and gaining internal strength. It seemed that Hadi's experience of life after his father moved to live in Syria had made him feel hopeless and depressed, even though he looked confident and strong. Longer-term counselling might have helped him to express his deeper emotional problems and become more positive by affirming and adapting his emotions to produce long-standing changes.

At the beginning of the counselling sessions Hadi did not like himself very much, but he believed in his ability to solve his own problems. However he told me that he felt relaxed and free to share his personal problems with me. I feel that as an Arab Muslim male he did not want to appear weak or hopeless. Even his body language showed confidence and willingness to help himself. The difference in our gender affected our relationship, as Hadi felt he should not need the help of a woman to solve his problems, and this made him feel confused and undermined about whether I was the right person to talk to or not. Hadi was an Arab male who was proud of his gender and I was aware of my limitations as a female counsellor, therefore I agree with Proctor (2008):

Women therapists may need to be particularly aware with male clients of their needs and limitations, and to check their socialization does not lead to these being dismissed or overridden in the face of a man's concerns. (p. 91).

The seven stages of process

The client was engaged in talking about his external world without expressing his feelings about the self. In the second session he progressed to stage four

and was able to say more about himself and his feelings, but he was not able to benefit from the sessions fully due to his denial of his need for treatment.

Section Three: Findings from the Beck Depression Inventory

In this section I present the analysis and outcomes of the Beck Depression Inventory (BDI) forms which I used in the pilot and main fieldwork studies. The aim of using the BDI was to assess the changes in the study cases statistically before and after the counselling sessions.

Before presenting the findings I briefly describe the BDI and scoring method below.

Scoring the BDI form

The sum of the BDI item scores indicates the severity of depression. The test is scored differently for the general population and for individuals who have been clinically diagnosed with depression. For the general population, a score of 21 or over represents depression. For people who have been clinically diagnosed, scores from 0 to 9 represent minimal depressive symptoms, 10 to 16 indicates mild depression, 17 to 29 indicates moderate depression and 30 to 63 indicates severe depression.

The next part of this section is divided into separate parts that cover the pilot study and the main study.

Stage 1: The pilot study

In this section I briefly present the analysis and findings of the pilot study, as shown in the table below.

Name	Before	Level of Depression	After	Level of Depression
Yousef	8	Minimal depressive Symptoms	2	Minimal depressive symptoms
Kaltham	7	Minimal depressive Symptoms	6	Minimal depressive Symptoms
Mona	33	Moderate	29	Moderate
Amer	37	Severe	38	Severe

Table 7.1: The BDI results in the pilot study

Analysis of Table 7.1

Table 7.1 shows that three levels of depression appeared among the four cases. The first and second cases scored between 0 and 9 in both pre- and post-counselling BDI forms. In other words they had minimal depressive symptoms. The non-directive counselling sessions helped to decrease their scores, whereas their general level of depression stayed the same. The third case did not show any change in the (moderate) level of depression before and after the sessions, with a score varying from between 33 to 29. The result of case four showed no significant difference between pre and post forms. The case scored 37 and then 38, indicating a level of severe depression. The scores and level of depression in the first and second cases are lower than those in the third and fourth cases. The level of depression in the last two cases (Mona and Amer) shows their need for further counselling support.

The qualitative method helped me to have a clear, readable picture of my work with the clients and allowed me to get closer not only to what they said but also to what they needed.

Stage 2: The main fieldwork study

Table 7.2 shows the changes and improvements in the level of depression in the main fieldwork cases.

Table 7.2: The BDI results in the main fieldwork study

Name	Before	Level of Depression	After	Level of Depression
Mariam	25	Moderate	11	Mild
Farhan			4	Minimal depressive symptoms
Fatma	39	Severe	19	Moderate
Heasa	56	Severe	52	Severe
Hadi		No results		No results

Analysis of Table 7.2

In general there was an improvement in the BDI levels and scores after the counselling sessions. As shown in Table 7.2, Mariam's score moved from stage three (moderate) to the stage two (mild) with a reduction from 25 to 11. The improvement in Mariam's case was not only in the level of depression but also in the score.

Farhan did not use the form correctly, as he chose more than one answer for each question in most of his pre-counselling form so the results were not clear, although they generally showed that he was depressed. However, I read each question on the second BDI form to him and asked him to choose the answer applicable to him. This it helped me to collect the answers for this form, which showed a score of 4, or stage one (minimal depressive symptoms).

The level of depression in Fatma's case decreased remarkably from stage four (severe), with a pre-counselling score of 39, to stage three, with a score of 19.

Heasa had the highest score of 56 on the pre-counselling form with a slight change in her score to 52 after the counselling sessions.

Heasa's results indicated that she did not benefit from the sessions. However, the levels of depression decreased in Mariam and Fatma. I believe that this shows a positive outcome from the treatment. Three out of four cases scored lower on the post-counselling form, which may indicate the effectiveness of non-directive counselling in helping and supporting the cases. There were no valid data for Hadi or Farhan. The last case was that of Hadi, who had only three counselling sessions and did not complete any forms.

Although there were changes in both groups, it seems that the clients in the main fieldwork study benefited more from the counselling than those in the pilot study. There was a noticeable improvement in the main fieldwork study cases regardless of their level of depression.

To summarize this section, I believe that the findings provide me with an overview of the changes that each case went through during and after the

counselling sessions and confirm the qualitative findings, which indicate significant change. This was particularly the case with Fatma, whose case I analyze in the next chapter.

CHAPTER 8: 'The Journey to Find Oneself'

Introduction

Having analyzed four cases of depression in the previous chapter, in this chapter I present the therapeutic journey of the most successful case I worked with in this study, Fatma, for whom I gave a brief summary in Chapter 5. In this chapter I analyze Fatma's case in depth, session by session. I consider my role as a counsellor and the part I played in helping Fatma to express herself and her issues in more detail. I also discuss some of the factors that made Fatma's counselling successful and consider her sessions in relation to Roger's seven stages of process, choosing moments that are particularly relevant to this. I also present the HMC psychologist Dr Elnour's comments on the effectiveness of this study.

Case Overview

Fatma's aim was to find and build a healthy relationship with herself. She had no trouble loving and taking care of others but had difficulty supporting herself. She saw herself as a religious and spiritual person who wanted to live in peace with herself and others. She wanted to find a way to improve her relationship with her husband, who was always busy and never expressed his feelings for her. She greatly missed her deceased father who had loved and expressed his feelings for her directly. At the beginning of the counselling Fatma struggled with her feelings of anger towards her husband. She believed that he judged her anger as inappropriate; consequently, she felt guilty about it. She liked to escape to a world where she thought about the past and her beloved father and felt happy and safe. She had difficulties dealing with painful unwanted memories such as her fathers' death. She accepted how others behaved and did not ask them to change how they acted towards her.

During the counselling sessions Fatma became aware of the need to improve her relationship with her mother, who abused her emotionally. She wanted to find the right way to deal with her from an Islamic perspective without compromising her own needs as an individual. She wanted to love herself and return to the activities she had enjoyed in the past, for example reading, and to fulfil her role as a mother and spend more time with her children. During our sessions Fatma was able to engage with herself and work from within to improve her relationship with herself and others. The counselling allowed her to undertake a journey to find her true self and build a healthy relationship with it. She learned to love and respect herself and to fulfill her needs as a person, a wife and a mother. She was able to break down the barrier between herself and her husband by accepting him as he was. She learned to search for and discover herself through her sessions with me, to listen to her inner feelings and change from within. She was aware of the importance of dealing with her anger and unwanted inner feelings before trying to change her external world. By the end of the counselling sessions she had resolved her problem with her expectations and was able to validate her inner feelings and approve of herself.

Below I analyze the counselling and feedback sessions.

Session 1

At her first session Fatma was not sure where to begin. She looked confused and overwhelmed, and I encouraged her to start wherever she wanted. Fatma shared three main concerns with me in this session.

The first was her only brother's accident, which had disabled him. She blamed her husband, who was driving the car, for destroying her brother's life. The second concern was the miscarriage of her baby; and the third was failing her final examinations at school. She looked depressed and felt hopeless about her whole life. She realized that these problems affected her life and made her take on too much. She did not have a definite goal in this session; rather she just described her situation. I let her feel free to recall her issues by listening to her in depth. Fatma described her childhood as a happy one in which the family was

enfolded in her father's protection and love. She told me of her love for her cousin, whom she had been looking forward to marrying. However, he had gone abroad and on his return she found that he had changed and she no longer loved or wanted to marry him. It was clear that there had been love and happiness in her life which had made her optimistic about her future. Fatma had hopes of becoming a doctor. Unfortunately her happiness did not last long after the death of her father, and this made her feel negatively about her whole life and made her lose hope in everything.

She talked proudly of her father's religious position. He had been an *imam*. Fatma had thought of committing suicide, but as religion featured predominantly in her life she would not act against her belief as a Muslim. As the oldest daughter Fatma took on responsibility for the family, as her mother felt incapable of this following her husband's death.

At the beginning of the session I invited Fatma to feel free to share her issues with me.

Counsellor:

Where would you like to start?

Fatma:

I don't know where to start ... From the beginning or from the end ... Because the end that I'm living now is more tragic ... the accident that happened to my brother and my husband ... My husband was the driver when it happened; my brother's injury was a serious one, to his head. He was a pharmacist and I had great hopes for him, but was I shocked by this accident.

The last thing I wanted was a child that I was pregnant with last year. He was disabled and the doctors decided to abort him when I was in the fifth or sixth month. I felt guilty because I didn't let him become complete; I don't know what made me listen to the doctors and permit them to abort him.

The client was confused and overwhelmed. Unexpected events had occurred which had changed her whole life. I believe these events caused her to become depressed and unable to collect her thoughts. There was underlying anger at

the doctors as well as the situation itself and a strong recurring pattern of remembering her childhood in her present life:

Everything exploded after that ... I still remember myself as a child who saw the world as a nice place ... I used to be happy in a stable family with my parents, brother and sisters.

Fatma started to share her story with me. She began with happy childhood memories as if she were escaping from the unpleasant circumstances which surrounded her:

As soon as I entered secondary school I got engaged to my cousin ... He was the only man I could see and wanted to be married to. He was abroad working and earning money to establish his independent life ... I felt happy and safe at first.

Suddenly she had felt the loss of hope, security and predictability in her life:

But suddenly, my father passed away, five days before the exams ... I felt that I had lost hope in everything ... felt that anything could be lost at any time. My father had a good social position ... and everyone respected him, but things changed after his death.

She lost her positive view of the world, which no longer seemed a good place. Even the cousin whom she had hoped to marry had changed:

He had become a material person and I was shocked to find him drinking, so I broke up with him. I lost my trust in everyone.

Fatma had very strong faith and despite her feelings she understood that she had no choice but to deal with her difficulties and accept them as a test from Allah (SWT):

There was a time that I gave up on life. Of course I thought of suicide but I trust in Allah and I know that whatever happens is a test from Him that needs patience from us ... But it was a gradual feeling of the loss of life.

She became responsible for her family after her father's death. There was anger within her when she revealed that her mother's dependence on her was the cause of all her troubles:

The greater problem was my mother ... she felt that she was not able to carry on alone with children. Unknowingly I found myself the one that ...

took on many responsibilities ... I was like a second mother to my sisters and brother and I sacrificed a lot for them.

Fatma was always there for her mother and siblings and treated them like her own children:

My sisters are used to my love for them; I give them all my feelings and even any material things they need.

The above statement illustrates Fatma's generosity and love for her sisters. It is clear that she was totally aware of how she fulfilled others' needs, forgetting herself and her own needs as an individual.

Fatma talked about her solid standing within the community and was proud of her father's social stature, which was very important to her. She had hoped that her brother would assume her father's position after his death:

My only hope was my brother, who was only six years old when my father passed away ... I wanted him to grow up and gain a good social position, replacing my father, so that we could get back to the social position we had before my father's death.

Fatma shared with me how she had married her husband. She was happy that his social status was good. Her mother had played an important role in the marriage as he was a neighbor and they knew him very well. It is not surprising that Fatma became depressed because she had never been able to live her life as she wanted:

After some time, my husband proposed. He was our neighbor and my mother recommended him. I didn't feel bad about him, although it was a traditional marriage ... but he was a religious man and an ambitious engineer.

The fact that he is religious is important to her:

Thanks be to Allah, his social status is very good, but this happened after I married him and helped to him start from scratch. My mother used to tell me that everyone was talking and saying it was not a good thing for me to remain single ... So I agreed.

The above statement demonstrates the role of society in Fatma's life, as she had married to please others and not herself. Fatma was keen to improve her

husband's social status and never complained of the long hours he worked, interrupted his work or put pressure on him to be with her. When they married she felt that her heart and mind were with her mother and siblings, although outwardly she was with her husband:

I got married to him physically, but my thoughts were with my mother and sisters ... I left him to his work all the time and never made him feel that I needed him.

It seems that Fatma was self-sacrificing and engaged in making life good for everyone close to her, leaving no room for herself or her own needs. Even when her husband travelled abroad he left her with his mother:

Then my husband went away. I was still with his mother feeling lost and alone. My mother still needed me and was counting on me.

She blamed her husband for destroying her life after her brother was injured. She knew it was not his fault, but she was angry with him:

I felt that he was the one who destroyed me for the second time in my life with the accident that happened to my brother. I know that it's not his fault.

She had negative feelings towards her husband which affected their sexual relationship:

Now when he's at home I feel as if I'm being suffocated. There are two contradictory feelings ... From inside I love him and need him to be with me, but at the same time I can't forget. I feel that something is suffocating me, even in our sexual life ... He complains and tells me that I'm not with him ... In fact, I don't want to ... I feel guilty ... I don't know why I feel that he's the reason for what had happened ... I even feel guilty for loving him and being a good wife to him.

Fatma was unable to overcome her negative feelings for her husband. She had complex feelings, loving and hating him at once. I was aware of giving priority to religious support so my direct response was to say:

Counsellor:

Praise be to Allah.

It is important for Muslims to refer their speech to Allah (SWT).

She shared her memories of death and dead people with me. She was afraid of death. Thinking about dead people frightened her and makes her feel bad about herself and her health. She linked her diabetes with others who had had diabetes and died. It is clear that she focused on the negative rather than seeing the positive. However, at this stage she was not ready to move on to her unwanted feelings because she still felt afraid of them and unable to face them:

All the death memories that I've gone through are coming into my mind ... If my sugar level goes down I feel frightened too, as I remember those who passed away with this problem ... I remember all the sad memories ... I feel as if they're dragging me towards my death.

One of commonest feelings of people who are depressed is guilt. Fatma felt guilty because she believed that she did not give her children enough time or attention. She was aware of their needs but unable to give them what they deserved:

I want to live a normal life, to be with my children. I feel I'm not being fair to them ... Not able to do anything for them ... I've totally left them ... The only thing I do for them is cook ... They come to me seeking my love, but I don't have this feeling for them.

As a result of being surrounded by unhappy events and depression, Fatma lost interest in everything and all her dreams were about unhappy events or memories. She dreamed of failing her exams and not being able to achieve her educational goal. Fatma had no interest in anything or even any feelings about anything around her. She felt as if her heart had turned to stone. It was very important that she was able to express what was going on for her at that time: it was a good sign of focusing on the self:

I've lost my feelings about everything ... I feel that there is a stone inside me ... I don't know how to get out of this and what to do with all these bad memories ... I think it might be because of my feeling of failure, to the extent that sometimes I dream about attending the high school exams, scoring a high grade and entering the college I wanted to... Other times I dream that I've failed the exam ... Sometimes I dream that I'm at work and my boss is punishing me ... Sometimes I feel that other people, younger than me and with fewer certificates, can express what they feel, but I can't.

Comparing herself negatively with others was a way of putting herself under pressure and expecting more from herself, which led to dissatisfaction with herself. Fatma was unable to take control of her life and live it as she wanted. Her dreams expressed what was going on for her.

In general, at her first session Fatma was able to freely describe her personal problems. She recalled past and present issues and described her attitudes towards her family.

The seven stages of process

I believe Fatma was in the third of Rogers' stages at her first session with me. She was talkative and comfortably engaged with her past memories, whereas the present was almost absent. Life was tasteless because of her unhappy life circumstances such as her brother's car accident. She was at the stage that Rogers (1961) describes:

If the slight loosening and flowing in the second stage is not blocked, but the client feels himself in these respects to be fully received as he is, then there is a still further loosening and flowing of symbolic expression (p.135).

Session 2

During session 2 Fatma told me of her feelings following her first session with me. She had spent the whole week before our second session looking for herself. She had realized that she had talked about her issues with others but was not aware of herself. Our counselling journey began when Fatma became aware that she had lost track of who she was:

Where is Fatma in all of this? The whole week I sat thinking ... Comparing the attitudes that harmed me ... where am I? ... I am there in every picture. I discovered that I forget myself [falls silent].

I believe Fatma took her participation in this counselling seriously and therefore did not let the first session pass without thinking about what had happened in it. She used it to get closer to herself. She was a motivated client who wanted to learn and benefit from counselling, not only during the session but also alone as she actively worked on her thoughts and feelings to try and find herself.

Her marriage was very complicated because of the differences between her and her husband. Fatma had very high expectations that he should try to understand her. I believe that these expectations made her suffer in the relationship as she did not try to find the middle ground or realize that she too had a part to play:

If I try to talk with my husband ... 'Why don't you help me to find myself?'... I hear him saying, 'You have convinced yourself that you are mentally tired. You don't have a problem'... he doesn't understand my situation ... I mean he is unable to understand my inner feelings. He thinks that anyone who believes in Allah (SWT) could not feel depressed ... because the believer surrenders entirely to Allah (SWT).

Fatma criticized her husband's attitude to her illness. He wanted her to focus on her religious duties and ask Allah (SWT) for help directly instead of asking for or relying on others' help. It was clear that her husband was not aware of the importance of therapeutic intervention as part of the whole treatment. The couple had different ways of thinking which led to disagreements between them. Fatma believed that her husband's work affected his personality and his way of dealing with others:

He doesn't understand my situation ... and continues to advise me. I feel that his advice troubles me. We have agreed that he would not interfere in my life ... I will look after my life myself. I told him, 'Since you have taken me to the experts ... Ok ... leave me ... I don't need your guidance now' ... when he is at home he continues to act as he is at work ... 'Do this ... hold that ...' this is his nature. Imagine when he is with me he says ... 'fill your time with reading the holy Quran ... and praying to Allah (SWT)' ... so I told him [laughs] ... that's enough ... no need for your advice.

In the statement above Fatma blames the external world, and particularly her husband, for not being able to understand her personality. I encouraged her to say more.

Counsellor:

You mean you do not feel that he is with you – you do not feel his presence?

Fatma:

I don't know ... whether or not I am a good communicator ... or he is a poor communicator. ... I don't know... I don't know what kind of man he is. Frankly speaking, I don't feel that he loves me, though he says that he loves me.

Indirectly I tried to generalize the idea of love and lower the client's expectations by giving the example below.

Counsellor:

Do you not think that there are many types of people? Some people have feelings of love, but they don't express them. I mean the degree of expression differs from one person to another.

Fatma believed that her husband loved her for the sake of the children but not for herself as a person:

I believe that there is an attachment and willingness to stay together, but not love and romance. He likes me as his children's mother. He wants to see his children with a good level of awareness and education ... and I have provided him with that as a responsible mother.

At this session Fatma became more aware of how she treated her husband and of her desire to take care of her family:

I know that my method is wrong ... But I didn't used to be like this, only for the last two years of my life ... Earlier I was affectionate and tender ... I used to tolerate whatever he did. I used to make excuses for him ... But the last two years [since her brother's accident] ... and, there are some negative changes ... In spite of that, I try to ignore the negativity ... because I am keen to look after my house ... my family ... my husband ... I want to live a normal life.

She understood that her husband's job made him a busy man, but she wanted him to pay more attention to her feelings. She wanted him to listen to her feelings, especially when he could see that she was upset. I wondered in the session whether this was related to how her father treated her as a daughter and whether she expected her husband to take on her father's role and treat her similarly:

I feel that he is overloaded ... he wants the problem to be solved by itself. When he comes home ... He should ask me why I am so miserable ... 'Is there a problem?' ... When he sees me upset ... he prefers to avoid me.

Overall, in this session Fatma started to see her relationship with her husband from different angles. She knew he was a busy man working very hard for the sake of his family, but at the same time she believed that he should pay her more attention and try to understand her feelings and thoughts. In this stage Fatma was still engaged with the external world, as in her first session, but there was an increasing movement towards self awareness.

Session 3

This session shows Fatma's interest in talking about politics. Following the death of President Saddam Hussain Fatma decided to stop watching the news because it was affecting her life psychologically and emotionally:

Yes, I stopped ... the last thing I saw on the TV what happened to President Saddam Hussain ... After that I didn't watch the news again.

Associating unhappy events like this with her real life affected her badly. It shows how she focuses on unhappy events. The hanging of the Iraqi President shocked her because it was unexpected, as many events in her life that had come as a shock.

Throughout this session Fatma linked the death of President Saddam Hussain with the death of her father. She was proud to talk about the President, whom she felt was special to her as her father had been. I felt it was important to encourage the client to feel free to express her feelings at that time:

I felt that my father is dying again ... I was shocked when President Saddam Hussain was hanged. I was really surprised to hear that they had hanged him.

Session 4

In session 4 Fatma expressed her desire to have a happy life and work towards eliminating her unwanted memories. This indicates that she had started thinking more positively about her life as a whole. Fatma remembered her cousin's attitude towards her when he had come back from abroad. She did not like how he treated her as if she was his wife. Fatma felt he had abused her and wondered whether he would have behaved similarly if her father had been

alive. The client felt that people's attitudes had changed after the death of her father, including that of her cousin, who did not respect the death of his uncle or his family. It is clear that Fatma's religious background influenced her way of thinking and her behaviour:

The cousin I was engaged to ... once he came back from a journey ... he was behaving if I was his wife ... he wanted to take me for an outing ... he wanted to kiss me ... I feel injured within. ... When my father was alive ... [my cousin] never raised his eyes to watch me ...

The above shows the sense of protection she had from her father and how vulnerable she felt without him. Even her cousin, who was supposed to be protective and helpful, behaved badly towards her and acted in Islamically unacceptable ways. She wanted to be strict with everyone, including her cousin; she took on her father's position protecting her mother and siblings. She had to play the man's role to be able to help her family.

Counsellor:

You took on the role of a man.

Fatma:

I took the role ... No need for everyone to enter the house. The home should not be violated ... That's why I became harsh and hard ... according to my husband, 'You are a man' [laughs]. Sometimes, I really behave like a man, not like a woman [laughs].

The death of her father and her cousin's attitude towards her afterwards had apparently shaped her personality, causing her to deal with her husband and others harshly. I believe this was especially the case with men because she did not trust them. She may have acted as a man to protect herself from the outside world. Her hard personality affected her relationship with her husband, who started to see her as a man. It seems that the love she had for her father led her to play his role unconsciously, especially as there was nobody else who could do so.

Fear of death and fears of the unknown world after death controlled Fatma's life. With her religious background she knew that praying to Allah (SWT) would

help her to move towards a pleasant life in the Hereafter, but it seemed that she was caught up in unhappy feelings about death:

Nobody knows about the life after death precisely ... If someone is going to a known place he feels relaxed. But imagine ... if you are going to an unknown place ...

Fatma comforted herself with religion. She had very strong faith and trust in Allah (SWT):

You can say, by the grace of Allah (SWT), He is our guardian, we surrender before Him ... and He is our custodian.

Counsellor:

Thanks to Allah (SWT), how perfect He is! ... Surely, the hope is in Allah (SWT) in fact, the prophet (PBUH) said that Allah (SWT) says, 'I will be as you think about me' May Allah (SWT) be glorified ... it is great to have hope in Allah (SWT).

This is an example of the strong religious support I offered Fatma, as I was aware that she was willing to accept such support. She wanted to know why she had these fears. I believe that she was open to exploring new things beyond her fears at this point, and taking responsibility for finding the reasons behind her fears:

I want to know where the fear comes from. Maybe some experiences in my childhood caused that [falls silent].

To reduce her fears I supported her religiously.

Counsellor:

That was by fate ... by the will of Allah (SWT).

Fatma's interest in her own process and the origins of her distress, as indicated by her saying 'I want to know where the fear comes from', is a good indication of her 'psychological mindedness', a quality associated in Mick Cooper's (2008, pp 78-79) findings with clients who tend to get more out of therapy. In fact, Fatma meets all the criteria summarized by Cooper as necessary for a good

therapeutic outcome, including extra-therapeutic factors such as 'high levels of social support' and a vital awareness that therapy may sometimes be 'challenging and difficult':

By the grace of Allah (AWT), I notice your firm will to recognize yourself ... know things that hinder you ... a strong will to change to the best as much as you can by the will of Allah (SWT).

Fatma was unable to forget her unwanted memories. I tried to support her by reflecting and focusing on her present feelings. I also was aware of allowing her to feel free to say more about her feelings in our next session because the current session was coming to an end.

Counsellor:

Sadness?

Fatma:

I don't forget the sad memories easily. Painful memories are preserved in my mind ... I work hard to divert them and think positively.

Counsellor:

If you'd like to talk about these things again, such as your fears, worries ... about death ... If you like ... we will talk about such thing later.

I believe my statement, above, shows the strength of the therapeutic relationship which allowed Fatma to talk and express her feelings freely.

Fatma was open to sharing her secrets with me. In all of my responses I was aware of supporting her religiously and accepting her as she was.

I was empathic with Fatma's deepest beliefs. I was aware of giving strength to that positive, deeply religious Fatma rather than empathising with her about her fears that she might go mad:

I am frightened ... that sometimes I feel I am about to go mad ... to lose my strength ... I feel close to insanity [laughs].

Counsellor:

No, by the will of Allah (SWT) you will be ok ... you will be mentally fit.

There was a significant movement in the fourth session when Fatma revealed that she had noticed positive changes during her third session with me. She had started to believe in the need for working from within:

In fact, I felt throughout our sessions, and now, by the will of Allah (SWT), that there is an increasing awareness ... and willingness to change myself from within ... It is true that I want to think about beautiful things.

I was totally congruent with her, acknowledging the positive changes she was able to recognize in herself.

Counsellor:

By the grace of Allah (SWT), I notice your firm will to recognize yourself ... know things that hinder you ... a strong will to change to the best as much as you can... by the will of Allah (SWT), O Allah.

She wanted to be helped by someone who could share her religious perspective. I was aware of considering Allah's (SWT) will before saying anything, as part of the Islamic method of dealing with others.

Fatma:

It is natural that someone who stretches his hand to me ... Because I feel that without help I will be in a loop of negativity ... I need someone to enlighten and help me.

Counsellor:

By the will of Allah (SWT) ... we will be together by Allah's (SWT) will ... I believe one should start with oneself first.

This session shows that Fatma had realized that she had to move on from her unhappy memories to live a normal life; however at the same time she was still obsessed with a fear of death and was still struggling to deal with her unhappy past. At this point Fatma started searching for the reasons behind her fears of

death. It was a significant improvement in her way of thinking; Fatma was trying to focus on herself and her fears, instead of being engaged with others.

The seven stages of process

Sessions 2, 3 and 4 present stage four in Rogers' seven stages of process, with:

...general loosening of constructs, a freer flow of feelings which are characteristic of movement up the continuum. (Rogers 1961, p.137)

At this stage the client had difficulties with her relationships with others because they did not understand her feelings and thoughts. Later she was able to accept her husband's attitude and to criticize her own way of dealing with him:

I know that my method is wrong...' 'I feel that he is overloaded ... he wants the problem to solve itself.

At this stage the client was moved to express her feelings about the political scene. She did not like the political activity that was occurring in Iraq. Although she linked the death of the President with the death of her father she was able to come into the present and express her anger. I believe this that was a significant movement from past to present. In the first four sessions she had expressed her deep feelings for her cousin, whom she had loved. In the fourth stage the client becomes more open to talking about what is going on within them in her relationships with others.

Session 5

In this session Fatma was aware of the importance of living her life and enjoying it, but was unable to forget unpleasant past experiences. She started to recall some of her unhappy childhood memories and tried to link them with her present fear of death. It is clear that the client was actively searching within herself for the reasons behind her fears:

By Allah and thanks to Him ... but I don't know why my mind thinks about my previous experiences. I notice that I have been frightened about some things since my childhood [falls silent].

I mean ... events I lived in real life ... and even now I am mentally connected to them ... Or ... even I continue to see them in my dreams ... sometimes it's dreadful ... it's horrible ... I get frightened in my dreams ... I feel they're distracting me ... usually, I dream that I'm walking the graveyard. I remember that at elementary school ... When I was almost in class 4... [falls silent] ... We were settled in gangs ... we used to walk together... and the village's chief's son was our leader. He was a naughty boy [laughs]. He used to lead us to the graveyard after school ... we used to find skulls and bones ... our leader used to hold a brick and smash those skulls and bones.

Counsellor:

Because, as you said ... those graves were open.

Fatma:

The boys were so naughty ... they used to open the graves with their legs and look at the bodies inside ... some graves were high ... but became lower than the ground around them ... So that boy used to crush the bones and the skulls.

Counsellor:

And you used to watch that!

Fatma:

I used to just watch them.... It did not frighten me when I was child but it did when I grew up. I feel guilty, as if it was a crime ...

Therapeutically this session helped Fatma to get in touch with her past and discover the reasons behind some of her fears. The client began to help herself get closer to her inner feelings and thoughts. At this session Fatma was totally occupied with her inner feelings and she was also busy searching her past to try and come to terms with it. This was an important movement towards facing her fears and presenting her feelings in the present. Fatma felt guilty about what she had done in the past and could see that these experiences had affected her psychologically.

Session 6

This session was one of the most important we had. Fatma shared different

aspects of herself with me and was able to observe her relationships with others from different angles. She was spiritual and calm and able to share her secrets. She was in her own world where she was totally herself and enjoyed her spiritual moments without interruption from the external world. Fatma was totally honest and real and shared things with me that she would not be able to talk about or even mention to her husband:

I think I've started describing myself better ... I'm able to recognize myself now ... in these sessions with you I've started to know the source of the fear ... The fear is due to some particular reasons and events in my life.

I thought that I would tell everything in the first session, and get the solutions from the first session ... But later I realized that I have in myself many things which need to be revealed. I mean I realized that one session is not enough.

In the following very clear description of herself Fatma started to talk empathically about the self as a part of her. The client was able to describe the new self and see it clearly:

The picture is getting clearer slowly clearer now ... It was my fault for ignoring Fatma for so long ... [laughs]

I mean ... I felt that Fatma was poor ... really poor ... she dissolved ... and she was influenced by her surroundings ... and then she forgot herself.

Fatma revealed her feelings and thoughts while doing her religious duties. She felt relaxed when praying and reading the Holy Quran. Moving to the unknown world, I believe, was her way of escaping from the real world. It is clear that the real world put a lot pressure on her; therefore Fatma found that accessing another world lessened her stress, even if just in her dreams:

I'll tell you ... When I read the Quran ... I feel my body relaxes ...I feel as if there are angels in the room.

Counsellor:

You feel as if the angels are in the room?

Fatma:

Ah ... I feel that I am not alone in the room.

In the following extracts Fatma describes her fears about life after death. She reveals a spiritual aspect of herself as she describes the movement of her soul. All these feelings occur only in her dreams while she is sleeping, because then she is not conscious and does not feel that her surroundings are real. I believe there was a high level of spirituality in this session, in which she moved into the depths of her feelings:

When I think about death ... I feel my soul traveling to somewhere else ... I think that I will die ... I feel that I'm separated from actual life ... maybe this is what frightens me. I feel that I see myself departing this physical world ... I feel that my soul is traveling to another place. I don't know where to ... sometimes I see myself in my dreams ... I've departed from the physical world ... to another world ... but I don't know where to exactly ... I feel I'm in heaven ... that is what frightens me ... I mean my dreams reflect ... translate my physical world [laughs]. While I'm sleeping my soul travels to other places.

Mixed feelings within her made her wonder about and be unsure of things around her. She was frightened and wanted to reassure herself by going back to her relationship with Allah (SWT) by praying at night to relax herself. Even though waking at night frightened her, Fatma was happy to make contact with Allah (SWT) while everyone was sleeping. I believe she was also looking for spirituality and a calm and peaceful atmosphere during her prayers. It was not only her duty; it was something she enjoyed which affected her soul and prayers positively:

When I get up and pray ... I feel myself normal ... and clear ... I feel my soul glad while I pray.

Counsellor:

In peace and relaxed?

Fatma:

The peace and calmness give me more chance to be ... [falls silent].

Counsellor:

To be spiritual?

Fatma:

I become more spiritual [laughs].

Fatma revealed that she was afraid of going mad because of how she thought and how she saw the movements of her soul:

...I get frightened of two things: first, I'm afraid of going mad ... the second: I'm afraid that my soul may leave me ... and not come back to me ... [laughs].

I supported her religiously, again empathizing with her deep faith.

Counsellor:

No ... by the will of Allah (SWT) ... you will live long.

The above dialogue shows the depth and closeness of the therapeutic relationship that allowed Fatma to remove her mask to be totally herself and reveal things she would not otherwise be able to reveal. I believe Fatma felt secure enough to share her most private world with me.

Fatma was aware that her experience with her cousin had caused her to lose her trust in others:

My relationship with my fiancé has even shaken my relationship with my husband ... I lost my trust ... I mean this man loved me before he travelled ... he had a great love for me ... when I grew up ... and realized this ... I realized his love ...I realized that he had a great love for me ... but when he came back ... he had changed.

The change in her cousin's personality made her unable to trust her husband, as she believed that anyone can change in a moment. She was afraid of being happy because she believed that happiness cannot last:

This change caused me to lose hope and trust in my husband ... I felt that my husband too could change at any time ... I am afraid that this happiness may go ... then I will be sad and disappointed...

In this session Fatma also blamed her mother for her poor relationship with her husband, as she had not taught her how to behave towards him:

She didn't teach us that life with our husband is the basis of life ... she taught us that our life is with our parents ... she didn't prepare us for married life.

Fatma expressed guilt at not looking after her first newborn baby very well, but explained that she was now trying to give her more attention:

I had my oldest daughter eleven days before the university exams. My mother took care of her. I did not bond with Noorah [daughter] ... now I'm trying to be close to her and give her more attention.

In this session Fatma was able to find the reasons behind her fears, benefiting from the earlier sessions, and to link events. This allowed her to learn a new way of getting to know more about herself and dealing with others. Fatma was moving forward and recognizing herself. She was more aware of her needs as an individual and her role as a mother. At this session she was able to help herself and deal with her unwanted thoughts.

Session 7

Fatma came to see me as soon as she left hospital following a miscarriage. She had been three months pregnant. She looked tired and sad but was glad to meet with me. I appreciated her coming. Even though she needed to rest, she had not wanted to miss her session with me, demonstrating her commitment to counselling:

I feel as if I haven't seen you for a long time. I needed to talk to you because I lost my baby ... It's not the first time I have lost a baby; it's happened many times before. But this time it is interesting. In the past I was not able to deal with my problems ... I used to be calm and leave it in Allah's hands ... I was at work when my doctor called to offer me an appointment later that day [Fatma had not been feeling well and had asked to see her doctor at the hospital]. I called my husband to drive me to hospital. I know he'd been so happy to hear of my pregnancy. He came to pick me up. He waited outside my workplace ... He said, 'I've been waiting for you for more than 15 minutes'. I told him 'But you only just tooted the horn'. I told him, 'I swear to Allah I did not hear the horn' ... anyway, I found myself crying.

It is clear that the client was very sensitive to her husband's attitude. I believe she wanted to be held and supported by him. It was usually hard for her to cry but this event helped her to shed tears and gain some relief. Fatma considered crying a healthy way to feel better:

I have noticed that I burst into tears easily ... my tears come out ... I think this is a healthy thing for me ... Earlier I used not to cry.

Counsellor:

What would be the reason for Fatma's change?

Fatma:

I feel that I have changed ... in my sessions with you ... I have started to feel that I'm Fatma again ... I'm the old Fatma ... who I've missed for a long time .. I know what I need ... and what I don't need ... Earlier I was puzzled ... I can't tell you that I am 100% now ... but I can tell that I have started recognizing myself ... started to adjust to myself ... earlier I used to treat myself rudely ... I used to punish myself ... now I've started to feel that Fatma is overloaded ... I'm more sympathetic with her now ... I've started to realize her needs.

In this session she was aware of needing to treat herself kindly. There was love and respect for herself. Even though she was engaged with her external problems she was also aware of her internal feelings for the self. She was able to compare her past relationship with herself with the new one. The miscarriage had helped her to cry, which was positive for her as she had not cried for a long time like that, and it had allowed her to express her pain and sadness nonverbally.

The seven stages of process

Sessions 5, 6 and 7 demonstrated that the client was at stage five of Rogers' seven stages, able to express her fear of death without denying it. It was clear she was getting closer to discovering the reasons behind her fear. She was upset as a result of the unexpected miscarriage. However, the client was able to accept her feelings. As expected at this stage she was able to face contradictions and incongruities in herself, such as feeling that it was alright to

cry.

According to Rogers (1961):

Here many aspects of the client are in flow, as against the rigidity of the first stage. He is very much closer to his organic being, which is always in process. He is much closer to being in the flow of his feelings. His constructions of experience are decidedly loosened and repeatedly being tested against referents and evidence within and without. Experience is much more highly differentiated, and thus internal communication, already flowing, can be much more exact. (p.143)

Session 8

In sessions 7 and 8 Fatma shared her feelings with me about her miscarriage and how it had affected her life. She looked low and unhappy. Even though she was feeling better at her seventh session and talked more positively about her relationship with the self, at this session she felt as if she had lost all of the positive changes that she had achieved in her previous sessions.

I supported and helped her to deal with her guilt more positively.

Fatma:

Earlier I used to feel alive ... I loved greenery ... loved poems ... but all these things have gone ... I feel that life is tasteless now.

Fatma was diabetic and had had to control her blood sugar level to keep her baby alive. She believes that she caused the miscarriage because she failed to do this. I tried to reduce her guilt.

Counsellor:

Many people have diabetes ... How can diabetes kill the baby?

Fatma:

Because I didn't control the sugar level ... I didn't even know that I was pregnant ... had I known that I would have controlled the sugar level.

Counsellor:

You didn't know that you were pregnant. Let us think that you have no role ... And everything happened suddenly ... Allah (SWT) gave you

something ... Then he took it away ... by the will of Allah (SWT) he will compensate you ... In this way ... we can ease the problem.

Fatma:

[Sighs] Why didn't I take care? I'm afraid of the diabetes ... I am afraid that if the treatment continues ... my sugar level goes down ... Ok ... I am killing myself this way ... but Allah saved me ... Thanks to Allah (SWT) ... diabetes itself is killing me slowly ... why don't I take care of myself? Why don't I listen to the doctor? ... Why am I careless? ... Even if I didn't know that I was pregnant...

Fatma was not ready to take any action because her mind was full of negativity toward herself. She started to talk in the third person, which shows the distance between Fatma and her self:

Basically I have hated myself ... I hate Fatma ... who always suffers ... is always in trouble ... [falls silent]

I blame the people surrounding me ... who are happy when I suffer from a problem ... even my nearest and dearest ... only Allah (SWT) knows about the intentions ... but I have noticed her[her self] ... I'm fed up with Fatma ... she must be sinful.

Then there was a shift, and Fatma accepted whatever came to her from Allah. She believed that He knows what is best for her. She, as a Muslim, knew her capacity and limitations:

Allah (SWT) is to be glorified ... he has taken the life from Fatma ... Fatma doesn't have anything in her hands ... What I can do is to take care of my health ... this is the only thing I can do now ... It's normal that a woman miscarries once or twice in her life.

Fatma was afraid to feel happy as she associated happiness with losing loved ones. She also started to change her attitude towards her husband, whom she believed was the cause of her depression. She felt she had become more confused and unwilling to accept the situation:

I fear if I get happy then I'll have to get unhappy soon ... I started to adjust, get better. I became good and I improved ... I started to laugh ... I noticed myself laughing with my children ... and talking to my husband ... I started to laugh with him...

Allah (SWT) is to be glorified ... I know everything happens by the will of Allah (SWT) ... so why am I unable to accept the situation? [Sighs]

I empathically tried to support her and at the same time I was aware of encouraging her to increase her awareness of her responsibility and of taking care of herself. I focused on positives rather than negatives to help the client to think more positively about her life in general and the relationship with the self in particular. I believe it worked because I moved Fatma from being controlled by her fears and unwanted thoughts to a healthier atmosphere. It was very important to encourage her to feel and sense her ability to take responsibility for herself, as she did with others. As we were both Muslims I was able to share religious belief with her as below:

Counsellor:

I can imagine that all your previous experiences caused such pain for you ... and let you live with unhappy thoughts ... but I notice a difference this time ... between this session and the first one ... when you talked about your dreams and thoughts ... you know that there are many things that are not in Fatma's hands ... Allah (SWT) is to be glorified ... it is good that you surrender before Allah (SWT) ... the most important thing is that Fatma should take care of her health ... and then take care of her children and family ... so don't you agree with me that the awareness of health is important? ... Don't you think that such awareness in you is a positive sign?

Fatma felt the sessions were very useful for helping her to recall and deal with her past. This encouraged her to work from within and build a relationship with the self, based on love. The client was able to see herself before and in the present, and this was positive. She was able to sense the differences within herself in her attitude towards the whole of her life. This can be considered part of her therapeutic improvement. To encourage Fatma to see her needs and self more closely and clearly I used her name instead of 'you', as in the quote above, when I said: 'The most important thing that Fatma should take care of ...', and I believe that this proved useful in helping her to get in touch with her inner feelings and be close to herself:

Fatma:

I do compare now with the last session I had with you ... in that session ... I felt the positives were more than in this one ... I was happy ... I started looking to myself to find the causes for my distress ... I felt as if I went back to my childhood... suddenly everything is muddled.

Counsellor:

In spite of that, are there many good things...?

Fatma:

In spite of this there are many good things around you ... you can feel them ... but when the light is turned off you can't see anything.

Fatma was motivated to change her life. I believe this session increased her awareness of her feelings and thoughts in the present. It also allowed her to express her inner feelings about her problems. This session shows how the client was able to move on and start to think more positively about enjoying her life. Fatma was glad to use these sessions to open up and talk about her issues. There was an improvement in her way of dealing with herself. Her example of living in darkness where she was not able to help herself was a very good indication of how she felt.

Session 9

In this session Fatma expressed mixed feelings about her past and about her husband, who was working abroad. These mixed feelings surrounded her and affected her life:

I feel that I'm afraid ... when I'm alone ... or when I get up ... I get up twice or more in the night ... and I find myself frightened and shivering ... I don't know why. What's the reason?

I don't want to sleep in my bed ... why? I don't know ... I want to sleep away from my bed ... the other thing is my husband has gone for a week ... I'm waiting for him.

She was aware of not being able to face the present and of wanting to live in the past, as her childhood had been the happiest period in her life:

Live in the present ... but due to the fear, I don't want to face the present
... I don't want to forget my childhood.

Fatma blamed her mother for pulling her towards her unwanted memories.

She felt that her mother controlled her and her siblings:

Whenever I try to get away from the past, my mother makes me return to it.

Counsellor:

Your mother.

Fatma:

My mother doesn't want to give me the feeling that everyone has his own life...

Fatma felt guilty for not being there for her children because of her illness; however she was still at the stage where sometimes she felt unhappy in her role as mother and unable to take any action to alleviate her feelings of guilt:

I don't feel that I'm doing a positive thing for my children ... I left them studying by themselves. I guide them ... I follow up ... it is not enough ... I need to do more for my children.

Fatma was generally now more willing to get close to her children. At the beginning of the sessions she had felt as if her heart was 'a stone' and was unable to think of her children's needs. She still needed to take action to improve the relationship with her children and fulfil their needs, but at least she indicated how she had started to think and feel differently towards them.

Session 10

In this session Fatma again talked about how she had been left with the responsibility for the family after her father's death. She also acknowledged that she had to accept her past and was ready to move on, but felt that she required direct guidance to help her do this.

I believe that at this time Fatma was temporarily unable to think for herself. She

was looking for quick solutions to her problems:

The past is distressing me but I can't change anything ... I need someone who's willing to help me.

Counsellor:

Our aim in this counselling is that Fatma tries to find the solutions herself.

Fatma:

It's through your help and support.

Empathically, I reassured her that I was there for her, but only second to Allah's (SWT) will and support. It was very important for me as a Muslim counsellor to focus on Allah's help and support as part of the religious counselling support.

Counsellor:

By the will of Allah ... I will be beside you ... watching you ... trying to help.

Fatma:

Please do it more directly.

I was aware of the conflict within her and her need to be helped directly but I felt it was important to be honest with myself, and her, by reminding her that this was non-directive counselling. I did not want to encourage her to expect more from me. This was challenging for me, but focusing on her ability to help herself was important at this stage.

Counsellor:

By the will of Allah ... I will try to use the indirect method ... and Fatma herself will find the solution.

Fatma:

The indirect method is that someone tries to solve his problem with his internal motivation ... but I need (laughs) a little help.

Counsellor:

I will see how these sessions go ... and if I feel that you really need direct way of treatment ... I will refer you to another expert.

For the sake of the study I was totally congruent and open with Fatma. I was also very clear and firm when handling the situation. It was important for me to be clear with the client in order to avoid giving her high expectations of being helped directly by me. It was also important to make sure that she felt supported if she decided to change her counsellor. Although she desperately wanted to be guided directly, Fatma was happy to continue her sessions with me. I believe this shows the strength of the therapeutic relationship we had:

No, I don't want to go to anyone else ... I'm happy with your method ... I know that I've changed ... I've started to see life clearly ... I can solve the problems in a more effective way ... sometimes I'm able to take the decision.

Second to Allah's (SWT) help, I helped her to see the progress she had made during the sessions. As a counsellor I was able to share and express feelings based on the healthy therapeutic relationship we had, which allowed me to be open with her.

Counsellor:

By the grace of Allah, I can notice that Fatma is improving ... I feel that you've started to look at life in a clearer way.

The last sentence of my statement shows that I encouraged the client, indirectly, to think positively about her whole life.

I encouraged her to take responsibility and move on with her life. It is also clear that I always consider Allah's (SWT) will in relation to the client's actions.

Counsellor:

I feel that before, you could not organize your problems, but by the will of Allah (SWT) now you do; this is what I'm sensing.

Fatma:

...you're noticing me better than myself?

Counsellor:

By the will of Allah ... and surely, you're nearer to yourself than ever before.

It was very important at this stage of the therapeutic relationship to help her to get closer to herself, as she had denied and not loved herself for years.

Fatma:

I was puzzled ... mixed up ... I feel that I can recognize the problem better ... and the causes of the problems ... and their solutions too ... It requires me to be positive, hopeful and constructive.

I completely agreed with her regarding the positive thinking, and by the end of this session Fatma felt able to deal with her problems. She could also see the positive changes she had achieved during her counselling. She was able to engage with her needs and sense the changes within her.

Session 11

Fatma wanted to be helped by others to find herself. She wanted to be loved and supported. In session 11 she felt that she was only accepted and valued by me. This indicates the strength of the therapeutic relationship and that Fatma felt appreciated by me. It is clear that the depth of listening and understanding that I provided helped her to feel free to share her personal issues.

Fatma:

Ok ... what if everyone is pushing me and pressurising me ... pressing over my mind and ... at the same time I am unable to feel myself ... to feel my importance ... and in need of others' love and care ... I haven't felt the importance of Fatma except in these sessions... I mean you are the only one (laughs) who cares to listen to me and help me.

Fatma felt unable to free herself of the pressure that her mother and sisters put on her and from her family responsibilities:

The people around me aren't giving me a chance ... a chance to adjust to myself ... I've tried many times to be fresh and happy ... to meet myself ... but at the same time the amount of pressure from outside overcomes me ... covers me.

Empathically I reflected and focused on other people's attitudes towards her that made her feel overwhelmed.

Counsellor:

They don't let you...

Fatma:

They don't give me a chance to breathe ... I mean there is work ... the responsibilities of the house and my husband ... Receiving telephone calls from my mother and sister ... I don't have time ... I don't have enough space ... I'm trying ... by Allah, I'm trying to do something I like ... something to relax me ... but my husband calls me ... I'm in a loop of work ... I forget my children due to the list of things I have to do in my mind.

The counselling session gave her space to share her feelings about her relationship with her mother and how she felt that her mother abused her emotionally. I believe it was a way of expressing her anger with her mother, and this helped her to free herself of the negative feelings she had in that moment. Fatma also said that her mother made her feel that she did nothing for her:

I'm always with her on the telephone ... and in Egypt I continued to be with her ... I think I gave her too much time... And she makes me feel that I'm doing nothing for her.

I was aware of encouraging her to take a slightly different view. Islamically it is better to consider both sides of a situation than to base everything on one opinion. As a Muslim counsellor I wanted to encourage the client to think more positively about her relationship with her husband instead of focusing on the negatives within that relationship.

Counsellor:

Don't you think that it's better to be reasonable and moderate, as the Prophet (PBUH) said? I need to see from others' point of view and at the

same time I need to keep my points in view too. Anyhow, I'm Fatma, I have responsibilities, I'm a wife, a mother, and I have children ...

Your husband has rights ... and he is the nearest one to Fatma.

Fatma:

There are many people near and dear to Fatma [laughs].

Counsellor:

Many people, but not Fatma [laughs].

Fatma:

Yes, they may be my husband, my mother, my brother...

When Fatma did not mention herself I felt the importance of returning her to the self relationship, encouraging her to say more about her internal world rather than being engaged with her external world.

Counsellor:

But Fatma is so far from Fatma.

Fatma:

In fact, I found Fatma before ... but unfortunately, I lost her again ... maybe she got lost because of [the miscarriage] she went through ... now I've started to understand the different personalities surrounding me ... earlier it was a mix and a vague picture.

Fatma was very keen to maintain a good relationship with Allah (SWT) and therefore she was aware of taking care of herself as Allah (SWT) asks Muslims to do. At the same time she felt that she had to control and punish herself because she was not aware of the importance of taking care of the self:

Even if I neglect myself ... Allah will ask me what I'm doing with myself... I mean I say to myself that Allah will judge me for what I'm doing ... I was so rigid ... maybe I was unaware about Fatma.

Counsellor:

You noticed how you treated yourself.

The framework of her religion was part of the source of her conflict. Although Islam is clear about Muslims' duties and responsibilities she wanted to be guided directly and religiously at that moment by me.

Fatma:

The framework of religion should determine my relationship with my mother ... what is required from me? ... Islam will determine my relation with my brother and sister and even my husband.

Fatma wanted to be guided and helped to interact with her family within the Islamic framework, which indicated the strength of her religious devotion. It also indicated her need to be supported by the same Islamic framework as well as to be supported psychologically in order to find a way to enjoy her life and her family.

The seven stages of process

Sessions 8, 9, 10 and 11 demonstrate stage between Rogers' fifth and sixth stages:

Assuming that the client continues to be fully received in the therapeutic relationship then the characteristics of stage five tend to be followed by a very distinctive and often dramatic phase (1961, p.145).

In session 8 the client became more aware of the need to take responsibility for her actions, as she had after the miscarriage by taking responsibility for not controlling her sugar levels. She was more open and accepted what she had in the present

Fatma:

Because I didn't control the sugar level.

She wanted to take more responsibility for her children. She was more enthusiastic about giving them attention and time. As she stated in session 9:

I left [the children] studying by themselves. I guide them ... I follow up ... it's not enough ... I need to do more for the children.

The past no longer existed; she moved on by accepting it with all its happy and unhappy memories because it no longer frightened her. As she stated in session 10:

The past is distressing me but I cannot change anything.

Fatma was more willing to accept responsibility for her own responses and reactions. She was keen to take care of herself and her family. She was also keen to accept others' points of view. As she stated in session 11:

I need to see from others' points of view and at the same time I need to keep in view my points too. Anyhow, I am Fatma, I have responsibilities, I'm a wife, a mother, and I have children.

It is clear that the client had moved to a stage where she was able to accept what she had and was willing to take responsibility for her actions without blaming herself or others.

Session 12

In this session Fatma let herself return to her childhood and talked about the name her father used to call her, *batoot* (ducks). She missed being called by this name and wished that her family would use it. Fatma associated the name with happy childhood memories, and it was therefore more than just a name for her. She also missed the progress she had achieved before the miscarriage and was keen to start looking for herself:

By Allah, I think that I'm better this week ... By the will of Allah. The whole week I kept looking for Fatma ... I asked myself many times ... where is Fatma? Don't laugh at me [laughs].

Counsellor:

No problem ... only a little.

The above answer shows the strength of the therapeutic relationship which allowed me to be totally myself within a friendly atmosphere.

Fatma:

You laugh a little ... [laughs]. Imagine, I found myself involved in many things ... I mean I found many things pressurising me ... one of them is my name itself.

Counsellor:

Your name?

Fatma:

My father used to call me *battoot*... and I like this name ... I am attached to it ... many appealing memories are associated with this name ... but after the death of my father ... nobody called me that...

This is an important recognition of what she lost when her father died. She believed that she had lost not only the person who had loved her just for who she was but also her name. She wanted to make this a part of her life and did not want to leave it in the past.

Fatma talked about her husband, who shared his work problems with her and would ask her for advice. However when it came to their own problems Fatma avoided talking to him because they thought differently. I believe that this prevented them understanding each other, although they communicated very well about issues unrelated to them:

Even in matters about his job he asks my opinion. He asks me my opinion about many sensitive things ... he criticizes me ... 'You're lazy...' just to pressurize me ... I try to avoid the discussion about anything ... because I've found that his thinking is quite different from mine [falls silent] ... I don't know why our married life could not make him understand me...

Fatma described herself as a sensitive person who needed to be understood by others. As she could not be totally herself in the external world she preferred to keep to herself. She did not want to be advised by her husband; although sometimes she needed direct help she did not seek it from him. I wondered whether she disliked his advice or his way of advising her:

One of the things that annoys Fatma is that she is not getting a chance to live ... I'm not a baby to need his direction ... it's true that sometimes I

need someone to direct me ... but there's something related to the emotions ... related to Fatma ... Fatma is too sensitive... I need someone who can understand me ... that's why she goes inside me ... and doesn't want to come out ... [laughs]

Empathically I reflected:

She is afraid to come out!

Fatma:

[Laughs] It [self] is afraid that it might disappear again.

It is clear that she did not like to face the part of herself which might not be accepted by others. It also seems that she wanted to portray a particular image of herself to herself and others. She feared being blamed for things that were out of her control, such as the miscarriage:

In fact, all the pressures surrounding me ... especially where I have no choice ... like the miscarriage ... they make me feel like a criminal... [sighs]
... Things are not in my hands.

Fatma wanted to be treated sensitively and respectfully, but people treated her like a man because of her apparently tough personality. It is clear that the cultural understanding of womanhood played a role in Fatma's life and made her act against her nature.

Counsellor:

You don't want to be misunderstood by others.

Fatma:

They think Fatma is a solid thing ... a man ... not a woman.

Counsellor:

They think that ... or is it that Fatma has given such an impression of her personality indirectly?

Fatma:

In fact, the situations we went through imposed that ... And I had to be stronger ... people think that we're just women ... We have to be strong ...

Counsellor:

So Fatma stood and faced the tough situations.

She is showing great self-awareness here, seeing that people came to take Fatma playing a role as the real Fatma.

Fatma:

... My nature could not cope with the reality ...Fatma is a soft natured woman... I mean my personality is not what people think.

Counsellor:

Maybe this is one of the things that produced a kind of conflict in Fatma's mind.

Fatma:

Yes, it is true ...

Fatma was now discovering herself and could see how she dealt with others in a way that was not congruent with her true self:

... I pretend to be strong and tough ... while I'm soft inside [falls silent] ... I mean I don't like to be known as a weak person ... I want to be known as strong and a person of high-rank ... [falls silent].

I supported her religiously by asking Allah (SWT) to ease her situation:

By Allah, Allah will ease the matter ... ease everything

Fatma began to appreciate her relationship with herself. She was happy to express her inner feelings about the self relationship that she was achieving through Allah's (SWT) help and support:

By the Grace of Allah ... I was delighted when I found Fatma ... but when I lose her I get frightened.

I was able to share with her the positive changes that she had gone through during the sessions, which had allowed her to organize her life and herself. This session helped her to highlight her issues and get in touch with the real Fatma. I believe that these significant changes allowed her to love and accept herself. She was able to appreciate having a relationship with the self and was enjoying it. Fatma was still suffering from being misunderstood by others who did not know her real nature. She still wanted them to love her and support her emotionally. Fatma still had high expectations of how others should treat her. Having said that, I believe that even though she still needed to move on with her relationships she was progressing and improving. She was gradually learning to enjoy what she had and to live in the present.

Session 13

Fatma's husband wanted her to change how she dressed and to be more flexible with him. Fatma found it difficult to act against her nature. In this session she revealed how she felt and how she wanted him to treat her. She wanted him to accept her as she was, regardless of how she looked. Her husband wanted her to act like the women he saw on television, which she could never do. It seemed that he felt that she was not good enough for him unless she took action to improve the relationship:

I mean ... why doesn't he accept me with my shape ... and my soft nature ... I mean he himself doesn't want me to be mentally imbalanced [laughs]. Isn't that right? ... Even he has the right ... for example... he can see the women on television ... without any flaws.

From an Islamic point of view Fatma believed that she must please her husband, but this would go against how she felt. She was concerned about the spiritual outcome of the relationship and believed that as she could not fulfill his needs he had the right to marry again:

I wish he would accept me as I am, as I do him [smiles]. I told him, 'You can marry someone else ... but the condition is that my life should not be affected'.

She did not want him to do things that are forbidden Islamically, and at the same time she had to accept the Islamic law that allows a man to marry more than one wife. However, there are conditions that must be met, for example treating the wives equally. If this is not possible then there should not be more than one wife:

Yes, I fear for him ... I don't want him even to look at other girls shamefully.

The second issue, which seemed irresolvable, was her brother, whom she loved and cared for and who was disabled and had speech difficulties. She felt sad when she called him:

When I watch Mohammad I get tired ... when I'm talking to him on the phone ... I hear his difficulty talking ... I feel as if there is fire in my heart.

To ease the matter and encourage her to put her trust in Allah (SWT) I supported her religiously as well as trying to help her think more positively about what she has done so far to help her brother. In retrospect it would have been better if I had first helped her to say more about her feelings and to express her thoughts and fears freely rather than offering religious support at this stage.

Counsellor:

Don't you see that Fatma has done what she can and left what she could not do to Allah (SWT)...?

Fatma:

We're doing what we can for him ... there is no shortage of effort in what we do ... we're exceeding our capacity.

I was able to direct Fatma back to herself and she responded thoughtfully to this. It would have been better if I had helped her to say more instead of directing her towards the self.

Counsellor:

What would Fatma say to Fatma?

She realized that she was not perfect. I believe this to be a very important way of relieving the pressure she puts herself under. She also believed that she did what she could and left the rest to Allah (SWT). She knew her capacity as a human being. She was aware of the need for a positive relationship with the self in order to live peacefully:

[Silence] ... I'm telling Fatma ... 'That's enough ... let us rest'... 'Let me have a rest ... it is enough' ... enough ... I treat her with mercy ... as a human ... I do what I can ... and leave the rest to Allah.

After listening to how she feels, I reflected empathically:

You're tired.

Fatma felt better because her level of fear had decreased compared to the past. Fatma had become more aware of how to help herself and solve her problems. The client was willing to take action about her issues. I believe she had gained maturity and had become more responsible and more willing to seek help from others:

The degree of fear is not like before... I couldn't distinguish my legs from my hands ... but now I can differentiate ... now I know what the problem is.

As I have indicated, there were times during her sessions when Fatma asked for more direct support from me; however I encouraged her to focus on the self relationship and work from within to help herself, and this happened again in this session:

I need your help to walk [laughs]... to be more positive.

Counsellor:

Don't you think that Fatma is closer to Fatma than Aisha?

Fatma showed how important my assistance and support were to her. It also showed the strength of the therapeutic relationship between us.

Fatma:

I notice that I am attached to you ... your presence gives me a push... you are close to Fatma ... It is not easy for me to be impressed with anyone ... but you impress me ... I don't know how or why [laughs].

I offered a particular kind of nurturing, caring relationship that enabled Fatma to grow and become herself. In my presence she was able to discover who she was deep inside, beyond all the conditions of worth:

This is the reality ... you took care of me ... like a newborn baby ... [laughs] this is my feeling ... that's why I feel so attached to you ... my fear vanishes when I talk to you. I feel more confident ... I'm relaxed I really can feel that Fatma has her own identity and personality.

She was able to get in touch with herself whenever she was alone. I believe she had found her way to be in a relationship with the self:

[Silence] ... By Allah ... I've discovered ... when Fatma sits alone ... away from pressure... or reading a book or watching television ... these things let me be myself.

Counsellor:

That means that Fatma finds herself when she is alone?

Fatma:

Yes, or when I am with Sarah and Ahmad ... my two children ... I feel they really love me.

The very significant statement below shows that she found in her daughter the love that she did not get from her mother, just as she found that I offered her the understanding she did not get from her husband:

Noorah [daughter] is a different thing. She compensates for the love ... The love I miss from my mother [falls silent] ... who is the kind of women who doesn't care to truly and deeply know her daughter.

In this session Fatma opened up and talked freely about her relationship with her husband. The depth of the therapeutic relationship allowed her to feel safe and secure in my presence. Fatma hoped to have a similar relationship with her

husband, who she believed was not willing to listen to her needs in depth and accept her as she was. There was a significant change in her ability to work from within and there was more flexibility in dealing with herself and others.

Session 14

This session illustrates the positive improvement in Fatma's personality. She was active and willing to do the things that she used to enjoy. I believe this indicated the changes within her that affected her whole life positively and made her feel alive. This session showed the client's commitment to move on with her life. She also became aware of the value of remembering the good things in her past rather than engaging herself with unhappy memories:

Reading, for example, there are things I love – books I love. I love romantic things very much, like poems, I find myself very much in these things.

Fatma was aware of the effect of her depression on her relationship with the self. She was able to associate her psychological illness with the loss of the self:

I found that I was losing [myself], maybe the depression is the reason ... I've found [myself] Maybe I lost her because of the depression. My self is back and now I'm able to do my duties at home. I used to live in darkness.

She was aware that being a self-sacrificer made her ill and that I had helped her to escape this vicious circle:

While I was in the crisis I didn't know where I was or what I was doing or what I was feeling, I was puzzled; I was feeling that there were many things that came and pressed on my chest... I sacrificed myself for their sake ... I had to take myself out of this vicious circle, and Allah bless you, for you have helped me.

Again Fatma conformed to her religion as she put her trust in Allah (SWT), who knows what is best for her:

This is sure, Allah will comfort me, Allah is our Allah, the perfect, nothing like him, he creates us, he is the most merciful, and he is more merciful than our mothers.

I agreed and supported her religiously. This support was very important for Fatma and helped her to deal with her problems. I was totally aware of focusing on what the client needed at that moment.

Counsellor:

Allah is perfect: there is nothing like him.

This was a very interesting exchange where the love of Allah was clearly part of the supportive framework that Fatma could now recognize. This felt a like very genuine celebration:

Maybe the love we don't find in our relationships with people, Allah provides it to us by loving and taking care of us.

Fatma appreciated my help and support during this difficult period and acknowledged that it had led to her being able to deal with her problems:

No, I'm better than before ... it was like someone was holding and pushing me down, but I was doing it to myself.

In a very spontaneous response I showed my love and attachment to Fatma by being my real self and expressing my inner feelings. I was totally congruent and real in expressing what I felt for her at that moment.

Counsellor:

No, we love Fatma.

The client's attitude to being talked to indirectly highlighted the style of counselling she had had and shows how she had learned to use this technique, which would help her in the future. I made a congruent observation of Fatma's change in self-awareness during the session:

Counsellor:

Fatma talks with herself in a different, more indirect way ... Fatma exists.

Fatma was increasingly conscious of the presence of her self. This was further evidence of how well the sessions were working for her.

Fatma:

I've found that Fatma exists.

Fatma was able to clearly see the image of death and to recall the descriptions she had used in her early sessions, showing that she was aware of the changes she had gone through in the sessions.

Fatma:

I'm more myself. In the past I moved but there was nothing inside, or it seemed to me as if I had no feelings inside me, a time when I was not myself ... now I still love those around me, and still love my children.

The above statement shows an increase in the level of the client's self awareness. Fatma was able to have a very touching moment with the self in this session.

It seemed to me that Fatma was really enjoying her emotional openness, and she found more than comfort in it. It sounded like a feeling of being fully alive which demonstrated that Fatma had perhaps moved to stage six or seven of Rogers' seven stages of process:

I wash my sadness with my tears. It is a very good thing that I was able to cry again [laughs].

Fatma had learned to feel happy and satisfied from withinm regardless of what was going on around her. It seemed that she was enjoying herself, feeling and thinking positively:

That a human being feels he is living happily, feeling it from within him, is a very beautiful thing.

She had an increasing awareness of how she had behaved in the past:

Thank Allah, I have passed the stage when I felt that I was confused; I can't say I was living,

The first signs of a shift were evident in her changed attitude to her children and Fatma herself was aware of this:

Thank Allah; I began to feel my presence with my children ... I sit with my children, I laugh with them and the like. I sit at home, I do things, things that I feel I love, my heart is at ease, there is happiness, even my relationship with my husband, maybe the time I meet him is rare, ah, maybe I've begun to feel psychologically comfortable, that pleases me very much; at first I was shocked if I started to talk to him, if we started to argue, I felt shocked, when we opened an issue, and he argued with me, I felt uneasy; but now I calm down, and I let him have his say and leave him to answer himself [laughs] ... this is his nature, and I accept it.

The comments below demonstrate how I was authoritative in the counselling and able to indirectly guide the client to work from within, within a religious framework.

Fatma:

You said it is not necessary to change what is around us, but we must change ourselves.

Counsellor:

The change in Fatma has been positively effective.

The last three sessions – 12, 13 and 14 – show the client's actions and responses to her life, and I believe that these sessions demonstrate that she had reached stage six or seven.

The seven stages of process

According to Rogers, Fatma sometimes moved to stage six or seven in her final sessions because she had become responsible and lived in the present. She was able to use her past experiences to understand the present. She trusted herself and her ability to move on in her life. At this stage she was also able to deal with her present experience without linking it to her past. In the three last sessions Fatma was strong and willing to help and support herself. For example, she accepted her brother's disability, which she had struggled to do for such a long time, saying:

We are doing what we can for him ... there is no lack of effort ... we are doing more than our capacity' (Session 13).

Fatma accepted herself without blaming or putting pressure on herself or others. She was able to deal with her relationship with herself and others outside the therapeutic relationship. According to Rogers (1961):

The client often seems to go on into the seventh and final stage without much need of the therapist's help. This stage occurs as much outside of the therapeutic relationship as in it, and is often reported, rather than experienced in the therapeutic hour (p.151).

Informal feedback

Fatma met with me informally before the meeting with Dr Elnour for feedback.

She was happy and positive:

My brother's problem is still there ... and my husband's problem is still there [laughs] ... but I was in an unconscious state ... I was not watching the present that I am in [falls silent].

She actively enjoyed being with her children and was able to live in the present more freely:

How my children love me! I have been looking for love from other people ... and the love has been available right next to me ... I have been looking for love with my sisters ... but they are busy with their homes and their lives.... But the main lovers are my children ... but I didn't give them enough attention ... I told you that I have changed ... Now I think they are the nice things in my life. Why didn't I sit with them ... play with them? [Smiles].

Fatma gave very positive feedback about being able to find the love she had spent a long time looking for in her children, who loved and needed her. The quality of her relationship with her children had improved and she was able to spend more time with them. I believe the most important thing was that Fatma loved and enjoyed being with her children, and that she did this unconditionally and not out of duty. She realized that there was a source of love for her in her life, and it was nearer to her than she had thought:

My priorities are my house and children ... I was serious in my life ... but I didn't feel the love and tenderness ... that I was looking for ... I wanted it from my husband ... from my sisters ... from my mother ... but I didn't get it ... on the contrary ... I can live my life with my children ... with love and tenderness ... I mean ... that I can't change so I discovered the nature of love and tenderness with my children...

Fatma took what she needed from her past and moved on with her present.

Fatma had two feedback sessions with Dr Elnour which lasted for approximately 30 minutes each. Below are the main outcomes of these sessions.

Feedback session 1

Fatma described how she had become aware of losing herself. She realized the importance of having treatment to help her cope with her illness:

I discovered that Fatma is missing ... the reason was that I was tired and unable to find myself ... I had lost hope in the present I am living in ... I felt that I had really been in need of such treatment for a long time ... maybe twenty years.

Empathically the psychologist states:

Psychologist:

You were unaware, as if you were in a coma?

Fatma:

Yes.

I believe the core aspect of the therapeutic relationship between Fatma and me was listening, which helped her to express her feelings and thoughts freely.

Fatma

I was in need of someone to listen to me carefully. And who I could trust.

Psychologist:

Yes.

Fatma:

Fatma is really very sensitive in nature ... she prefers to withdraw from any tough situation ... I was in need of someone who understands this nature and develop it ... Develop trust and confidence ... and help me [falls silent] to maintain myself.

The statement below shows how the client appreciated the quality of the therapeutic relationship she had with me. It is clear that the trust between us helped her to open up and share her personal issues freely:

I felt that the presence of ... Aisha beside me helped me to recover ... And to stand against the challenges [falls silent]. I have to recover fast ... it is enough ... frankly speaking my relationship with Aisha was so good ... it is hard to find someone like her nowadays ... to find someone whom you can trust, tell and talk and open your heart to.

Fatma was glad to have participated in this kind of counselling. Without doubt, her willingness to accept my help was an important part of the positive outcome of this case:

I felt relaxed and I trusted her from our first meeting. This is a special feeling for her. I can judge whether a person is good and to be trusted from the first meeting, and whether to have a relationship with him or not ... So the impact of Madam Aisha was so good from our first meeting ... This feeling for her played a positive role and gave me a push to talk with her freely.

It was very important for Fatma not be advised or guided directly as her husband had done. She was glad to work with me because in some ways I was the opposite of her husband. Although Fatma asked for direct help in some sessions she realized that in order to benefit from this type of counselling she had to work from within. The last sentence provides an example of the empowering effect of the counselling relationship:

I think that Madam Aisha succeeded, by the grace of Allah, in her method, which suited my nature. Her method is not to give direct instructions ... she let me make my own suggestions ... she give me the chance to find the solution myself ... I worked hard to find the solution ... I did it ... and I found ... I feel that it is my discovery ... She let me feel that I can do it ... I can find the solution ... I can think logically.

She really understood why the counselling had worked for her.

Fatma:

The nature of the client plays an important role too.

Psychologist:

You mean that you think it is an effective method.

Fatma:

Surely ... I felt that in myself.

Psychologist:

What was your role in the sessions?

Fatma:

I think I did all the roles! [laughs].

Psychologist:

Don't you think that education is important...?

Fatma:

The most important thing is that client benefits from the sessions regardless of the level of education.

Psychologist:

What was Aisha's role? Was she a mere listener?

Fatma:

No ... she understood and interacted with every word I said.

Psychologist:

Did you feel that there is any negativity?

Fatma:

No, the only one negative was that the time was passing fast [smiles]. She was committed ... and I wanted to tell her everything. She said that we have to abide by the time ... this was the only negative.

Psychologist:

This was the only negative! [smiles] ... So you feel the time passed quickly.

Fatma:

Yes, sometime she increased the time, [smiles] saying, 'You will spoil my research'.

The above statement is a good indication of the relaxed relationship between Fatma and me. I believe the closeness that we had in our therapeutic relationship allowed us to accept and enjoy the moments we lived in each session. I believe she saw me in my different roles as counsellor and researcher and was aware of the difference between them, which allowed her to be herself with me as a counsellor as well as consider my task as a researcher on completion of the sessions. I also believe that she saw me as 'Aisha the person' before any of the roles and this is also how I saw Fatma. We met as people who were engaged with each other regardless of the research itself.

Fatma gave a very clear summary of her case and how she had not had space for herself at home because of her family responsibilities. Her feedback indicates the level of self awareness that she had reached, which allowed her to see the whole picture of her issues.

Psychologist:

What does Fatma mean for Fatma?

Fatma:

My problem was that I forgot Fatma for a long time, especially after the demise of my father ... I became busy with life ... but I forgot Fatma ... I felt that I had ignored the self for too long.

The key point in this feedback is that Fatma described her own therapeutic process. She was completely aware of the positive changes she had made due to the sessions. It is also worth mentioning my occasional directivity, which I believe was an important aspect of this general non-direct method because it inspired confidence in the client and encouraged her to work from within and

trust in her own ability to move on in her life. My main aim in this respect was to focus on encouraging the clients to work from within.

Fatma:

Yes. I told my husband that I needed counselling. .. I felt as though I was dead ... I had lost all feeling ... the thought of death dominated me ... that I was really living among dead bodies ... Thanks to Allah I started the treatment ... I felt I needed a push [smiles]. I realized that I should not live in the past. Why don't I live in the present? [falls silent] Frankly speaking, I realized that I was sleeping and I got up. As I told Aisha, I discovered that my children are a nice thing for me ... now I enjoy being with them. Earlier I was hard and harsh with myself ... I liked to punish myself ... I still love my children ... I still have feelings and emotions ... I enjoy my relationships ... for example, with my husband ... and my children ... I can watch everything around me ... as a responsible person ... I need love ... in the beginning I told Madam Aisha that my husband should change ... she told me that we can treat people as they are ... we should focus on ourselves [smiles] ... so I found that exactly ... that I can realize and love and I have nice feelings.

Fatma's statement is a wonderful example of someone speaking from a position of psychological good health and who has experienced the positive effect of therapeutic support. It is clear that the client benefited from the sessions and believed that they were an essential part of the whole treatment for people with psychological illness:

When a person knows himself or is well-adjusted to himself he can solve his problems ... this can loosen the pressure of any physical or psychological illness ... Before I didn't value psychological treatment ... but now I feel its importance. We need it before any physical treatment ... We need to go to the psychiatrist first to know whether we really have any illness or we are just tired. (Feedback 1)

Feedback session 2

Fatma was interviewed by Dr Elnour three months after her sessions ended. The aim was to determine whether the positive effects of the sessions had lasted and whether there had been any changes. Was she still using the changes she had effected in her real life? Feedback 2 revealed that positive changes had occurred over the three months.

For the second time Fatma was able to give a positive summary of her progress:

The sessions started to take place ... Aisha did not tell me to do so and so, but left me to do everything. So slowly, slowly, I started to see the light ... I started to feel myself ... I was afraid to go to Egypt, and this was during the summer, my nature is that I take everything emotionally and let things become complicated, but thank Allah for the summer.

Fatma was able to express her feelings and anger about things freely while on a visit to Egypt instead of keeping them within her. She was able to stop others abusing her emotionally and financially. I believe the client became a fully functioning person and totally herself, taking responsibility for her actions. She also engaged herself to work from within and love the new 'Fatma'.

The sessions helped her to deal with her worries during her holiday:

This is proof of what happened to me, and when I was on holidays, I was really passing a real test, no one listened to me and I kept listening to them, and I got to a certain point and I told them stop!

This is further evidence of the positive changes within her as a result of counselling and how this affected her behavior towards others:

My feeling is that Fatma exists.

The psychologist:

Excellent.

Fatma learned how to deal with others by changing herself instead of asking others to change. The sessions also helped her to accept her mother as she is:

To tell you the truth, I don't argue with my mother on the phone. She talks, and she keeps talking, I don't want to upset her, and I made a promise to myself that what my mother says will not affect me, and I won't upset her. I listen to her on the phone, and that's it, whatever I hear on the phone doesn't affect me much.

The benefits she had gained from the counselling sessions were clear when Fatma shared with the psychologist that she had done her best to help her brother and now has to accept what Allah wants, as He is the only one who can change her brother's situation. The client had learned to accept what she had without blaming others or feeling guilty. This was a real, positive step towards

accepting her situation and thinking more positively, and I believe the sessions encouraged this in the client.

The statement below gives a very moving account of the process. It presents the client's awareness of how she used to live her life prior to and after the sessions and shows the gradual changes she went through to finally find herself:

I saw darkness – I could not see clearly, I do not know ... so slowly with the sessions I started to see Fatma, and in her all the sweet meanings that I used to love, and slowly, I found Fatma, I realized that it's my nature not to like some things: I like soft touches, gentle feelings, soft words that make me happy, I want to feel that people are living with each other with love...

Psychologist:

May Allah bless you, sister, and may Allah reward you with only being well again for the kind words, and May Allah keep you happy and joyful, and keep Fatma with Fatma.

A wonderful and touching statement by Fatma shows the depth of the therapeutic relationship:

My understanding of *family* was my husband and my children, and now Doctor Elnour and Doctor Aisha are both in my family.

Psychologist:

Allah bless you.

Fatma:

I was glad to come to the sessions. I call it the journey of finding oneself.

The seven stages of process

The feedback sessions were very good evidence of the positive changes that Fatma had gone through in the counselling sessions. She had gone into her past to learn from it, and now her old fears no longer existed.

Beck Depression Inventory scoring

Fatma moved from being severely depressed with a score of 39 to moderately depressed with a score of 19, a drop from severe to moderate depression. This indicates how effective the sessions were.

Dr Elnour's comments after interviewing Fatma

Before interviewing Fatma, Dr Elnour told me that he believed CBT to be the best therapeutic treatment for people with psychological problems. I interviewed Dr Elnour following his feedback interviews with Fatma.

The feedback changed his opinion remarkably and he became more interested in the effectiveness of person centred counselling and wanted to increase his knowledge of the theory. During my last visit to HMC, he told me that he had become more interested in listening to his clients and encouraging them to be active during their counselling sessions. He had also started to have more informal interviews with his clients and removed his table when counselling. In other words he offers them a friendlier atmosphere.

Below is part of my interview with him.

Dr Elnour:

I think in the long run I am sure it is very effective ... and if the bond that has been created between the client and counsellor is right from the beginning, the outcome will be very effective ... particularly after your study. I have seen some patients and I have started to really consider a lot of the aspects of person centred therapy. Actually I use CBT and my structure is $1 + 1 = 2$, but I have started to reconsider because I have seen the feedback and have seen the *remarkable* feedback from some clients, and the effectiveness of the way the counsellor has addressed their problems. They were so happy because they thought her particular way was good for them ... for me it opened my eyes to the importance of that ... we need to consider that at least we need to train some people in the importance of the theory, because we have not got any people here in this particular area. I would say that Aisha is the only person who can do this type of therapy in the Middle East.

I asked him what had made him change his opinion about applying the approach in working with Muslim depressed clients.

Aisha:

Before your interviews with the clients, you had a different opinion.

Dr Elnour:

Yes absolutely ... I really learned a lot from Aisha as a counsellor and some of her clients ... I only read about the PCA and Carl Rogers in university and have a very superficial idea about it, but I have not used it myself. But now that we are having a very close encounter with the therapy itself I have seen the impact of her way, and the effectiveness of the outcomes were very positive and in some clients were *excellent*. This is very important and needs to be addressed.

His comments, Fatma's progress through Rogers' seven stages and the BDI results are the reasons why I regard Fatma the most successful client in this study.

Summary and conclusion

At the end of the counselling sessions Fatma was able to understand her relationship with her husband. She accepted that he had his own way of expressing his feelings and thoughts which were very different to hers. She stopped asking him to be romantic and emotional with her because she realized that he was a practical and busy man. The analysis of these sessions shows how Fatma was able to stand outside her experience and reflect on her own and other people's behavior. She was clearly in touch with her own feelings and thoughts. She was able to see events from others' point of view without judging or blaming them. Fatma was able to focus on her inner experiences and to freely disclose information to me, whom she trusted, and relied on her own capability to process Fatma's experience in the way Fatma wanted.

There was a sense of collaboration as we worked together to find ways to help Fatma overcome her depression and improve her relationships with others and find and build a healthy relationship with it with her real self. From the outset, Fatma was aware that life events and issues were contributing to her depression; this included her own lack of self-worth. During the sessions she understood how she invalidated her own needs and tended to take care of

others at her own expense. Her capacity for empathy and her ability to care for others helped her to adopt a more caring, nursing, and validating posture towards her own experiences.

These changes are confirmed and highlighted by the data from the sessions and the feedback and measurement form.

The feedback highlighted the importance of building a healthy therapeutic relationship. The sessions helped Fatma to think more positively about loving herself and others. Her change helped her to move on and accept others as they are. Both Fatma and I enjoyed being on the same journey with an optimistic eye towards the client's future. Fatma became less self-critical and able to set boundaries with others. The support of the therapy helped her not only to move on with her life but also to make it easy for herself to feel safe and protected. Her relationships were no longer frozen in time but had thawed and were stable, allowing new possibilities to emerge. Along with these changes she began to feel better about herself and had learned to value her strengths. There were significant changes in Fatma's life; she began to look at her current life situation more closely. She realized that her children needed her and she felt more comfortable and happier at being able to share her love and time with them. She believed that she did her best to please her mother, as her religion asks of her, and she became more relaxed and satisfied on improving this relationship. She felt less tense about her problems because she was able to face them and deal with them, and she could see herself and others in a new light.

I end this chapter by emphasizing the importance of offering a variety of counselling approaches to clients in order to encourage them to choose and decide which approach suits them to help them improve the quality of their lives. As I am the only counsellor in Qatar who uses the modification of PCA, I cannot generalize about the effectiveness of the approach, as this study represents only a very small sample of clients who have had experience of the approach.

I believe the positive outcome of Fatma's case is not only based on me as a person, but also on applying the modification of PCA adapted to the Islamic and cultural background of both the client and the counsellor. It is also important to acknowledge the aspects of the client, such as 'psychological mindedness', that contributed to this successful outcome. The success of the therapy rests significantly with the client herself, who was aware of the importance of working from within to help herself.

CHAPTER 9: Analysis of Interviews with Professionals

In this chapter I analyze the main themes related to the five questions in the interviews, and then the subthemes that emerged during the interviews. First, I introduce the interviewees in the table below.

Interviewee	Profession	Workplace
1	Counselor	Ministry of Education
2	Counselor	Ministry of Education
3	Lecturer	QU
4	Counsellor and lecturer	QU
5	Psychologist	HMC
6	Psychologist	HMC and FCC
7	Psychiatrist	HMC
8	Psychologist	HMC
9	Lecturer	School of Education QU
10	Psychologist	HMC
11	Lecturer	School of Islamic Studies QU
12	counselor	FCC
13	Psychologist	HMC
14	Counsellor and former QU lecturer	QU
15	Lecturer	QU
16	Lecturer	School of Islamic Studies QU

Table 9.1: List of professional interviewees

Four ideas were discussed with the interviewees:

The possibility of applying the modification of the person centred approach in Qatar

Working with depressed clients

Applying a modification of the theory at Qatar University

Offering training courses in using a modification of PCA in Qatar.

Application of a modification of the PCA in Qatar

Each professional I interviewed received a letter in Arabic explaining the purposes of my study (see Appendix 18). I also was aware of the importance of reminding them of the purpose of the study at the beginning of each interview by interview explaining what I meant my version of *modifying the PCA by applying it with Islamic religious support with references to the Holy Quran and the Prophet's (PBUH) teachings whenever the case needed it*. I asked for their opinions on applying this modification of the theory.

In general the interviewees believed that a modification of the PCA in Qatar could not be applied without careful consideration of religious and traditional values. However, there were some optimistic views of the PCA. For example, Interviewee 1, who works as a counsellor in addition to her educational work, stated that some of the principles of the PCA can be used, but not the whole theory as it stands.

Interviewee 1:

There are certainly some basics in Carl Rogers' theory which should be used, like acceptance and empathy with the client, as well as the principles of the counselling session in accordance with its atmosphere.

She was not optimistic about the length of the treatment, because she believed that with the dramatic changes in Qatari society people want a quick and direct solution instead of long-term counselling treatment:

[The client] wants you to help him find the words that help him to think and reach a solution or a specific idea. Everything requires speed. Reaching the solution makes him feel relaxed and that he has received the counsellor's support. The nature of society is based on giving advice to each other, therefore listening is considered detachment or not sensing the problem and therefore a solution to the problem will not be achieved.

With respect to the opinion of Interviewee 1, I would argue that listening is a very important part of the counselling relationship and I feel that clients need to be educated about the importance of listening and understanding in counselling.

Interviewee 1 was very focused on considering the nature of Qatari society and felt that the theory needed to be modified based on the cultural and religious beliefs of the client.

Interviewee 1:

If people accept the idea that the counsellor is there to listen to them and sense their problem, and that [the counsellor is] the reflective mirror where he can face himself ... This is how we can use the PCA. There isn't any society that takes the theory and applies it exactly as it is in every small detail, because every society has its own special nature, and this must be considered in applying the theory.

Another interviewee was supportive of working with the core conditions and agreed with applying them to build a healthy, trusting relationship between the client and the counsellor.

Interviewee 3:

Yes, but it's important for the conditions [empathy and acceptance] to be applied so that there will be trust and comfort in the counselling relationship.

However, he disagreed with applying the term 'congruence', which is based on the realness of the counsellor's personality. He was of the opinion that the counsellor cannot be totally congruent, as Qatari society is different from societies in the West, where individuals can express their feelings and thoughts directly.

Interviewee 3:

[Congruence] is a connection between the inside and outside of the person ... the counsellor himself can't be 100% congruent because the condition is more powerful than the human being.

Regarding the above statement, I believe the term 'congruence' is misunderstood or perhaps interpreted with regard to an individual's point of view. Some of the professionals presented a theoretical point of view based on their reading and understanding of the theory's principles without ever having

used it. None of the professional participants had worked with the PCA, therefore I was aware of the limitations of their views while interviewing them.

Interviewee 3 considered the core conditions an effective way to encourage university students to express their needs openly to the counsellor.

Interviewee 3:

University students have a lot of pressure during their studies. Therefore the core conditions will help them to be open to share their problems with the counsellor.

One point of view supports my study with regard to the similarities between Islamic and person centred principles and the nature of the human being:

Interviewee 2:

According to both the theory and the Islamic point of view, the nature of the human being is good. I think the method is effective and fruitful. But we should pay attention to human beings' limitations that might make them behave in a way that may not be socially or religiously acceptable.

Interviewee 2 also argued that the theory does not prepare the client to face his life after finishing the counselling course.

Interviewee 2:

Well, this theory has only a few techniques, therefore I don't think [the PCA] is highly technical, but there is a need for a school that creates an environment for the person and prepares him for life outside the clinic.

Interviewee 11 was very optimistic about my study. He worked as a web-based Islamic counsellor with Muslims all over the world. He was interested in the principles of the theory and the method of encouraging clients indirectly to solve their own problems. He also considered Islamic principles and values when dealing with Muslim clients indirectly. He believed that the theory encourages individuals to choose and decide for themselves.

Interviewee 11:

I think that the non-directive method is the most successful one. Generally the nature of the human being is that it doesn't like demands; the non-

directive method is better because the human being feels that he is the owner of the decision, that it isn't being forced on him.

An HMC psychiatrist offered a pessimistic point of view about applying the theory, which must take into consideration some important factors such as culture, family and religion when dealing with Muslim clients

Interviewee 7:

This method will face many difficulties in Qatari society because Qatar is an Islamic Arabic country where the person grows up according to the Islamic principles. In addition, Qatari families are mostly extended; which means that many family members interfere in the education of children and in bringing them up, therefore the person becomes dependent on others solving his problems from childhood and doesn't have the courage to express his feelings and thoughts without restriction – he thinks rather of pleasing others. [Written interview]

Another suggestion, from Interviewee 8, was about the importance of a trusting relationship between client and counsellor within the counselling session.

Interviewee 8:

We don't need to modify it very much; it will stay as it is, but as I mentioned previously, the patient should trust what the counsellor tells him.

This is congruent with the PCA with regard to building a therapeutic relationship based on trust, but I would argue that it is important to encourage clients to believe and trust what they themselves feel and think as well, instead of believing what the counsellor, who is external to them, provides them with. Interviewee 13 felt that a combination of both the non-directive and directive methods should be used.

Interviewee 13:

It's a nice method, because out of the client's maturity he makes a decision as to which method he wants to use in his treatment and therefore in any future decisions. But in my experience I see this taking a long time, and not all patients have patience, so it might be difficult to apply it sometimes. Therefore other methods need to be considered in conjunction with this method.

Interviewee 3 agreed with offering a combination of methods to help depressed clients overcome their problems.

Interviewee 3:

It is an important theory to help depressed clients, but it has to be applied with a combination of other approaches. I don't see it as a complete theory.

Interviewee 16 agreed with applying both the directive and the non-directive method to help and support Muslim clients psychologically. However, he pointed out the importance of considering the client's needs and character. He also pointed out that Qataris dislike talking about their personal problems.

Interviewee 16:

Using the directive or the non-directive method depends on the person in front of me and on my aim. The directive method is more useful because it increases the client's self confidence. But generally people don't like to talk about their problems or face them directly.

Overall, it can be said that clients in Qatari society expect to be advised and guided directly because they want to find a quick solution for their problems. Although the above is still the case in Qatari society I believe the clients in this study were encouraged clients to change their attitudes towards helping themselves.

Working with depressed clients

There were different views of the character of Qatari depressed clients. Some believed that the rapidly changing lifestyle and stresses they face in daily life affect how clients view their needs. They felt that clients expected to be offered a fixed solution to their problems over a short period of time. I have seen such clients, and this attitude affected the quality of the therapeutic relationship and the outcome. Sometimes clients try working with different counsellors to obtain a satisfactory solution to their problems.

Interviewee 1

The client doesn't have patience to wait, and people these days don't have patience to attend a 45-minute session every week.

Some of the interviewees believed that the level of depression needs to be considered when applying a modification of the PCA.

Interviewee 4:

The theory can help the person who is aware of his problem and who wishes to be cured. Depressed clients will benefit from this method if they are aware of their problem and wish to solve it. It also depends on the degree of the depression.

Some considered the modification of the theory a way to encourage clients to talk freely.

Interviewee 5:

Because most of his thoughts include unrealistic and negative concerns the patient reduces his achievements and enlarges his failures. But with this method he finds the opportunity to talk about his thoughts and feelings freely and knows that they are accepted by the counsellor. (Written interview)

Another point of view confirmed the importance of listening when helping depressed clients to talk about their feelings and thoughts freely.

Interviewee 6:

Yes, yes. It's easy to make [clients] understand. They just need someone to sit with them and listen to them from the heart.

Interviewee 7 and 15 emphasized the importance of considering the level of depression, as quoted below.

Interviewee 7:

I think the modification can be beneficial, especially if the depression is in an early stage. However, the depressed client sees things negatively; if the depression is severe the client will need medical support. (Written interview)

Interviewee 15:

What kind of depression? ... Are we talking about mild or severe depression? I think for mild depression, if you use the person centred theory you are more likely to have a positive effect ... in addition to showing a willingness to help ... I think it would have a lot of benefit.

Another was of the opinion that the modification of PCA is needed because it helps clients to trust and understand themselves.

Interviewee 9:

Yes, very much indeed. The depressed client needs you to understand him in depth and help him to discover and trust himself: then I think this method will be very useful.

Similarly Interviewee 12 believed that depressed clients need to be encouraged to work from within and help themselves as individuals.

Interviewee 12:

Yes, because depression is a psychological disease that can be cured through some changes in the inner and outer conditions of the client, such as unburdening himself changing his environment.

Interviewee 12's opinion supports my study, which is based on change from within. This inner change leads to the client making changes in his environment that are beneficial to his life.

In conclusion, there is a need to encourage depressed clients to help themselves to move forward in their lives. Also there is a need understand them in order to help and support them based on their needs.

Applying the modification to QU students

Rogers himself paid great attention to the effectiveness of PCA in learning institutions. I was curious to see how the interviewees would react to my questions. I expected rejection and disagreement due to the differences between the educational systems in Arabic and Western society regarding the student's role and needs as an individual; however, the interviewees were

optimistic about applying a modification of PCA at QU. The modification could be more effective with students because they are well-educated.

Interviewee 6:

University students are an educated group and their educational background could help them to benefit from the modification of the theory.

According to Interviewee 4, the modification of PCA would help them to deal with their problems.

Interviewee 4:

The students are certainly a part of society ... They have particular needs according to their age and their role in life; they need to be able to face society's pressures and changes ... etc.

Interviewee 9 believed that the educational background of the student helps her to benefit from the theory and gain a better understanding of themselves.

Interviewee 9:

I think that at university most students are knowledgeable about their health and their psychological needs. They have the ability to characterize their needs academically, socially and interpersonally. As long as they have the knowledge and the conscience, they'll be able to benefit from the indirect method, which will help them a lot with their future challenges and difficulties.

Interviewee 10 had an interesting point of view: he believed that university students would be the best group to work with, and agreed with Interviewee 9 with regard to their intellect.

Interviewee 10:

Students benefit from counselling because the non-directive and directive methods require the client to be educated. Students, and especially university students, have a high intellectual and educational level. I think they are the best category for the non-directive method, not only as clients but also for their own personal daily problems and in achieving their goals.

The above quote from Interviewee 10 supports Rogers' contribution to helping and working with this category of people. During a brief meeting with an SCC counsellor at QU I noticed that she used CBT to help QU students. She was also interested in the person centred approach.

Others focused more on the positive outcome of counselling regardless of the method used. However, they believed that the non-directive method could help to improve not only those with psychological illnesses but also help them to a better understanding of themselves.

Some had an optimistic view of applying a modified PCA at QU.

Interviewee 4:

University students are in the educated category; therefore a student might quickly understand what he wants and won't need to make a lot of effort.

Interviewee 5 considered that this approach could help students and support them psychologically in improving the quality of their education.

Interviewee 5:

This method gives the student the freedom to express his thoughts and feelings and change his character to something better. It could also be used to help them in their learning, as Carl Rogers used it with his students.

Interviewee 8 believed that the modification would help students to improve the quality of the self.

Interviewee 8:

Oh yes. This method helps in breaking the barrier and making the individual believe in himself. We want people to be independent.

Some participants asserted that the educational background of university students would help them to benefit from a modified PCA. Another respondent agreed with the above:

Interviewee 13:

It will change their negative views about themselves. They will learn techniques for dealing with pressure and that every situation needs a different approach. So it will be useful to them in their daily lives.

Another pointed out that the modification may help individuals to have a better understanding of the self and then the willingness to solve their problems.

Interviewee 14:

I think so, because their problems are psychosocial. This method strengthens the self. It will help students to discover themselves and deal with their problems.

Another respondent, who had carried out research into the effectiveness of PCA in education, was very interested in applying it at QU to help both students and teachers have a healthy relationship in class. I interviewed and videoed him. He talked in detail about the effect of the theory on him as a university teacher, and said that he always tried to build a healthy relationship with his students and colleagues based on offering the core conditions as well as listening and encouraging them to express their feelings freely.

Interviewee 15:

Students feel relaxed, and when students feel relaxed and they feel that I care about them and about teaching and about learning, then they can learn. Rogers says in his book *Freedom to Learn* that when the chains are removed in the classroom, when the teachers are not tied up or worried about making mistakes or appearing ignorant, it's a good environment for learning. He believes that if there's all this worry then it doesn't provide the environment for students to learn, when actually my students can see me, talk about my life, we take experiences from my children, the way I deal with them and they can relate to me as a human being, not just as an expert in psychology. When I give them a chance to talk and share their experiences that's when Rogers says learning takes place, not when I just give them a 20 or 30 minute lecture and say 'Okay, see you next Tuesday'. So I think person centred theory is powerful, it's very powerful, because it's humanistic.

The quotations above illustrate the interviewees' views of the potential of the theory for improving not only the students' personalities but also their lives in general.

In general, the interviewees believed that the modification of PCA could be applied to help Qatari university students. They also believed that university students need help to cope with student life.

Training courses

I was keen to find out whether there was any possibility of providing Qatari society with non-directive counselling. The interviewees highlighted the importance of training in counselling to improve the quality of counselling services in places such as HMC or QU. Different views were expressed.

Interviewee 1:

First of all, of course we should have some people specialising in the non-direct method. For instance, we should have a specialist from outside who explains and teaches the PCA ... and then we can modify it and teach it to the counselling trainers ... And this is how training takes place.

Another believed that training centers should be based on Islamic and cultural principles;

Interviewee 2:

We need a variety of counselling services and courses based on individual needs ... counselling services need to include the religious context to be able to provide Qataris with what they need.

Another interviewee focused on the type of trainee that would need to be trained.

Interviewee 6:

If we have specialists with a counselling background, it will be easy. The whole thing depends on the type of trainee.

Interviewee 6 added:

The training can ... take place by participating in conferences and workshops held annually for the purpose.

Interviewee 8 agreed with Interviewees 1, 3 and 13 with regard to offering specialist training in non-directive counselling.

Interviewee 8:

We don't actually have non-directive professionals in the Arab world. I think we should bring in specialists ... if someone asks me I will suggest you [the interviewer], because you're the only one who has been studying this, you did that in Britain and worked on it.

I was glad to hear this from a specialist and I believe that is evidence of the importance of study, not only for Qatar but also in the whole of the Arab world.

Similarly with regard to offering training courses Interviewee 13 suggested:

Invite specialists to courses and workshops, or to travel abroad to attend them.

Although a large number of interviewees expressed their opinions on the need for specialists in non-directive counselling, Interviewee 9 argued that the PCA can be applied in Qatar without the need to seek out Western PCA professionals. Interviewee 9 was also interested in family counselling, which some interviewees believed to be the best way of helping individuals, basing their opinion on the importance of the family in shaping Muslims' life.

Interviewee 9:

We're inviting someone from the American University who is an expert in family counselling. The non-directive method doesn't need any extraordinary intelligence; it just needs people who are involved in the counselling field, and the non-directive method remains one choice out of many ... the counsellor should have efficiency and experience in the directive and the non-directive methods.

I agree that the PCA is one choice out of many, but I also believe that it is important to encourage clients to be aware of the variety of counselling services available so that they can choose and decide for themselves them rather than accepting what the counsellor offers them.

Others thought that the modification of PCA needs experts in this field who will be able to train counsellors and help clients to understand their role.

Interviewee 10:

It is not easy applying the modification, because it needs professionals in theory training. In addition to that, both training and theoretical courses need to be applied to help students to understand the role of both the client and the counsellor. And supervision should be available to the counsellor if required.

Interviewee 2 admitted that Qatar was in real need of training courses in counselling.

Interviewee 2:

We have a great shortage; there is a need for centres ... There isn't a problem bringing in counsellors from Arab or Western countries as long as the counsellors understand our society.

Overall the majority of the interviewees believe in the importance of establishing counselling training centers and involving counsellors from other countries, so that the Qatari experience can be compared with those of the rest of the world and to improve the quality of counselling services in Qatar.

Subthemes in the interviews

Five subthemes emerged from the interviews:

1. The role of the counsellor
2. Educating the client about how to use non-directive counselling
3. Working with educated clients
4. Qatari society
5. Applying religious support in counselling

The role of the counsellor

The interviewees recommended the use of different counselling methods to help clients in Qatar. For example:

Interviewee 3:

Even if [the counsellor] uses one specific method, he'll ultimately find himself using another method sometimes, and this happens unconsciously.

Another point of view advocates that counsellors learn different methods and then choose what would help to fulfill individual clients' psychological needs.

Interviewee 9:

I think as a counsellor you can use all the method, depending on the case, its capabilities, type and willingness to be cured. In some cases resistance is very strong, and then you may have to try all the methods because it's not easy to deal with such cases. It's up to you to decide, and I don't see it being a problem to use a variety of methods. As I said, it depends on the case and the personality you're dealing with.

Regarding the role of the counsellor, Interviewee 6 felt it important for the counsellor to be aware of the client's cultural background.

Interviewee 6:

The counsellor should take into account the effectiveness of the environment and the society that the client is brought up in, therefore it's important for him to be from the same cultural background so that he can help the client in a positive way and guide him.

Some of the interviewees were interested solely in applying the modification of the PCA without the support of other approaches such as CBT as a directive approach. I believe there is a real need to improve counselling services in Qatar by offering a variety of methods, specialists and training courses. Moreover, society needs greater awareness of the variety of methods on offer so that individuals can choose and decide what they want. Finally, it is important to be aware of the background of the clients when supporting them to move on with their lives.

Educating the client in using non-directive counselling

Educating clients about using non-directive counselling helps them to benefit from the modification of the PCA and they can then guide themselves towards self-awareness and self-responsibility when making their own decisions and choices.

Interviewee 7 suggested the need for an introductory session to educate the client about the role of the client and counsellor. This supports my study procedure where I gave an introductory session to explain counselling.

Interviewee 7:

The first point is to make the client understand that this method is different, and this won't be possible with a word or two: there should be a session of 20 to 30 minutes to let him understand his role and the role of his counsellor in the treatment.

Working with educated clients

Interviewee 4 considered the approach new, as it has never been used in Qatar before. As a psychologist he believed that it might work with some but not all clients. as he states here:

Regarding the non-directive method, we do not apply it because we don't have enough experience in it. But according to the observations and what the patients say, we think that using it is possible as there are some people who like direct advice although some others don't. I personally think it's possible, but with a special category of people, not all. The application of this method needs a certain degree of education, knowledge and self understanding.

Others focused on the importance of the client's personality and his ability to be responsible for his own process. This corresponds with my study in which clients were encouraged to take responsibility for helping themselves.

Interviewee 9:

I think the non-directive method needs the client to be receptive to interacting with the counsellor and to benefit from the method. Some people might not have the courage to direct their behaviour and be active in the counselling process. I think this method will have a role if we allow the clients to be an active part of the counselling process and to take responsibility for their actions.

Educated clients are more willing to express their feelings and thoughts than those who are uneducated. They are willing to help themselves and take responsibility for solving their problems. They are more focused on presenting their ideas clearly in the session.

Interviewee 1:

[The modification of the theory] would help the educated client who usually knows his problems and show him how to seek a solution ... it is not easy to find this type of person in this society.

It can be said that the educational level of the clients will help them to understand the role of both counsellor and client. People with a good level of education are better able to express their feelings freely and easily than those who are not educated. This is based on the latter's belief that people should not be open or willing to share their personal problems with a stranger or non-family member. Moreover, educated clients are more willing to work from within and discover ways of helping and building a healthy relationship with the self.

Qatari society

Highlighting the character of the Qatari client was one of the subthemes mentioned during my discussions with the interviewees. In general, the interviewees believed that Qatari clients need more than just being listened to. They need to be guided and directed towards the solution.

Interviewee 1:

First of all it is a new type of therapy for the people here. They are not used to it. Now can the theory help them to reflect on their strengths and weaknesses? It clarifies things for them; however, people say, 'I know that you care about me but I need some solutions here and that's the way it is, it's part of the culture here'.

One interviewee felt that the client should be responsible for his own choices and decisions.

Interviewee 9:

After all it's better for the client to choose the method he wants if he's a mature and conscious person working towards his goals. Another way to know if the direct method is the one that should be used is that the patient likes to be advised. In the non-direct method the client has the greatest role in the process.

Generally speaking people in Qatar are supported and advised directly by each other, and therefore clients expect similar support from their counsellors.

According to Interviewee 1:

Yes, when you talk to someone in our society, you find him giving you solutions.

I interviewed a lecturer from the Islamic Studies department of QU about the Islamic view of counselling, and non-directive counselling in particular. He was open and approachable, which helped me to learn how religious people think about applying the Western approach within an Islamic society. He agreed that people with psychological problems or life difficulties need to be supported and helped. He also talked about the Prophet's (PBUH) methods of helping others. The interviewee linked the negative effect of society to the quality of individuals' lives:

Interviewee 16:

The culture of the collective society is getting weak and therefore the person is afraid to deal with his problems in society. When he observes the problems of society he decides to isolate himself and gradually starts to doubt everything and everyone around him, and I think that social problems are related to social relationships and can never be solved by law but only through tolerance.

Overall, clients in Qatari society are keen to be supported directly to solve their life and psychological difficulties, but the value of non-directive counselling support is recognized by some professionals.

Applying religious support in counselling

I asked the interviewees their opinions of applying religious support in counselling.

Interviewee 1:

Yes. This is what the client wants, because the client wants to hear some verses of the Qur'an and the Hadiths²³ directly

In addition it is important to consider tradition when dealing with Muslim clients.

Interviewee 1:

I think that in Qatari society, using either the directive or the non-directive way, the religious aspect should be included ... You can't deal with habits and traditions as well as religion come into everything, and we can't separate religion 100% because it is important in helping the client psychologically.

Others believed that helping clients to express themselves and feelings needs to come first before the religious support.

Interviewee 2:

The religious factor is the last factor that can be used in counselling people ... because in the first place we let the client first talk and think about himself.

The non-directive approach was used by the Prophet (PBUH), therefore it is also important to apply this in Islamic counselling.

Interviewee 3:

Even the Prophet (PBUH) used directive and non-directive approaches.

This supports my study's application of the Prophet's non-directive methods (see Chapter 3).

Taking the Prophet (PBUH) as a role model and following the Prophet's character and methods helps the clients to follow Muslim values.

Interviewee 8:

We can't separate the religious aspect even with the directive method, because religion is part of our culture ... The Prophet's (PBUH) non-

²³ See glossary

directive method helps a lot, but not all religious people go deep into religion.

The religious background of the client plays a role in counselling.

Interviewee 10:

If the patient is a religious person, then this aspect is important in his treatment.

Another interviewee associated religion and society with helping the Qatari client.

Interviewee 12:

Religion and society have their own effect on people. Therefore the method requires some modifications to suit our needs. (Written interview)

The need to offer Islamic support was also asserted by an interviewee who believed that the counsellor's religious background is important as it can help and support Muslim clients religiously.

Interviewee 5:

It depends on the category of the patient, because one patient might love to listen to the verses that include fear or punishment, while another might love listening to those that include thinking and reflection or right and wrong. Therefore the technique is hard in itself, which means that the counsellor should be aware of the verses and quotations that are applicable to the client's problem. So the issue differs from one person to another according to his problem in an indirect way.

It can be seen that most of the interviewees welcomed the idea of recognising the importance of the religious and cultural background when applying the non-directive method.

Summary

This chapter has provided an insight into the perceptions of HMC, QU and FCC professionals in Qatar with regard to the possibility of establishing non-directive counselling services. The respondents suggested that non-directive counselling

has a number of aims and functions, including helping individuals to express their feelings and thoughts, empowering people to solve their own problems and creating conditions for happiness and fulfillment. In general, the interviewees' views supported the central argument of this thesis: that there is a real need for this service in Qatar, as social change has brought complex problems which require more than family intervention and direct advice.

The interviewees emphasized the importance of religious and cultural background when counselling Qatari clients. They believed that university students need this type of counselling to support their academic and life problems. Depressed clients could also benefit from non-directive counselling where the counsellor helps them to share their problems in an acceptable environment.

Although the interviewees thought that non-directive counselling was needed, they believed the approach should be modified based on the Holy Quran and the Prophet's teachings and that the traditions and values of the clients should be incorporated. The respondents highlighted the need for good-quality counselling services under the supervision of suitably qualified professionals.

This chapter has presented the analysis of my interviews with 16 professionals in the State of Qatar. In the next chapter I summarize the study and present its limitations and recommendations.

CHAPTER 10: Summary, Limitations and Recommendations

Introduction

This study has examined the feasibility of applying a modification of the PCA in Qatar. I have focused on the similarities between Islamic counselling and the PCA in working with depressed clients at the Department of Psychiatry at HMC.

In this chapter I discuss the following: the therapeutic relationship; the client's relationship with self; motivation to change; the educational level of the client; the usefulness of triangulating the data; the Islamic religious background of the clients and counsellor; the limitations of the study; and recommendations from the study. Finally I present some other points that emerged from the research.

Summary of the main findings

The study has shown the effectiveness of using a modification of PCA to improve the mental health of depressed Muslim clients, in the state of Qatar. Cooper (2008) states:

There is unequivocal evidence that, on average psychological therapies have a positive effect on people's mental health and wellbeing. (p.34)

The study proved that talking therapy such as PCA is needed besides medical treatment to help and support the clients. Cooper (2008) states that:

Talking therapies are generally as effective as pharmacological treatments for psychological distress. (p.35)

The therapeutic relationship

My therapeutic relationships with the clients allowed some of them to open up and freely express their inner feelings and thoughts, not only about others but also about themselves. Fatma and Mariam are prime examples of this. The feedback sessions give evidence of the improvement that some of the clients experienced as a result of the counselling sessions. For example Fatma showed a change in her relationship with herself and with others. She was able to move

from not knowing herself to discovering, loving and developing herself. She benefited from the sessions in that she was able to recall her past and work on accepting it, and she learned how to take an active part in helping and supporting herself.

The study reveals that the therapeutic relationship was crucial in supporting the clients' positive changes. It helped them to feel free to express their feelings and thoughts and allowed them to think of their own needs as individuals, and I believe this helped them to move on with their lives. The value of the counselling relationship is put forward by the work of Asay and Lambert (1999, cited in Cooper, 2008 p.56). Their extensive experience of psychotherapy research has led them to estimate that the therapeutic relationship accounts for 30% of the success or otherwise of counselling.

The clients' relationship with self

The ability to form and reflect on the relationship with the self was important in enabling the clients to move on with their lives. However, not all of the main study clients were able to relate to themselves. The best example of a client able to reflect on and form a good relationship with the self was Fatma; the clients who most lacked the ability to reflect on themselves were Heasa and Hadi.

Clients' educational level

The decision to focus on educated clients was made as a result of my previous experience working with clients with different educational levels. I had noticed that some depressed clients I had worked with in the past were not educated to a level where they would accept indirect guidance, therefore they were not able to understand my non-directive way of communicating. They would ask me to repeat what I had said or to explain further, especially if I reflected on or paraphrased their words. With the educated clients I was able to use the sessions to encourage them to learn how to help themselves; for example Yousef, in the pilot study, understood this method and used it to benefit from

the counselling sessions. In the main study when I worked with Farhan, who had only completed secondary school, I had to be very simplistic with him especially when focusing on his self relationship and his willingness to work from within. Even though he was able to help himself I found that he needed a lot of explanation during our discussions. He also had difficulty understanding and completing the BDI form, whereas others were able to do so unhindered by lack of understanding. However, the study was limited because it focused so heavily on educated clients.

The Islamic religious background of the clients and the counsellor

Undoubtedly religious support was an important factor in making the counselling work, as supported by Cooper's research summary (2008):

What about matching on beliefs and values; would a client who holds conservative values, for instance, do better with a therapist of a similar outlook, or would they do just as well with a therapist with a liberal worldview? Research on this question, as one might expect, is relatively sparse, but one aspect of it that has been researched in some depth is that of the effect of a convergence of religious and spiritual values in therapy and counselling. (pp. 84-85)

Religious support was crucial for a person such as Fatma because she liked to relate everything back to Allah. The study revealed that although all the clients were Muslims each responded differently to my religious support: for example Heasa expressed the wish to improve herself as a Muslim but was not so keen to put her words into practice. Fatma linked all her changes and improvements to Allah (SWT) first and then to the counselling support, which helped her to become aware of her needs and move on in her life.

The study also suggests that some Muslim clients who are less pious in their approach or who come from a more liberal religious background benefit far less from counselling than those who practice their religion wholeheartedly. Giving credit to Allah (SWT) was important for me as the counsellor when working with Muslim clients. It was clear that my help and support were based on the will of Allah, as the one who knows what is best for the clients. At the same time I was

aware of encouraging clients to do their best and leave the rest to Allah (SWT), who takes care of everybody and everything. This was a way of easing the pressure and making the clients think more positively about themselves. The study showed that the clients needed to be supported religiously, and that the core conditions were important but had to be used in conjunction with the client's belief system, and confirmed that offering non-directive religious support helped clients who were willing to share their own religious feelings and thoughts. It proved that aspects of the PCA and Islam that are similar can be applied when working with Muslim clients, and has demonstrated the uniqueness of my work. As far as I know, this is only the study in Qatar and the Middle East that demonstrates the effectiveness of non-directive counselling in helping Muslim clients.

Triangulation of data

The outcome measurements – i.e. the BDI form and the feedback in addition to the counselling sessions – produced clear evidence of the positive outcomes for some of the clients. Below I briefly present the usefulness of the BDI form and the feedback.

The usefulness of data from the Beck Depression Inventory (BDI) form

The BDI enabled me to monitor the improvement of each client statistically. It was useful to have a quantitative measure to confirm the finding of my qualitative analysis.

The Beck Depression Inventory showed a significant improvement in the level of depression of some of the clients. For example, Fatma's depression score was 39 (severe) at the beginning of the sessions and at the end it was 19 (moderate). Likewise Mariam started with a score of 25 (moderate) which had decreased to 11 (mild) by the end of the counselling. The BDI form gave me statistical evidence of the changes after the counselling sessions.

The usefulness of data from clients' feedback sessions

In the main fieldwork study I felt it important that the feedback sessions were undertaken by my colleagues. I wanted the clients to feel free to be honest about the sessions without fear of offending me. I believe that being interviewed by my colleagues helped them to be themselves. Hadi, for example, was totally honest in both his feedback sessions when he revealed that he had not benefited from the sessions.

The recorded or videoed feedback sessions were very useful to me as a researcher and counsellor. They let me gather more information about each client through the recordings. They were more willing to talk about the therapeutic relationship with me as a counsellor with the HMC psychologist, Dr Elnour, who challenged and encouraged them to feel free to talk and express their feelings about the counselling. Meeting with my psychologist colleague after the feedback sessions we discussed his opinion of my work with each client. I was glad to hear his opinion and the clients' views on how the counselling had gone.

Feedback from the professionals' interviews

My interviews with professionals helped to support the study's findings. Their opinions were important as they gave a clear picture of what the professionals think about applying the modification of the theory. They emphasized the importance of offering religious support to help Muslims clients move on with their lives, supporting my belief in the importance of this. They also stated the importance of offering different models of counselling based on the client's needs, the importance of offering counselling support at Qatar University and HMC, and how educated clients can benefit from a modification of PCA because they can express their feelings and thoughts clearly, which fits with the research findings. They highlighted the need for a counselling approach that supports Islamic and cultural values and for counselling training in this field.

My belief as a counsellor

Cooper (2008) speaks of 'the tendency for researchers to 'find' results that support their own beliefs, expectation or preferences' (p.48). This is confirmed in relation to my own research. Before I began I had a very strong belief that it would be possible to use the modification of the approach with depressed clients in my society. I was confident of my ability and aware of facing resistance to applying PCA in Qatar, but this did not stop me wanting to prove the effectiveness of person centred counselling with depressed clients. I believe that my study has demonstrated this.

The limitations of the study

The limitations of this study derive from its nature and the purpose, as it was confined to particular participants at HMC in the private and public sectors. The study was experimental and investigated the effectiveness of applying a modification of the PCA with depressed clients at the Psychiatry Department of HMC. Below, I outline the general limitations of the study:

The study sample did not represent the Qatari population because the sample I worked with was not large enough to do so;

The clients were all Arab Muslims;

The sample included only educated clients;

Not all of the professionals had practical experience of applying the PCA.

They talked about their theoretical experience, which was limited. In other words, they presented what they had read about the theory. I believe it would have been different had I met with counsellors interested in the theory, but unfortunately there is a shortage of professionals in this field in Qatar.

Recommendations of the study

I have divided my recommendations into three parts as follows: general recommendations; recommendations for applying the modification of the PCA; and further suggestions that emerged from the research.

General recommendations

Here I put forward some recommendations and suggestions that can be offered to bodies responsible for promoting effective counselling services for Qatari citizens. Counselling should be established in Qatar to help people with life and psychological difficulties. I therefore make the following recommendations:

The media should be involved to increase awareness of the importance of counselling. This can be done using hard copy (books, journals, magazines, newspapers etc) and electronic media (television, radio, the Internet etc).

The Qatari government should establish an active research department to support counselling research;

Collaborating with counselling professionals abroad to exchange information and knowledge should be considered;

The government should offer counselling as a subject at schools and universities. I encourage Qatar University to offer higher education and research in counselling at MA and PhD levels;

Qatari students who are interested in counselling should be encouraged to study abroad to broaden their knowledge;

Qatari professionals should be trained as counsellors, because a local counsellor is closer to the society's culture and traditions than one who is not local;

Regular meetings should be established where existing counsellors can discuss ways of improving their services;

Short courses should be established for members of the general public who are interested in counselling. This would help to raise awareness of the importance of counselling.

Recommendations for applying a modified PCA

I offer some recommendations about applying a modification of the PCA below which I hope will be considered seriously by the Qatari government:

Offer non-directive counselling support to people who believe in self-healing and who do not want to be guided or advised directly;

Offer a modification of the PCA that conforms to Islamic principles to help Muslims with life and psychological problems;

Offer a modification of the approach in counselling when working with young people in schools and universities to improve the quality of their education and their self-esteem;

Offer a non-directive approach in counselling to support hospital patients with chronic illnesses to encourage them to heal themselves by supporting and accepting their illness;

Offer a non-directive approach in counselling at workplaces such as companies and industries to improve the quality of relationships between workers;

Offer a variety of counselling methods to help the large number of QU students who come to study at the university from different cultural and religious backgrounds.

The PCA should be applied in Islamic society by modifying it as in this study. Religious support should also be applied when working with Muslim clients.

Further points and suggestions that emerged from the research

I hope this study will inspire researchers in Qatar to undertake further studies in counselling. Below are some important points that are worth setting down:

This study can be considered pioneering and unique in Qatar. As a researcher in this field I know of no other study which presents the similarities between Islamic and PCA principles for working with depressed clients.

The study demonstrates the usefulness of the application of video and audio tapes in the counselling and psychotherapy context. Observing body language allowed me to gather more information about how clients feel. More work could be done in this area.

I found it helpful to reflect on my own personal experiences. I believe my study might encourage other researchers in Qatar to feel more open about sharing their own personal experiences in their research.

I invite Muslims and non-Muslims to broaden their view of how the PCA might be modified in order to develop it to fulfill their clients' needs.

I end this section by saying that I am glad to have been able to build a bridge between person centred and Islamic values and traditions which may open a new door to applying the theory in Islamic society.

Conclusion

Counselling services are needed to help people to deal with psychological problems which result from the remarkable changes in Qatari society after the discovery of oil at the end of 1940. I believe that it is necessary to offer counselling to fulfill both individual and societal needs. It is important to design and implement non-directive strategies to help people.

In the final chapter of the thesis I reflect on some of the personal meanings that this research journey has had for me.

CHAPTER 11: Self-Reflection on my Work in this Research

Introduction

Presenting myself in this study was challenging for me, as I find it difficult to talk about myself and reveal my personal issues to others. This is due to the fact that the educational system in my home country did not encourage this kind of openness, and Qatari researchers have only recently have come around to the opinion that researchers should be open to writing about their personal experiences as part of their research process. I have quite enjoyed the experience, as it not only gave me the opportunity to observe my own personal growth and development but, as a humanistic study, it also allowed me to learn from the experience itself and the experiences of the clients with whom I worked. My supervisor encouraged me to be explicit in sharing my personal experiences as this is appropriate to the counselling process and counselling research.

Reading Etherington's (2004) *Becoming a Reflexive Researcher: Using Our Selves in Research* helped me to understand the importance of talking about myself in research. Etherington states:

Reflexivity is a skill that we develop as counselors: an ability to notice our responses to the world around us, other people and events, and use that knowledge to inform our actions, communications and understanding. To be reflexive we need to be aware of our personal responses to be able to make choices about how to use them; we also need to be aware of the personal, social and cultural contexts in which we live and work and to understand how these impact on the ways we interpret our world. (p.19)

The writer emphasizes the importance of being open and flexible about one's experiences when writing up a research project. Using reflexivity is important as it increases the researcher's self-awareness. Etherington states:

Reflexivity challenges us to be more fully conscious of our own ideology, culture, and politics and that of our participants and our audience (p.36).

I found this to be true, as I had to consider the cultural background of my clients and accept it as part of them and of myself.

I had to remain aware of the need to adapt the PCA to my culture. For example, I was aware of the importance of considering cultural and religious factors when working with Muslim clients. I did not encourage clients with unhappy marital relationships to seek divorce or suggest that my lesbian client lived her life as she wanted because I was aware that this would be against our culture and religion.

Reflexivity encouraged me to bring my own voice to my research; reflecting on myself and my experiences helped me to get closer to myself and to my readers as if I were meeting them face to face. I found that it was an opportunity to tell them how I felt and thought about my journey with each client, and what I had learned from the experience myself. Reflecting on my own experiences led to an exploration of parts of myself of which I had not previously been aware. According to Brown and McCartney (1998), reflection is a process of self-discovery which allows individuals to look into their inner feelings and thoughts. It is a way of healing oneself and improving the quality of thinking and feeling. My journey of self-discovery is inextricable from the journey I took with my clients.

Some thoughts about what made the therapy work

The therapeutic relationship was the most important factor in the counselling process because it promoted a climate which allowed the clients to feel safe and accepted and helped them to trust in their own ability to help and support themselves. Self-healing can be part of the counselling process where the client is willing to be active and work from within. Bohart and Tallman (2003), in *How Clients Make Therapy Work*, highlight the importance of clients' ability to heal themselves safely within the therapeutic relationship. Bohart and Tallman (2003) state:

In a medical metaphor, self healing refers to the human capacity to repair dysfunctional life pathways, to recover from emotionally injurious experiences, and to change ways of being, behaving, and experiencing so that one moves toward greater coherence and functionality. (p58)

Some of my clients were keen to heal themselves by praying or travelling or involving themselves with a hobby in addition to engaging in the therapeutic process. Bohart and Tallman (ibid) state that clients can heal themselves naturally by different methods, and mention the following:

Acceptance; attention shift; cessation of self-blame; patience; creative perseverance; not trying too hard; looking for other paths; goal evaluation; seeking new perspectives; discussing with others; building up one's skills; seeking out models; exposure; doing something different; adopting a meta-cognitive perspective; creativity; reframing; getting 'outside' of oneself; getting a higher purpose, living for others, immersing oneself in a project one finds interesting and important; taking advantage of a change in circumstances; and trusting intuition. (p.84)

Some of these processes are associated with Islamic values, and I consider their use below.

Acceptance

Bohart and Tallman (ibid) believe that self-acceptance and acceptance of events and people help clients to heal themselves. They become able to accept the presence of an illness, a death, the end of a relationship, and reality. The authors believe that acceptance is a goal of therapy, as it is a naturally-occurring healing factor in everyday life.

In my study Fatma and Mariam came to accept their husbands' attitudes. They accepted their life crises as part of being Muslim, believing in Allah (SWT). Muslims should accept whatever Allah (SWT) gives them and be thankful to Him, because only Allah (SWT) knows what is best for them.

I have found that accepting what I have helps me to enjoy it. It also helps me to deal with life circumstances, such as my loss of a loved one while I was studying in the UK. I accepted it because I believed this to be the best response and because it is what Allah wants.

Patience

Bohart and Tallman (ibid) believe that patience goes with acceptance; people accept living in an undesirable situation until they are able to change it or it changes them. In my study, Fatma and Mariam became patient and accepted others as they were while trying their best to change themselves.

Muslims are encouraged to be patient. They should put in their effort and then wait and accept Allah's (SWT) outcome. This can be seen as both patience and acceptance. As a Muslim counsellor I was aware of the importance of encouraging my Muslim clients to do their best and then accept the outcome, and I believe that this made them more willing to put effort into helping themselves. I found it a very useful technique and applied it in particular with Mariam and Fatima.

I believe that working with the clients also helped me to be patient with myself and others.

Not trying too hard

Bohart and Tallman (ibid) encourage clients not to try too hard to solve their problems because this may have a negative effect. I was able to encourage my clients in this direction by reminding them that their religion asks them to do their best and leave the rest to Allah (SWT). For example, Fatma was not able to balance her duties with her own needs, and therefore forgot herself and worked too hard to help others. She felt that she did not do enough to help her disabled brother.

Counsellor:

Don't you think that it isn't in your hands to change the present situation?

I encouraged her to take things easy and to do what she could for her brother and others without putting pressure on herself.

Modelling

Bohart and Tallman (ibid) consider modelling an important method of self healing, for example by copying how others solve their problems, taking models from television or literature or talking with friends.

The counsellor can be a good model for the client to follow, and I was aware of the importance of encouraging my clients to indirectly learn counselling skills, simply by using skills such as being attentive and listening to them. These can be easily observed by clients, and I hoped that they might apply them in their own lives. Mariam told me how she had changed the way she communicated with her husband, which I believe was due to her feeling of being listened to and understood by me. I did not teach her how to talk to her husband, but I gave her insight into how she could help herself.

Muslims are encouraged to follow the Prophet's (PBUH) teachings and manners to improve the quality of their lives. I believe that this also helps in counselling because in general Muslim clients are keen to follow Islamic methods and teachings. For example, I supported Heasa religiously by encouraging her to think of the Prophet (PBUH) as the greatest model for the Islamic nation to follow. I used the word 'we' to show her my closeness, as the Prophet used to do. I also tried to help her to think positively about her problems. I said, 'We can seek forgiveness' to indicate that she was not alone and that I was there for her. I believe that using the word 'we' also helped me to put myself in her position and see the world from her point of view.

Counsellor:

The prophet (PBUH) told us that it is best to be moderate in everything and to not be hard on ourselves. He told us to rest ... he did not demand that we pray 24 hours a day ... or sit in the mosque for 24 hours.

Heasa:

Yes.

Counsellor:

He asked us not to do sinful things ... but if we commit sin along the way, we can seek forgiveness ... Allah will forgive us ... this is the way that the Prophet (PBUH) taught us ... to walk the middle way. (Session 6)

Trusting intuition

Bohart and Tallman (ibid) stress the importance of trusting the client's feelings and intuition about events and life difficulties. The Prophet (PBUH) encouraged Muslims to listen to their heart before taking action or asking others' advice.

The Prophet (PBUH) said: 'Consult your heart. Righteousness is that about which the soul feels tranquil and the heart feels tranquil, and sin is what creates restlessness in the soul and moves to and fro in the breast, even though people give you their opinion (in your favour) and continue to do so.' (Badi 2002, cited in www.fortyhadith.com)

In the above statement the Prophet (PBUH) encourages us to listen to our heart as a Muslim nation. It means that talking to oneself is a way of self healing and that an individual needs to trust what s/he feels. It is important to mention that for Muslims, listening to the heart must be associated with a strong belief in Allah (SWT). For me as a counsellor it is important to encourage clients to listen to their inner feelings and thoughts and trust them. Whenever I worked with clients I also remembered to attend to what was going on within me.

Getting 'outside' oneself

Bohart and Tallman (2003) encourage clients to heal themselves by engaging in different activities. This is a way of reducing levels of pain and depression. I found that Fatma was able to go back to her hobbies as way of healing herself, and Farhan went back to work and made a new start in his life. I was aware of encouraging clients to find a new direction and enjoy their life.

Client motivation

I believe that the clients' motivation had an effect on the success, or otherwise, of the counselling. For example Fatima, Mariam and Farhan were motivated to move on and help themselves to change from within, whereas Hadi and Heasa were less motivated to work from within. As a client myself in the past I was

aware of the importance of motivating myself to gain from the sessions and move on with my life.

My therapeutic relationship with the main fieldwork clients

In this section I reflect on my relationship with each of the clients with whom I worked in the main study, how they made the counselling work and what I learned from each of them.

My therapeutic relationship with Mariam

I believe that the therapeutic relationship between Mariam and me was positive. I felt completely comfortable with her. We had much in common, such as our understanding of the importance of the family in the Qatari's life. I felt as if I had known her for a long time.

The fact that she was female made me feel relaxed and free around her. I enjoyed working with her and looked forward to our sessions. At the end of her counselling, as mentioned in Chapter 6, Mariam made me a gift of a watch, which I accepted. From an Islamic and cultural perspective it is reasonable to accept this gift, as the Prophet (PBUH) encouraged us to accept gifts because this strengthens the quality of our relationships. I am not sure whether accepting the gift was right or wrong from a counselling perspective, and perhaps I should have clarified this with the clients before beginning the study, but I did not expect to be put in that position.

How Mariam made the counselling work

I believe that Mariam made the counselling work through her motivation and determination to improve her relationship with her husband by changing herself from within. She was successful because she listened to her inner voice.

What I learned from Mariam

Mariam helped me to focus on myself rather than on others. I could see that she was too focused on seeing her husband as the problem and I learned from

this. For me, focusing on myself means that I should be kind to myself and think of all parts of myself as a whole. I learned to see myself from my own point of view as well as considering others. I learned to appreciate what I have and tried to enjoy it, as she did. Mariam helped me to learn that building a healthy relationship with others requires understanding and acceptance, and having healthy conversations is important to keeping up my relationships. The healthy relationship is based on me: I am the one who needs to be able to accept myself and others. As Allah (SWT) states in the Holy Quran:

Verily never will Allah change the condition of a people until they change it themselves (with their own souls). (13:11: see also pp 78 and 146)

My therapeutic relationship with Heasa

I believe that this therapeutic relationship was good insofar as Heasa was able to reveal her secrets and talk about her lesbianism. I felt that she needed more directive support, which I was not able to give her. When Heasa told me that she was a lesbian and liked to act as a boy I did not show my shock at the news and continued to listen to her, but I noticed myself building an invisible wall between us, and I stopped shaking hands with her and even giving her hugs, as I had done before. However, the therapeutic relationship was effective because Heasa was happy to continue her sessions and share her personal issues with me. I put her needs before mine and made a decision to be there for her. I focused on her good side rather than blaming or advising her religiously. I felt that she needed me and that I needed to be there for her. I felt relieved when she told me that she had not notice any awkwardness in me while she was talking. I think this is positive evidence that I was there for her.

On the whole, I had hoped to offer Heasa more help and support, but was aware that this required more time and willingness from Heasa to help herself.

Did Heasa make the counselling work?

Heasa did not work hard to help herself and progress with her treatment. I think she was not motivated to help herself and make the counselling work because

she was not ready to take a step forward in her life. I believe that although Heasa talked she did not want to take action.

What I learned from Heasa

I believe that because Heasa was struggling in her relationships she felt empty and needed to be helped religiously, and this made me think of the importance of having a satisfactory relationship with the Creator, which reflects positively on the whole of one's life. She made me think that in life we have to both give and take. In other words, if Heasa wanted to live a happy life she would have to give to herself as she did to others. Her fear of sharing her pain with those closest to her made me think of the importance of expressing my feelings and thoughts freely instead of keeping them within.

My therapeutic relationship with Farhan

I felt that this therapeutic relationship was very positive. Although sometimes I had to simplify, explain and clarify things for Farhan to ensure that he understood me I enjoyed my sessions with him, especially as he was keen to attend them. It was an effective therapeutic relationship which led to a positive outcome.

How Farhan made the counselling work

Farhan was keen to work from within to help himself. He wanted to change his unwanted behaviour and thoughts about himself and others. I believe his increased confidence was the key to making the sessions work. He used the sessions to get in touch with his inner feelings and thoughts. When the client is keen to learn and open his mind to change then he can progress, and this is what happened with Farhan. He depended on his own ability and capacity to move forwards. Moreover, his motivation and willingness to move on in his life, after Allah's (SWT) help, affected him positively because he was keen to benefit from the sessions and change himself. He was motivated to build a healthy relationship with himself and was thus able to love and take care of himself. Farhan became a 'new Farhan', as he stated in his sessions.

What I learned from Farhan

Farhan taught me to think about my relationships with others and how much space I could offer them. I felt that it must be hard for him to feel that his family was taking advantage of him, and this made me ask myself whether they or Farhan were responsible for this. Farhan realized that letting them do this was his mistake. This made me feel that no matter what the mistake, we should be able to stand up and move on with our lives, as he did. I learned that nothing is impossible as long as the person is keen to change, as Farhan was, and this made me feel more optimistic about life.

My therapeutic relationship with Hadi

I wish that Hadi had given himself more time to understand both our roles, as I mentioned in Chapter 7. I enjoyed being there for him but was concerned about the quality of our therapeutic relationship. I felt that he was not ready to open up and freely share his feelings and thoughts with me. He had high expectations of the therapeutic relationship and expected me to guide and advise him directly, as others had done in the past. His high expectations made me feel that I should be very clear and honest, not only with him but also with myself. His body language and responses showed me that he wanted to end his sessions.

Hadi's first feedback session with my colleague was recorded. I took the recording home and listened to it. I felt hurt. I do not know exactly why I felt this way; maybe it was because he was not happy with the outcome of the sessions. I discussed it with my colleague, who told me that Hadi had felt that he did not need my counselling and said he felt fine. The feedback made me feel that he had not gained anything from the sessions. It made me feel upset and sad, but I should have expected this as he had only had three sessions. I felt a failure and I blamed myself for not giving myself time to try and understand him better; however I had also wanted to be honest and real with him.

I was glad that Hadi contacted me after I returned to the UK, but felt disappointed that I could not offer him what he needed. However, I believe he needed to understand that he had to work from within to help himself and I was

there to help and support but not to guide and advise him directly, as his father used to do with him.

Did Hadi make the counselling work?

I believe that Hadi could have made the counselling work had he been motivated to work from within. It would also have helped if he had been aware of the aim of healing and supporting himself as part of the sessions rather than asking for guidance and support from others.

What I learned from Hadi

My work with Hadi taught me to look at my high expectations about my own goals. I often tell myself: 'You do what you can, and leave the rest to Allah (SWT) to take care of'. I think finding someone such as a counsellor who is willing to listen to you is a gift from Allah. I believe that the client knows best, but this has to be in the context of accepting others' (family, society, religion and so on) views as well. I say this from the perspective of a society where these factors are important. Hadi made me feel how wonderful it is to have a family that is helpful and supportive.

I think the three sessions we had together made me feel stronger and more capable of handling my role as a counsellor. In other words, I did not advise Hadi as his father had done. I was clear about what I could offer him as a person centred counsellor.

I listened to what was going on inside Hadi, and I believe that eventually he realized this and that is why he called me later. He had realized that I had skills which involved not only listening but also being empathetic and understanding his issues.

My therapeutic relationship with Fatma

I believe that Fatma and I had a healthy therapeutic relationship. We shared common values such as our keenness to do our best to safeguard and protect our families. We both expected people to treat us as we did them. Studying was

very important to us, and we both liked and wanted to be accepted as we were. These similarities often made me think of myself while I was working with Fatma.

I helped her on her journey of discovery. On this journey I was able to move freely with her and get in touch with her inner feelings. I consider our therapeutic relationship unique and special because I felt that Fatma was able to see her problems and deal with them, and I was totally engaged with her story. I believe that this relationship helped Fatma to make positive changes, which agrees with Cooper's (2008) summary of research findings in relation to counselling outcome:

The quality of the therapeutic relationship is associated with therapeutic outcomes. (p.125)

I was glad to have offered her the support and help she needed and grateful to her for allowing me to listen to her issues. I believe her to be one of the few clients I have met who wanted to take a very active part in the process of moving on with their lives.

How Fatma made the counselling work

Fatma used the sessions to find and develop herself. Over time, she learned a new skill and applied it in her life, taking care of herself, listening to and accepting others. Fatma was highly motivated because she was willing to:

... actively listen, think, try out interventions, absorb whenever the experiences and information are being provided, and work with these things in a productive, generative way that ultimately makes change happen in therapy. (Bohart and Tallman, 2003, p.45)

She was keen to change, and this, in my belief, helped the counselling process and helped Fatma to move forwards towards self-understanding and self-awareness. Her motivation helped her to find and develop herself, as Rogers (1961) states:

[T]he individual will discover within himself the capacity to use this relationship for growth. (p.35)

At the end of our sessions Fatma was able to move on positively with her life. She was able to depend on herself and to be independent, and this improvement she was a result of the counselling sessions.

Fransella and Dalton (2000) describe the end of the counselling process below in a way that reflects my experience of Fatma's sessions ending:

The client becomes less dependent on the counsellor and sets up his own more spontaneous experiments. His world widens and his energies are directed more variously ... There is a move away from the client's 'problems' and his immediate personal concerns into a more dilated field of interests. Finally he really 'hasn't time' to come any more ... life is too full. (p.145)

I enjoyed working with Fatma, and consider myself lucky to have been given the opportunity of working hand in hand with her on her feelings and thoughts. I was given the chance to attend her exploration of herself and to see how she welcomed the new 'Fatma'.

I was glad to be considered a member of her family:

By the way, Doctor, my understanding of 'family' was my husband and my children, and now Doctor Elnour and Doctor Aisha are both in my family. (Feedback 2)

The above shows the closeness, authenticity and strength of the therapeutic relationship we shared, but I also wonder how far her gender played its part in our therapeutic relationship. I believe it helped us to feel free to talk and share issues. According to Cooper (2008):

Female therapists have outcomes that are good or possibly slightly better than male therapists, particularly with female clients. (p.96)

I think the fact that I was a female counsellor was very helpful to Fatma.

What I learned from Fatma

I learned to think of others as well as myself and my needs as an individual from Fatma. I learned not be too harsh with myself, and to love and accept myself as I am. Fatma made me think about being more open and sharing my feelings and

thoughts with people I trust. In fact she made me believe that trusting can ease the rigidity in any relationship. I learned that this is my responsibility with regard to how others perceive me. Fatma used to think negatively, which affected her relationships with herself and with others, and I learned to try my best to deal with things more positively.

Practical techniques that I employed with clients

While working with all my clients I was aware of my role as a Muslim person centred counsellor working indirectly within an Islamic and Qatari cultural framework.

I have chosen Fatma as my main example to reflect on my work with the clients. The term 'therapeutic technique' means 'a well-defined procedure implemented to accomplish a particular task or goal' Cooper (2008, p.127). However, the techniques that I applied to help and support my clients were more flexible and based on their needs.

The first technique: Applying religious support when required

My aim was to support the clients in strengthening their relationship with Allah (SWT) based on the willingness of each to do so, deliberately reminding myself of Islamic values and attitudes while avoiding advising them directly.

For example, Fatma blamed herself for not taking care of herself during her pregnancy.

Counsellor:

You did not know that you were pregnant. Let us think that you have no role ... And everything happened in a sudden way ... Allah (SWT) gave you something Then he took it away ... by the will of Allah (SWT) he will compensate you ... no one knows where his betterment is. In this way ... we can ease the problem.

In this case I used a religious technique, talking directly to her because I was aware of her Islamic background and her willingness to listen to me. I comforted her by encouraging her to accept Allah's will, at the same time encouraging her

to learn from her experience. I believe that a client needs to learn from her own experience in order to be able to move one.

The second technique: Directing the client towards the aim of the counselling

I felt that it was important to be direct and clear regarding the aim of the sessions. In this way I was able to encourage my clients to help themselves and not to expect more from me as a counsellor. The aim was to be realistic, as well as being there for them. For example, I encouraged Fatma, who sometimes expected guidance and direction, to help herself and be aware of the aim of our work. I focused on her ability to help herself and encouraged her to take responsibility for herself.

Fatma:

The past is distressing me but I cannot change anything ... I need someone who is willing to help me.

Counsellor:

Our aim in counselling is that Fatma herself tries to find the solutions.
(Session 10)

The third technique: Putting the will of Allah (SWT) before my own abilities

As a Muslim counsellor I was very aware of putting my help after Allah's (SWT) will, as Allah knows best. In other words, I referred all my support and help to Allah (SWT). This was an important technique for me because it was an invitation to myself and my clients to consider Allah's (SWT) help first and then ourselves as human beings. It made me feel that Allah (SWT) is always there for us. In fact this is part of what is required of us as Muslims; to always feel the presence of Allah (SWT).

When Fatma asked me to direct her because she believed that things changed with my support, I always referred the positives to Allah (SWT) before myself.

Fatma:

It is through your help and support.

Counsellor:

By the will of Allah ... I will be beside you ... watching you ... trying to help.
(Session 10)

My body language during the sessions

I video recorded sessions with Fatma, Farhan and Hadi. I believe it is worth reflecting on our non-verbal communications. I was able to watch some of these sessions, and observed my own body language as well as that of the clients. Beattie (2004) considers non-verbal communication significant in explaining human beings' feelings, relationships and personal attitudes.

When working with Fatma I generally felt relaxed and had a lot of eye contact with her. Pease (1994) believes that a person's gaze can have a powerful effect on the outcome of a face-to-face encounter. I noticed that I leaned forward to get closer to her. This shows my interest in listening to her issues. My voice was relaxed. The video shows that I moved my hands freely while talking and laughing with her. According to Colmenarez et al (2004):

The human face is a powerful means of communication. We use it constantly, naturally and effortlessly, not only to identify one from another, but also to transmit information about our feelings. As a pattern, the face is a real challenge ... facial expressions and overall body position and motion are extremely complex spatio-temporal patterns capable of transmitting much information about a person's state of mind and feelings. (p.1)

Watching myself in sessions with Hadi, I saw that I was not totally comfortable or relaxed. I had eye contact with him, but not continually. Sometimes when I talked I moved my eyes towards him and then down. I sat leaning slightly backwards and my hands were controlled.

My video sessions with Farhan show that I was relaxed and had more eye contact with him than with Hadi. My body language shows my interest in listening to Farhan: I felt free to move my hands while talking to him and I moved my body forwards and backwards without effort, which again shows a

relaxed atmosphere compared to my sessions with Hadi. In fact the video sessions show that even though I was freer with Fatma, as a female client, I was also free with Farhan, with whom I felt as if I was talking to a brother or someone I had known for a long time. The video recordings of the sessions with Hadi show that I kept my distance as if I wanted to protect myself from him. I felt more myself with Farhan and Fatma, whereas with Hadi I was unsure of what I wanted to say, because I felt that he expected to be told what to do.

The video helped me to get in touch with myself and observe my attitudes towards the three clients. I believe that when I touched some of my clients, such as Fatma, it was because there was a need to do so as it was important to support her nonverbally and fulfill her needs.

With all the clients I nodded my head to show my interest and willingness to listen to their issues. Looking at some of the video sessions I have noticed that I was warm and caring. I did not show negative feelings towards them. I believe the video is evidence of the friendly atmosphere we had.

My body language showed my empathy and willingness to be there for the clients.

The use of empathic body language helped me to encourage clients to take off their mask and be themselves. Shaking hands with female clients made us feel closer. Islamically, shaking hands is important. Pease (1992) believes that handshaking has an immediate effect on the outcome of the face-to-face encounter with another person. The reason I did not shake hands with the male clients to create such a positive outcome is simply because they and I were aware of the Islamic unacceptability of physical contact between men and women.

Brief reflection on myself in the pilot study at the end of my work

The pilot study helped me to understand my work and reshape my study. During my work with clients in the pilot study I was not confident of the quality of the counselling I was offering. I felt under pressure and wanted to finish my

work. On listening to or watching some of the pilot study sessions, I see that I was there for clients, listening and supporting them, but sometimes I was not able to help them to move on with their lives. My difficulties during the pilot study (see Methodology in Chapter 5) may have affected the quality of the counselling that I offered. The pilot study was challenging because I did not feel confident or even comfortable enough to work with the clients. I was not able to build a healthy relationship with myself. In fact I was not able to feel or sense myself; I was busy with others' needs and forgot my own.

Brief reflection on myself in the main study

By the time I got to the main study I was experienced enough to work more confidently with my clients. I was able to perform all the work and organize myself. I enjoyed working with the clients and was willing to continue with the sessions when there was a chance to do so. I was able not only to focus on my clients' needs but also to engage with my own feelings and thoughts. I managed to get closer to myself and think of my relationship with myself. Having my own counselling room helped me to prepare a friendly atmosphere for the client and myself. I was happy to work with clients who had not had counselling before, and was able to carry out my work as a counsellor and researcher satisfactorily. I was more open to offering intimacy in my relationship with the clients. There was a willingness to communicate physically with the female clients as a Muslim counsellor: I hugged and kissed them, as they did me.

I supported the male clients but was aware of not being able to offer them physical closeness, and they understood this. Since, physical contact is Islamically unacceptable between males and females, I had to establish closeness with my male clients through deep understanding and a willingness to be there for them. Farhan's case is a good example of how this worked, and shows the openness and depth of the relationship that we had without physical contact.

Seeing myself as a Muslim person centred counsellor

As a Muslim counsellor I was very aware of applying the similar aspects of Islam and the PCA (see Chapter 4), and the combination of these methods helped me to get in touch with my Muslim clients' feelings and thoughts. I was aware of referring my help and support first to Allah (SWT) and then to myself. The religious support was crucial, especially with those clients who were willing to be supported religiously, and I was aware of offering it whenever there was a chance to do so. As a client I had worked with a non Muslim person centred counsellor who had offered me help and support, but although we had a healthy relationship I missed the religious support. In other words I believe that understanding the client's background beliefs and values is important in helping them. I longed to hear things such as 'You are doing your best; as for the rest, Allah (SWT) will take care of it'; 'Allah (SWT) asks people to work from within to change themselves'. I did not expect my counsellor to be perfect, but I wanted her to reinforce my religious beliefs, read more about my religion or ask for more information. However, I began to work in this area and learned to support myself religiously. The sessions helped me to appreciate how my counsellor was there for me. She offered me a friendly atmosphere with love and respect. I do not know whether asking her for religious support would be considered a high expectation.

Mariam, Farhan and Fatma were willing to be supported religiously because they had a very strong belief in Allah (SWT). Although they had crises and difficulties they always remembered to thank Allah (SWT) for his help and support. Religion is important to such clients and it can encourage them to move on with their lives. Regarding the others, such as Heasa, I believe that religious support would be very useful to help her to move forward with her life, but it would depend on her readiness to use the power of religion to change herself as Allah (SWT) ordered Muslims to do.

Whatever I offered my clients was also available to me. We all tried to work from within and sought a healthy relationship with Allah (SWT) and with

ourselves. My experiences as both a client and a counsellor emphasized the importance of religious or spiritual support in counselling Muslim clients.

I believe it is crucial that the counsellor is aware of how to fulfill this aspect when working with a Muslim client. Associating an individual's needs with Islamic values is essential for me when working with Muslim clients.

Discovering oneself

Working with depressed clients affected my relationship with myself positively and made me more self-aware. The clients made me search and discover myself as they did themselves. I became closer to Aisha. I learned to think of my own needs. I became more confident about opening up to myself, and the evidence of this is my ability to share part of myself in this thesis. Writing about myself is in itself a personal challenge, but it is also part of my self-awareness, and I believe that I deserve this opportunity to discuss my progress, not only from a professional but also from a personal point of view.

I believe that there are two types of personal learning: my learning about my relationship with myself and my learning about my relationships with others.

I learned to be more open to loving and accepting myself and to get in touch with my inner feelings and listen to my inner voice. Mearns and Thorne (1999) encourage counsellors to listen to themselves, especially if they experience pain or confusion during a counselling session. I believe that being aware of my feelings and thoughts at the same time as listening to those of the clients was very useful, as it made me aware of what was going on within me.

I learned to support and help myself to move on with my life by trying to think positively, and to be more aware of taking care of myself as I do others. I learned that I have a right to be loved and accepted unconditionally.

I was able to provide others with love and support while understanding and being objective about my limitations. I learned that to love others I first need to love and take care of myself. Islamic values certainly play a role in increasing the

importance of my self-awareness. I have found that a healthy relationship with Allah (SWT) is the base on which to build my relationships with myself and with others. I was confident of my ability to trust and be there for myself and my clients within the therapeutic relationship. In the main fieldwork study I was aware of my role as a counsellor and a researcher. I enjoyed working as a Muslim person centred counsellor because it was a new experience that allowed me to encourage myself to work from within. It helped me to learn how to deal with both psychological and religious factors when helping others.

The experience had a positive effect on me and on my whole world, internally and externally. I learned to face my personal issues with a very strong belief in Allah (SWT), and then to believe in my ability to help and support myself. I discovered that I am stronger than I had thought.

I asked myself whether I had disliked anything I did while working with the clients. Sitting back and thinking of the whole of the fieldwork, I feel that I did what I believed was best at each moment. I am not perfect and never will be, but I think that sharing my feelings and thoughts with the clients was important and wish I had been more open with some, such as Heasa, with whom I would like to have shared how I felt and thought about counselling a lesbian from the same cultural background, as this would have explained why I stopped hugging her before the session.

Conclusion

The last chapter of this study has explored my feelings and thoughts about my fieldwork. I have pointed out that each client had a unique therapeutic relationship with me. For me, the study was also a journey during which I was able to see and explore myself as a person, a counsellor and a researcher. During my work with my clients I was aware of finding answers to questions that emerged in my mind. These questions helped me to develop myself as a person and as a counsellor. I have tried to draw a picture of the whole process, and I believe the journey helped me to think more positively about life in general and about my relationship with myself in particular.

Discovering new areas in the world and building relationships with others are much easier than discovering and building a healthy relationship with oneself. The hardest thing I have ever done was to face myself during the sessions and in the process of writing this thesis. The thesis made me appreciate the work that the counsellor does to help and support the client and realize the importance of having someone willing to offer us the core conditions, as the Prophet (PBUH) used to do with others, to help strengthen their relationship with Allah (SWT) first, then with themselves and then with others.

I end the last chapter of my PhD journey hoping that my study will contribute towards raising awareness of the importance of counselling in general and non-directive counselling in particular. I hope that it will be seen to have demonstrated the effectiveness of encouraging Muslim clients to work from within and learn new methods of building a healthy relationship with oneself and with others.

I have benefited enormously from this study. It has allowed me to open my mind to the possibilities inherent in working with clients. I have learnt a great deal from meeting fellow professionals and discussing with them the potential for applying a modification of the PCA in a Muslim society.

Most significantly, this research has led to my creating my own version of the PCA for Muslim clients, and this thesis demonstrates that what I have done has worked well with the majority of my clients.

A summary of the modification of person-centred counselling proposed in this thesis is as follows:

- The location in which the counselling takes place must be appropriate. The room needs to be comfortable and private so that both client and counsellor can feel at ease.
- The counsellor needs to have a deep understanding of the religious background of the Muslim client, but to be aware that different clients have different levels of religious understanding.
- The counsellor aims to help the Muslim client improve their relationship with Allah (SWT) and gives credit to Him above counselling support for any improvement in the client's state or circumstances.

- The counsellor subtly encourages the Muslim client to follow the Prophet Mohammad's (PBUH) teachings.
- The counsellor encourages the client to work from within and build a healthy relationship with the self.
- The counsellor needs to have a shared understanding of the importance of family relationships for the Muslim client and to be aware that the individual cannot just think in terms of the individual self. Family and other relationships need to be considered as part of the counselling process.
- The counsellor's congruence needs to include all of the above when working with Muslim clients.

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APPENDICES