Conceptualizations and Models of Muslim Counseling in Ghana

Annabella Osei-Tutu* and Adjeiwa Akosua Affram†

Ghana is a secular state in which Islam is the second largest religion. Counselors who follow principles in Islam and Muslim culture, comprising imams and followers, serve as de facto mental health providers, but their counseling practices have received limited research attention. This study examined the conceptualizations and counseling practices of 19 Muslim counselors aged 32–72 (M=57.83; SD=12.95) who follow principles in Islam and Muslim culture in southern Ghana. Qualitative data was obtained using one-on-one verbal interviews. Data was inductively and thematically analyzed. Results were organized around five main areas: (1) counseling inventory, (2) conceptualizations of counseling, (3) counseling models, (4) process considerations, and (5) personal prescriptions. Participants conceptualized counseling primarily as *advising*. They provided services in nine different languages and utilized advising and mediatorial models of counseling. The counselors attended to *religious considerations* and *socio-gender norms* in their counseling. The study fills important gaps in Muslim mental health research. Implications for professional psychology training and practice, as well as mental health research and advocacy, have been discussed.

Introduction

Human resources for mental health are inadequate in low and middle-income countries (Kakuma et al., 2011; Kagee, 2020). Imams, sheikhs, community elders, and ordinary Muslims serve as mental health care resources through the provision of lay counseling (Ali & Milstein, 2012; Khan, 2022;

*University of Ghana, aopare-henaku@ug.edu.gh
  https://orcid.org/0000-0001-9407-8770
†University of Ghana, aaaffram@st.ug.edu.gh
  https://orcid.org/0000-0002-6990-103X

Correspondence concerning this article should be addressed to
Annabella Osei-Tutu, University of Ghana

Meran & Mason, 2019; Osei-Tutu et al., 2019). Lay counseling is the provision of informal psychosocial services through advice, encouragement, or spiritual or religious guidance to help-seekers (Isgandarova, 2014). Counseling services that incorporate principles in Islam and Muslim culture may be offered in community (Osei-Tutu et al., 2019, 2020) or health settings (Isgandarova, 2014).

Counselors who follow principles in Islam and Muslim culture are an important resource to their communities (Khan, 2022; Osei-Tutu et al., 2019). Misconceptions and stereotypes about Islam may lead to experiences of discrimination and marginalization of Muslims in Muslim minority communities (Ali & Awaad, 2018; Rassool, 2021). Many Muslims turn to their religious beliefs to help them navigate psychosocial challenges (EL-Awad et al., 2022; Koenig & Shohaib, 2018). For this reason, many Muslims prefer to seek psychosocial support from members of their religious and cultural community (Al-Dousari & Prior, 2020; Rassool, 2021).

In Ghana, a lower-middle income country in West Africa, mental health resources are severely limited (Badu et al., 2018). There are also challenges with access and acceptability of formal psychosocial services (Roberts et al., 2014; Dzokoto et al., 2022). Muslim counselors are easily accessible and have high acceptability in Ghana (Osei-Tutu et al., 2019). The services provided by counselors who follow principles in Islam and Muslim culture serve an important public health need, especially in resource-poor communities with a huge mental health treatment gap (Gureje et al., 2019; Kagee, 2020; Malla et al., 2019).

Islam in Ghana

Ghana is a secular state in which Islam is the second largest religion. Preliminary data from the most recent population and housing census estimate Ghana's population at 30.8 million, and Muslims constitute about 20% (Ghana Statistical Service [GSS], 2021). Historical accounts of the introduction of Islam to Ghana (then Gold Coast) are varied, placing it between the 14th and 16th century (Bari, 2014; Nukunya, 2016). Islam was first introduced to the northern territories and later spread to the rest of Ghana through trade and migration (Bari, 2014; Cardinall, 1852).

Presently, there are four major Islamic traditions in Ghana, including Ahmadi, Shi'a, Ahl us Sunna wal Jamat, and the Tijani (Ammah, 2013; Assimeng, 1999; Bari, 2014). Historically, Muslims who migrated to Ghana often organized into a migrant community called *Zongo* (a corruption of the Hausa word "Zango" which means strangers' station or settlement (Bari, 2014; Pellow, 1988)). Owing to their status as a migrant community, Zongo communities have been neglected by various governments (Casentini, 2018; Kobo et al., 2010). Resources and infrastructure for mental and physical health are inadequate, thereby negatively implicating health outcomes and quality of life in Zongo communities (Abdullah et al., 2021; Awumbilla et al., 2014).

In 2017, the Ministry of Inner-City and Zongo Development (MICZD) was created to improve social and infrastructure developments in Zongo communities in Ghana (Brady & Hooper, 2019). Despite the predominantly Muslim population, Zongo communities of today are made up of people of diverse social and religious backgrounds (MICZD). Currently, Muslims in Ghana not only reside in Zongo communities but are present throughout every village and town in Ghana (Nukunya, 2016).

Theoretical Foundations: Cultural and Religious Models
of Lay Counseling

Counseling is a process shaped by the social, religious, political, and cultural contexts of counselors and help-seekers. Religious and cultural frameworks are sometimes difficult to discern in lay

counseling (Ghafournia, 2017). In this regard, we posit that African help-seeking norms, traditional counseling models, and counseling practices (see Brautigam, 1979; Field, 1937; Makinde, 1975; Nwoye, 1999, 2000), as well as beliefs and perceptions related to helping in Islam and Muslim culture (Tanhan & Young, 2021, 2022; Rassool, 2015) would shape Muslim counseling in Ghana. This position is consistent with that of Lartey (2002) who argues that contemporary pastoral counseling involves the dynamic interaction between cultural and religious values and ideologies.

Traditional African Counseling

Lartey (2002, p. 320) describes African counseling as one that is "based on a spiritual (or supernatural) and pragmatic ontology that places value on relationality." The knowledge that is used in counseling is based on intuition and revelation that comes through ritual, symbol, and rhythm. The focus of counsel is on the "relationship between and among persons". Counselors work through an individual's network of spiritual and familial relationships.

Traditional priests, family elders, aunties, and uncles all serve as community elders who counsel (Affum et al., 2016; Nwoye, 2000). The counseling relationship is governed by norms of social hierarchy. Advice, prescription, and encouragement are common features of counseling provided by community elders (Affum et al., 2016; Van der Geest, 2015). Advising is a top-down hierarchical process where an elder provides information to a help-seeker who is typically a younger person. Elders are assumed to have acquired wisdom through their experiences. Prescriptions are directions and guidance given to individuals to help them understand themselves better and follow prescribed ways of life (Gyekye, 1998).

Traditional African counseling models are guided by virtues of healthy living, communal values, norms, and conflict-solving processes (Brautigam, 1979; Nwoye, 1999, 2000). Philosophical ideas and beliefs about personhood, destiny, fate, family configuration, and value for peace shape the process and content of counseling (Affum et al., 2016). For instance, Dzokoto et al. (2022) indicate that the Ghanaian cosmological worldview and beliefs about misfortunes provide important foundations for understanding psychosocial challenges during counseling. Mediation is also a common strategy in African traditional counseling (Nwoye, 1991, 2000). Mediation is typically used in addressing family or interpersonal conflicts (Nwoye, 2000).

Muslim Counseling

Rassool (2021, p.136) describes Muslim counseling as "an application of therapeutic interventions using counseling approaches that are congruent with Islamic beliefs and practices, and spiritual interventions." Scholars have identified religious tenets and values within Islam that might influence counseling provided by Muslim counselors (Tanhan & Young, 2022; Rassool, 2015). The Islamic view of human nature and personality development provides an essential lens for Muslim counseling (Koenig & Shohaib, 2018; Rassool, 2015). The idea that human beings are composed of physiological, psychological, and spiritual components provides an integral framework for counseling by counselors who follow principles in Islam and Muslim culture. The goal of counseling is to ensure that these components work as an integrated whole. To achieve this, counselors who follow principles in Islam and Muslim culture utilize a holistic approach to counseling.

This approach incorporates active intrapsychic processes, cognitive enhancement, and spiritual healing aimed at helping the individual achieve a balance (Skinner, 2010). Spiritual healing

is one of the major focuses of Muslim counseling (Ibrahim & Whitley, 2021; Rassool, 2021). The approach includes the use of sacred verses, meditation, music, fasting, and scriptural memorization to facilitate spiritual healing (Zakaria & Mat Akhir, 2019).

Islamic beliefs related to welfare and society, morals and manners, modesty in dress and behavior, care for children and the elderly, and beliefs against prejudice and discrimination influence the process and content of counseling (Rassool, 2015). In addition, Keshavarzi and Haque (2013) also highlight considerations for authority, gender, age, and a sense of community that are emphasized in Islam as some of the unique aspects of counseling by counselors who follow principles in Islam and Muslim culture.

Zakaria and Akhir (2016) categorized Muslim counseling and psychotherapy into three models: traditional, modified, and integrative. The traditional approach to counseling encompasses psychological advice and wisdom as practiced by Prophet Muhammad or based on Islamic theology. The modified model replaces some aspects of orthodox Western intervention strategies with Islamic beliefs and practices. The integrative dimension of Muslim counseling integrates philosophies of orthodox counseling with fundamental philosophies in Islam like aqīdah (faith), ibādah (worship), and Shari'ah (Rassool, 2021).

The Intersection of Culture and Religion: Implications
for Ghanaian Muslim Counseling

There are numerous ethnic and cultural groups in Ghana (GSS, 2021). Although each religious and cultural group has its own unique values and norms, the intersection between religious and cultural norms are sometimes difficult to distinguish (Mitha, 2020). We use the institution of marriage to briefly illustrate how the intersection can be blurred.

Marriage is a major social aspiration in Ghana (Bosiakoh, 2018; Gyekye, 1998). In Islam, marriage is regarded as a sacred institution (Zarean & Barzegar, 2016). In Ghana, there are some key Muslim marriage traditions that do not have their roots in Islam but are widely known as part of Ghanaian Muslim culture (Khamis, 2013). Some Muslims may wish to fulfill certain cultural and ethnic obligations in the process of marriage.

In Ghana, counselors who follow principles in Islam and Muslim culture provide premarital (Osei-Tutu et al., 2020) and marital counseling (Osei-Tutu et al., 2019). Traditional and religious values about marriage may become blurred in the counseling process. Some cultural expectations may be camouflaged as Islamic and may present themselves in the content of counseling. For example, despite the narrative of Islam opposing gender equality, there is evidence to refute this position (Abu-Ali & Reisen, 1999; Glas et al., 2018; Mhajne & Saxton, 2022). Scholarship in (Islamic) feminist discourse make the argument against certain cultural practices that are presented as Islamic with the aim of maintaining women in a lower social and economic status (Ghafournia, 2017; Saleem & Martin, 2018; van Es, 2016).

On the other hand, counseling that is informed by cultural and Islamic perspectives may validate help-seekers' identities as Ghanaian and Muslim. For example, some Muslim women who ascribe to traditional values for caretaking may feel comfortable and validated when their counselors also support such ideals (Enns, 2004; Heshmati et al., 2021).

The social and religious contexts in Ghana can influence the practices of counselors who follow principles in Islam and Muslim culture. This can give rise to varied conceptualizations and approaches to counseling. To understand these dynamics, the current study examined how counselors in southern Ghana who follow principles in Islam and Muslim culture approach counseling.

Purpose of the Study

Recent studies have noted important gaps in research on mental health among people who follow Islam and Muslim cultures (Tanhan, 2019; Tanhan & Young, 2021, 2022;). One of the areas needing empirical studies is related to counseling resources provided by sheikhs, imams, and others in the social network. Tanhan and Young (2021, 2022) note that people who follow Islam and Muslim cultures may over-rely on these resources because of the stigma associated with seeking help from professional mental health services. This current study, which is part of a bigger project, seeks to advance research in this area by examining the experiences of counselors who follow principles in Islam and Muslim culture in Ghana.

Findings from this current study will contribute to understanding the frameworks that inform Muslim counseling practice in Ghana and provide research knowledge that may be useful in decision-making and public health planning (Isgandarova, 2014). Evidence from this research will be useful to professional mental health practitioners. The kind of counseling help-seekers experience in religious counseling might influence the expectations help-seekers bring into professional counseling (Garzon et al., 2009). Findings from this study might provide insights into how to integrate Muslim spirituality in both lay and professional counseling.

Method

Research Setting

We conducted qualitative interviews in the Greater Accra and Eastern regions of Ghana. At the time of data collection, there were 10 regions in Ghana—now there are 16 regions. Nine participants were selected from Accra, the regional capital of the Greater Accra Region. Accra also doubles as the capital of Ghana. Ten participants were recruited from Koforidua, the Eastern regional capital.

According to the 2010 census, there were 475,497 people affiliated with Islam in the Greater Accra Region, and 175,579 in the Eastern Region. English is the official language of Ghana but there are over fifty indigenous languages (Anyidoho & Dakubu, 2008). Besides English, Akan, Dagbani, Ewe, and Ga are common indigenous languages. Hausa, though not indigenous to Ghana, is a common language within Muslim communities (Anyidoho & Dakubu, 2008; Nukunya, 2016). In Islamic schools, locally called *Makaranta*, both Arabic and Hausa are used to instruct (Nukunya, 2016).

Participants

Participants comprised five (n=5) Muslim leaders—including Islamic clerics, an imam, a mallam (a corrupted form of the Arabic word for teacher, *mualim*) (Khamis, 2013)—and 14 followers. There were eight women and eleven men aged 32–72 (M=57.83; SD=12.95). Data on the age of one participant was not available. The majority of the participants (n=9) had college-level degrees. One had a post-secondary diploma, four had completed secondary school (equivalent to high school), and three had basic (primary) education. One person had no formal education and there was no data for another participant. The majority of participants (n=14) were married. Two were widowed and one was single. One participant declined to share information about their marital status and information for another participant was not available. Four participants were employed in the teaching profession. Four were informal sector artisans, such as a tailor

or seamstress, or electricians. Three participants had occupations as Islamic clerics and two participants were pensioners. The remaining participants (n=5) had occupations as a civil servant, general secretary, entrepreneur, journalist, and mental health officer. One participant did not provide an occupational background.

Procedure

Ethical clearance was obtained from a public university in Ghana. The period of data collection for the parent project was 13 months. Two interviewers conducted the interviews for the sample involved in the current study. Some participants were identified through snowballing procedures. Others were contacts from a workshop for lay counselors. Participants were informed about the study asking them to share their counseling experiences. Participants who provided consent and agreed to an interview appointment met with one of the interviewers for a one-on-one interview. Consent protocols were completed by each participant.

A semi-structured interview guide that explored motivations for getting into counseling, practice history, and counseling experiences was used. Questions related to this study were framed around how participants describe counseling; and how they go about counseling help-seekers. Interviewers used probes by asking follow-up questions to obtain more details about participants' responses. Another aspect of the interview guide was used to obtain demographic information. The majority of interviews were conducted in English, the official language of Ghana. A few interviews or parts of interviews were in Twi, a local Ghanaian language. Interviewers were bilingual speakers. Interviews were digitally recorded with participants' permission.

Data Analysis

Interviews conducted in English were transcribed verbatim. Twi interviews were translated and transcribed simultaneously by native Twi speakers. Coding analyses were conducted by the authors, Ghanaian women with backgrounds in counseling and clinical psychology.

An inductive approach was adopted in analyzing the data because of the interest in allowing the research findings to emerge from the raw data without imposing preconceived ideas. The authors followed the general structure for conducting inductive thematic analyses described by Braun and Clarke (2006). The approach involves six stages: (1) familiarization with the data, (2) generating initial codes, (3) theme development, (4) review of themes, (5) defining and naming of themes, and (6) results production.

First, one of the authors read each participant's transcript to familiarize herself with the data. Each response related to counseling approaches was copied to an excel file. In the second step, all responses were reread, and the coder summarized portions of the responses in sentences to identify initial codes. More than one summary could be made about a response if the response conveyed more than one idea about counseling. For example, one response could have the codes "couple was advised," "couples seen separately," and "solve the problems."

Next, initial codes were revised. This stage of the analysis was done by reviewing the initial codes to generate a more succinct code. For instance, the initial code "prays before help-seeker comes" was revised to "covert prayer," which adequately captures the core meaning in fewer and more direct words. For validation purposes, a second coder, the other author, independently reviewed the initial codes along each participant's transcript. The purpose of this review was to identify any codes that might have been missed during the first coding processes. The second coder did not identify any new codes.

The use of multiple coders in identifying and verifying codes is considered an appropriate strategy to increase trustworthiness and credibility of data analysis in qualitative research (see example, Church et al., 2019; Kvale, 1996). Kvale (1996) identifies the potential for one coder to miss important details while analyzing large data sets qualitatively. The use of multiple coders is one of the options qualitative researchers adopt to ensure consistency in the coding and minimize biases inherent in using one coder.

Next, both coders organized the codes under sub-themes based on their conceptual similarities. For example, codes focused on how the counselors attended to religious principles such as "covert prayer," "overt prayer," and "sacred text" were grouped under one theme called "religious considerations." Finally, the coders defined each of the identified themes so that they were distinct from other themes. For example, "religious consideration" was described as explicit application of Islamic principles, prayer, and sacred texts. Both coders agreed on the results presented in the following paragraphs.

Results

We have organized the results around five areas: counseling inventory, conceptualizations of counseling, counseling models, process considerations, and personal prescriptions.

Counseling Inventory

We assessed how participants got into counseling and found multiple routes. A common influence came from participants' educational or work background. Most participants (n=8) indicated that being a teacher or working as a religious leader lent itself to counseling. Others who had taken introductory psychology courses during their tertiary education also felt that their background made it easy for them to get into counseling when they saw the need in their communities. Another set of participants (n=7) stated that they took short courses in counseling as part of a self-study. Four participants were exposed to counseling through apprenticeship with an imam. A few participants (n=3) were introduced to counseling by non-governmental organizations, such as the Federation of Muslim Women's Association in Ghana (FOMWAG), to serve as volunteers in their communities. FOMWAG is a Muslim women's civil society group aimed at supporting the welfare of women and children in Ghana (Samwini, 2006). Three other participants stated that they practiced mainly based on their personal experiences. Participants used a combination of the routes.

Participants were multilingual and provided counseling in multiple languages, including six local languages, as well as Arabic, English, and sign language (see Table 1).

Most of the participants provided counseling related to marital issues. A few assisted help-seekers with parent-child problems, as well as academic and career issues. Other areas participants offered help include moral guidance, spiritual issues, health concerns (including

Table 1. Languages used in counseling

Lang.*	Akan	Hausa	English	Arabic	Baasare	Dagbani	Guan	Kotokoli	Sign Language
f (N=19)	16	12	8	1	1	1	1	1	1

Notes: *Lang. is short for Language. Most participants were multilingual speakers. This means that they used at least two languages in counseling.

Table 2. Years of counseling experience

Number of years	2–4	6–9	10	12–15	18–20	25–30
Number of participants (N=19)	3	5	4	3	2	2

Table 3. Estimate of number of help-seekers per month

Number of help-seekers/ month	1–5	6–10	11–15	20	30	40
Number of participants (N=19)	7	4	3	2	1	1

physical, mental, and sexual and reproductive health), communal and environmental issues, youth or peer educational guidance, grief and bereavement, as well as financial problems. Table 2 shows the years of practice, which ranged from 2–30 years (M=11.53; SD=7.45).

We asked participants to estimate the number of help-seekers they helped each month. The estimates they gave ranged from 1–40 (M=10.63; SD=10.70). The frequency distribution is presented in Table 3.

Conceptualizations of Counseling

To understand what the participants described as counseling, they were asked to define what counseling meant to them. Primarily, counseling was conceptualized as *advising*. Only a few participants stated that counseling is the provision of *encouragement*.

Advising

Most participants defined counseling as a process of teaching, guiding, or passing on life experiences to help-seekers. Participant (P) 5, a 38-year-old man with three years of counseling experience stated, "To my understanding, when we talk about counseling, it is like advising someone about whatever he is doing." Similarly, P16, a 46-year-old woman with four years of counseling experience, summed up, "Counseling is like guidance; advising someone on what to do or steps to take in the right direction." Advising was the vehicle for *giving or finding solutions* for help-seekers and providing *moral guidance*.

***Giving or finding solutions*:** For some participants, counseling involved giving advice on how help-seekers should solve their problems. P3, a 35-year-old man with two years of experience, stated, "If we say counseling, it is to help people out of something or when someone is in a problem, the ability to use advice or an initiative to get the person out of that problem." A similar view was shared by P7, a 48-year-old participant with 10 years of practice. She stated, "[Counseling is] to advice someone or to solve a problem someone has come to you with for the person to be at peace." Similarly, P17, a 40-year-old man with 10 years of experience suggested, "Counseling is offering somebody advice and guidance, with regards to the person's career life, and give [sic] the person the option to choose and reflect upon this advice that you give the person."

***Moral guidance*:** A few participants explicitly described counseling as a tool for providing reproof. Help-seekers who are perceived to be on a wrong path could be advised to make the right decision or get on the right course. P13, a woman (age unknown), with six years of

experience stated, "[To me, counseling is] giving advice for guiding somebody to do the right thing." Another participant shared a similar perspective:

> Counseling is like advice or drawing someone's attention to what he or she does not know . . . even if the person knows, you have to give advice and take the person through decisions he or she wants to make for the person to know whether it is appropriate or not . . . (P11, a 52-year-old man with seven years of experience)

Encouragement

A few participants described that counseling is about providing relief or hope to people in distress. P8, a 50-year-old woman with 25 years of experience indicated, "To me, counseling is guiding or directing people as to how to handle a problem or a situation and how to go about it, maybe to bring a bit of a relief at the end of the day." A similar view was endorsed by another participant:

> [Counseling is] saying something good to someone. When someone is in a troubling situation and they do not know what to do, the little response you can say to them to make their heart feel at ease, you say that to them so they become happy . . . (P19, a 71-year-old woman with ten years of experience)

Counseling Models

Questions that explored how participants worked with help-seekers in counseling sessions revealed two main models: the advising and the mediatorial models. Consistent with the understanding of counseling described above, participants used the advising model of counseling. Following traditional African dispute management practices, participants adopted the mediatorial model when working on interpersonal issues. The two models were not mutually exclusive; advice was used in the mediatorial model.

Advising Model

Advising is based on the idea that the help-seeker wants explicit directions or suggestions, and that the advice-giver knows what is best for the help-seeker. The help-seeker is also expected to comply with the given directions (Schaerer et al., 2018; Silver, 1991). Most participants used this model. Muslim counselors seemed to have legitimacy located in their religious authority (for example, as an imam, an Arabic teacher, or a community leader) or their experiential wisdom (Van der Geest, 2015). Participants also believed that help-seekers needed their directions because they (the help-seekers) lacked experience or information needed to address their problems. Guidance and suggestions were prescriptive in nature and were unchallenged. Help-seekers were to follow the advice given and expected to provide feedback on how the advice was working for them. The following examples elucidate how advising was used:

> During counseling, whether he is a male or female, after he has given out his worries, then what I do first is that I advise. . . . I give you advice for you to go back and think about what I give to you, I mean the advice I give to you. (P1, a 42-year-old man with 12 years of experience)
>
> I will pay attention and [after] the person has narrated the problem he or she is facing, then where I feel I can be of help with my little advice, I give. (P2, a 56-year-old man with 20 years of experience)

Many participants did not explain the content of their advice. For the few who did, they provided advice on coping. The following extracts offer insights into the quality and content of the advice given to female help-seekers who present with marital issues. In the first quote, a participant normalized some gender patterns and gave directions on behaviors the help-seeker should avoid. In the second quote, another participant taught a help-seeker how to avoid becoming a victim of domestic violence and encouraged the help-seeker to submit to gender norms on communications in the family:

> . . . you can advise the person to force and live with the situation. [When a help-seeker narrates that] "My husband goes away; he doesn't come home." [I would respond by saying]. . . that is how they [men] are. You just leave [ignore] him. Be patient. Be talking to him small, small. Don't be fighting . . . don't speak to a lot of people . . . (P16, a 46-year-old woman with four years of experience)

> I can advise the woman that women must be submissive to their husband [. . .] but every woman must be vigilant. If you notice a particular behavior about your husband, be observant, and trace the source of the behavior. If you notice he doesn't eat when he comes home or does not sleep at home, you can ask him in a very nice way. With that he can also respond to you in a good way. But if you confront him in a harsh way, shout at him, he will never tell you. As for a woman, you have to be patient and know how to speak with a man; in a low tone. As for men if you force them, even if he is a young boy, they won't agree. (P19, a 71-year-old woman with 10 years of experience)

Mediatorial Model

In the current study, participants used mediation when working on marital and parent-child conflicts. Unlike previous studies where family elders, aunties, and uncles were called on to mediate marital disputes (Nwoye, 2000), in the current study, Muslim counselors were approached to mediate interpersonal and marital disputes between help-seekers and third parties (such as adult children or spouses). This process is made possible because people accept the social position that Muslim counselors hold in their communities. In the example below, a participant described the use of mediation in handling a parent-child conflict about a choice of marriage partner:

> Sometimes it is a problem in marriage. Maybe the child's or the girl's choice is not endorsed by the parents and there is confusion in the house . . . I will also counsel the parents maybe to give in to the girl. Maybe the girl is making the right choice, except that whoever the girl is going to marry may not be known to the parents. (P6, a 72-year-old man with 30 years of experience)

When working with married couples, participants used different mediation approaches. One form of mediation involved listening to each of the parties implicated in the presenting issues. Third parties (such as a spouse) were invited into the counseling session after the separate individual sessions. In other instances, third parties were only invited after attempts at assisting only the help-seeker failed.

> What I do during counseling is that when someone comes with a problem, I look at the problems. First of all, I don't call all of them together. I call the man separately

and finish talking to him. I listen to his words before I call the woman separately and listen to her words, before I call both of them together and listen to them individually and finally resolve their issues. (P3, a 35-year-old man with two years of experience)

When someone comes, I listen to the person's problem and talk to the person based on her problems. If I talk to the person and the person goes to apply what I have given and it doesn't work, then I call the couple. Mostly I don't invite the husband. I talk to the woman alone to go and apply and get updates on her. Some too, the advice I give doesn't change the problem so in that case I invite both the husband and wife. (P19, a 71-year-old woman with 10 years of experience)

Process Considerations

This section highlights considerations counselors attended to in their sessions with help-seekers. Although these considerations are evident or implicit in the two main models of counseling, we present these findings separately to emphasize the function of socio-religious tenets in Muslim counseling practices. Most participants attended to *religious considerations*. Others described some *personal prescriptions* related to their counseling.

Religious Considerations

Religious considerations include how certain Islamic teachings or precepts were applied in counseling practice; as well as the use of religious practices such as prayers and sacred texts.

Islamic precepts: Some participants described how they considered Islamic precepts when counseling. Some attended to teachings about premarital sex, divorce, and dynamics between the opposite sex. In Islam, sex is only sanctioned in marriage and Islamic scholars continue to debate about Islamic laws on termination of marriage (see example, Lucas, 2008). The understanding Muslim counselors had on these issues, as located in their Islamic beliefs, informed their counseling. In the first scenario below, a female Muslim counselor discussed how her religious lens might affect how she might help someone presenting with a divorce-related issue. In the second example, a male Muslim counselor explained how the Qur'an provides the framework for his work.

Some [of the marital issues] you can solve. Some you advise the person to cope with this up to the time the person cannot cope. You know we have a threshold of pain, and we have . . . I don't know whether you have the Qur'an but divorce in the Qur'an is lawful but that is the most hated thing in the sight of the Mighty God, Allah. So, I mean you have to try all the avenues. If all [else] fails, then you go for divorce. So, at times you have . . . you can advise the person to force and live with the situation. (P16, a 46-year-old woman with four years of experience)

Here [in the community counseling center] we don't encourage, you know, couples fighting in court, you know. So whenever we have problems, we bring the problems here. So when they bring the problems here, we decide to resolve the problems so that they can go back and live peacefully. And where it gets to a level where nothing can be done about it, we prefer that the marriage is dissolved, you

know, amicably and then we can find . . . you know, because these are all enshrined in the Qur'an. So we go strictly by what the Qur'an says and what the Holy Prophet says. (P15, a 55-year-old man with 10 years of experience)

Another consideration was related to the intersection of gender and the Islamic faith. In the first quote below, a male participant highlighted issues about a potential barrier for counseling between people of the opposite sex. The narrative also offered insight into why the mediatorial model might be suitable for working with Muslim help-seekers. In the second quote, a female participant discussed how socio-religious gender norms might impact communication and interventions in counseling.

For Muslims, it is not that easy to be sitting down with someone's wife unless the husband consents to it. So when the women are having problems, they come to us the imams . . . if the woman trusts you, they come with problems they are having with their husband and you will call the man and sit together to solve the issue. (P11, a 52-year-old man with seven years of experience)

[If] a woman wants to marry a man and if you want to give her the skill [likely, social skills], okay, you don't say it in the presence of the man. And if you want to counsel a man over his wife, there are certain things in place they wouldn't get involved into marriage. Now the things that a woman can do, which she thinks you should know how to handle, you don't say them in the presence of a man . . . because in Islam, the responsibilities of a marriage are divided into three parts. We have the first part which is the responsibility of the man over the woman. And then the second part is the responsibility of the woman over the man. And then the third part is shared responsibility . . . (P15, a 55-year-old man with four years of experience)

Covert and overt prayers: Two types of prayer rituals were observed: covert and overt prayers. In using a covert prayer, Muslim counselors used prayers in counseling without the help-seeker's knowledge.

When I am coming to offer counseling, at the beginning, before the person comes to me, I pray to God that He should let whatever I say touch their hearts so that they will accept it and truly when they come and we address the issues it becomes okay. (P7, a 48-year-old woman with 10 years of experience)

In using overt prayers, Muslim counselors and help-seekers take part in a prayer ritual before or during the counseling session. P2, a 56-year-old man with 20 years of experience explained, "Now the way I approach counseling is maybe the person comes, then I start with prayers. When I start with the prayers, then I will ask the person the reason for coming to me."

Sacred texts: A few participants used direct texts from the Qur'an and made inferences from it when counseling. P1, a 42-year-old man with 12 years of experience, stated, "I will take him [help-seeker] through scriptures, both the Qur'an and the Bible, because they all tell us about the word of God." Christianity is a major religion in Ghana (GSS, 2012, 2021), and Ghanaians are generally respectful of other religions. Hence, this participant reported using both the Qur'an and the Bible. P14, a 70-year-old woman with 15 years of

experience, used the sacred text as the basis for advising help-seekers who are considering marriage:

> When you come, then I tell you, yes marriage is ordained by Almighty God and it's the most respectable and charitable thing in the sight of Almighty Allah. That's why God is the first person to wed Adam and Eve. Because God knew the man can't stay alone.

Personal Prescriptions

This section highlights the extent to which some counselors recognized their responsibility in facilitating the counseling process. Although these prescriptions may be regarded as arbitrary, it is important to consider the context in which they occur. The socio-religious context in which Muslim counseling occurs in Ghana is mainly patriarchal, high authority, and has preexisting gendered socio-cultural norms. In the situation where counselors are male and/or older, a help-seeker may be especially vulnerable as information they divulge may be used against them. With this in mind, some counselors went out of their way to attend to their own biases and existing socio-religious norms. Some of these were related to the counselor managing their own emotions and personal comportment. P7, a 48-year-old woman with 10 years of experience, stated, "How I approach it [counseling] is that I use humility and love. I accept them [help-seekers] in humility and love." Two other participants said:

> First of all, I exercise a lot of patience. I cool my temper because the person might narrate the problem to me either in an angry or calm manner. So I get patience for them to finish and then try to calm them down before saying what I have to say to them. (P5, a 38-year-old man with three years of experience)
>
> When the person comes, what I do is that I don't meet the person with anger even if he has done a bad thing. Maybe the woman has reported that her husband has abused her or something. I don't meet the man with anger when he comes to me. I show politeness and respect to the man so that he can answer my questions truthfully. But if you meet him with anger, he will also be angry, and you can't make progress. (P3, a 35-year-old man with two years of experience)

Other prescriptions discussed included rapport building, confidentiality, and boundary setting. The following two quotes are examples of what participants shared:

> I must ensure that he [the help-seeker] is comfortable with where he has come. Then, [I] make him understand that he is at home, then he will be able to pour out facts so I can also base on that and help. (P4, a 56-year-old man with 15 years of experience)
>
> You assure the person of confidentiality, and you assure the person to be able to open up so that you will be able to really know what is really the situation for you to be able to know how to handle it. (P8, a 50-year-old woman with 25 years of experience)

Discussion

This study investigated conceptualizations and practices of counseling among a sample of counselors who follow principles in Islam and Muslim culture in southern Ghana. Data were obtained through qualitative individual interviews. Muslim counselors provided counseling in multiple languages and attended to a range of psychosocial issues in their practice. We also found that some counselors went beyond psychosocial issues to attend to health issues such as sexual and reproductive health and financial concerns. These wide range of issues demonstrate the importance of religious counselors who provide a broad range of services beyond their religious obligations. Ordinary individuals (who follow principles in Islam and Muslim cultures) taking up psychosocial services is an important consideration for task shifting in a resource-constrained environment. Informal support from Muslim counselors can be mobilized to improve social determinants of health (Meran & Mason, 2019; Padmanathan & De Silva, 2013). Further, the provision of basic psychosocial support from Muslim counselors will allow those with specialized mental health training to use their resources more efficiently (Padmanathan & De Silva, 2013).

We anticipated that the socio-religious contexts in which counseling happens might affect how counselors understand and practice counseling. Consistent with the literature and our anticipation, counseling was mainly defined as *advising* (Affum et al., 2016; Isgandarova, 2014; Van der Geest, 2015). Consequently, our participants used the advising and mediation models of counseling. Counselors attended to *religious considerations* like Islamic precepts, as well as covert and overt prayers. Others described some *personal prescriptions* related to their counseling.

Advice

Advice is discouraged in psychotherapy or professional counseling (Gelso et al., 2021; Prass et al., 2021). This is because advice places a higher responsibility on counselors to attend to psychosocial challenges as opposed to a balance of responsibility between counselors and help-seekers. A counselor utilizing advice must endeavor to provide the right information because help-seekers usually interpret advice as problem-solving instructions (Duan et al., 2018). Counselors in this study also perceived their advice as a resource to solve the problems of help-seekers. This may lead to a dependence on counselors when advice is successful, as clients may always go back to the counselors to solve their problems. This diminishes autonomy by reducing active participation and ownership in the counseling process (Fowler et al., 2021). Help-seekers may also develop some feelings of resentment towards counselors when advice has negative consequences. Counselors may feel frustrated when help-seekers do not conform to their advice or find that their advice is failing (Pedhu, 2019).

In Ghanaian traditional culture, advice-giving and receiving is expected. An older adult who does not give advice is seen as selfish and irresponsible. A younger adult who does not seek advice is perceived as obnoxious (Gyekye, 1998). In Islam, seeking advice is encouraged particularly when individuals are conflicted. Muslims are also encouraged to offer advice and words of comfort to each other in times of distress (Rassool, 2015). Help-seekers familiar with the advice-giving in Ghanaian culture may find this model of counseling appealing and seek it out.

One of the reasons advising works is because it comes from a respected source, in this case an Islamic leader or a respected member of the Muslim community. Second, the source of some of advice is sacred texts like the Qur'an, or the advice is rooted in religious beliefs or norms. Given the respect accorded the Qur'an, it will only enforce the acceptability of the advice. On the other hand, others who do not have a similar regard for the authority of the Muslim counselor or the sacred text may not like this counseling model. In addition, the advising model observed in this study may be problematic where the information forming the basis of the advice is unvetted. Further studies are needed to examine the quality of counselor advice as well as the style of delivery.

In this study, we found that counselors' advice on marital disputes, although not in line with typical Western counseling norms, did not necessarily seek to justify mistreatment and abuse in marriages. Rather, they sought to placate women seeking help as to not escalate the situation. The counselors' positions as outsiders looking in afforded them an emotional detachment to consider the consequences of a woman berating or admonishing her husband for staying out late. Although this approach does not follow the traditional Western discourse on self-determination and autonomy, it emphasizes emotional intelligence and restraint in a culture where systems to attend to domestic violence issues are weak (Tenkorang, 2022; Yalley & Olutayo, 2020). In a sense, this form of advice was a first aid—to prevent the situation from escalating and potentially leading to a domestic violence incidence. Despite these benevolent attempts, counselors stand the risk of encouraging women to stay in bad marriages if their messaging is not well-presented. Further studies are needed to examine the advice Muslim counselors give for specific marital disputes such as domestic violence.

Mediation

The mediatorial model of counseling observed in this study is consistent with conflict-solving approaches found in Ghanaian interpersonal relationships. Enlisting the help of another, usually an older and more-respected person, to mediate a conflict situation is a sign of respect (Abraham, 2010). This demonstrates that the offender places value on the relationship enough to "lower their face" in front of a respected third party and "uplift the face" of the offended by asking for an intervention (Affram et al., 2021).

The mediatorial model of counseling observed in this study requires a lot of respect for the authority of the Muslim counselor. Third parties who are summoned will need to respect the mandate of the Muslim counselor if they are to show up. The fact that the Muslim counselors use this model is a testament to the acceptability of their role in their communities (Osei-Tutu et al., 2019, 2020). Of course, it will be important to understand which help-seekers find the mediation approach suitable and which find this model to be harmful. Studies are needed to understand what alternative arrangements are utilized when counselor-led mediations fail.

Socio-Religious Considerations

The socio-religious context in which counseling happens may inhibit full disclosure. Individuals may resort to other resources for solutions for their problems, especially relational issues (Barnett et al., 2020). This realization was evident by how the Muslim counselors adopted personal prescription in the counseling process. However, further studies are needed to examine the

emotional cost of putting aside these religious prescriptions in providing Muslim counseling within the Ghanaian context.

Further, the act of praying before a counseling session may imply that these counselors may be more likely to tap into religion or apply religious prescription in their interventions. On the other hand, overt prayers before the start of counseling may inhibit the help-seeker from divulging some information for fear of retribution. The findings on personal prescriptions suggest that the counselors have had to devise their own emotion regulation strategies to deal with the varying emotions they encounter in their sessions (Padmanabhanunni, 2020).

Preliminary insights from this study corroborate the argument by Nwoye (2000), suggesting that role expectations constitute a major lens in local marriage therapies in African contexts. Issues of marital disputes are often traced to partners not fulfilling their marital roles. Insights gleaned from the few counselors who disclosed the content of their advice suggest that they are guided by local narratives of authority, gendered expectations, and socio-religious connotations about the role of women in marital relationships (Ammah, 2013; Ampofo, 2001).

Whereas Rassool (2015) highlights Islam's emphasis on egalitarianism as an important lens in counseling, other authors have noted that some people may invoke certain Islamic principles and Qur'anic verses to support gendered ideologies (Ammah, 2013; Barlas, 2019). We did not find any specific approach in the advice or mediation model where counselors invoked Islamic principles to subjugate women in vulnerable situations. Rather, we found that counselors attempted to appeal to the cultural norms of feminine peace and gentility by using expressions like "Be patient" and "As for a woman, you have to be patient," since women are perceived to be the peacemakers and maintainers (Muehlenhoff, 2017). As we anticipated, cultural norms and religious norms influenced the content and processes of counselors who follow principals in Islam and Muslim culture.

Limitations of the Study

One limitation of this study is that participants were asked to describe their general approach to counseling, and it is recognized that counseling approaches will vary depending on the presenting concerns. In most of the instances, participants described general approaches that might cut across different forms of counseling. Other times they described their approach to marital and couple counseling. Further, we recognize that there are differences in religious authority of the participants. Given cultural norms around authority (be they religious or conferred by age) in Ghana, we anticipate that there could be differences between Muslim counselors who were Islamic authority figures and those who were not. Further, older Muslim counselors might differ from younger ones. However, these nuances have not been the focus of this current study.

Implications of the Study

The study has implications for professional psychology training, as well as mental health research and advocacy. The advising model of counseling observed in this study differs from professional psychology. In professional psychology, counseling typically takes non-directive forms as help-seekers are viewed as experts of their own lives, not the professional counselor. Help-seekers familiar with the traditional advising model may enter professional counseling settings expecting to receive advice. Professional psychology trainees need to learn how to manage this help-seeker expectation about advice and learn how to orient help-seekers to professional

counseling. Studies are needed to find out how professional psychologists negotiate this potential barrier to professional help-seeking in Ghana.

Professional psychologists can learn from the religious considerations observed in the current study. The use of religion is an important issue in professional psychology (Brown et al., 2013). Barriers include lack of knowledge about other religions (Pargament & Saunders, 2007). The study provides knowledge on how Islamic principles, sacred texts, and prayers might be incorporated in counseling. Issues on gender dynamics, gendered communication patterns in the family, and beliefs about divorce are some of the topics that might be broached in counseling as needed. Psychologists also must bear in mind that not all help-seekers may find the religious considerations favorable. Brown et al. (2013), for instance, report that some help-seekers may feel guilty when seeking therapy that accommodates their religious beliefs. It is also possible for help-seekers who have a faith crisis to prefer secular help to help based on their religious beliefs. Professional psychology training in religious contexts, such as found in Ghana, may require engagement with some of the issues related to religious accommodations and prepare trainees for their practice (see Dzokoto et al., 2022).

The Muslim counselors involved in this study provide counseling in a total of nine languages. This is an astonishing feat as a major challenge in professional psychology practice in Ghana is related to translating psychology concepts from English to local languages (de-Graft Aikins et al., 2021). Although the Muslim counselors involved in this study were not psychologists, they may be an important resource to consult when developing mental health lexicon for professional psychology practice.

This study also shows that there are potential partners for mental health promotion and advocacy efforts that remain underutilized or untapped. There are only a few studies involving mental health promotion and collaboration among Muslim mental health advocates and allies in African contexts (for example, Sidibe, 2017). It might be possible for mental health professionals and lay counselors who follow Islam and Muslim culture to collaborate in mental health advocacy efforts. Researchers might use participatory research approaches to study how such collaborations might or might not work in Muslim communities.

While this study makes a modest contribution to filling the gaps in Muslim mental health research, more studies are needed. Future researchers can adopt new research methods rather than the approach used here to study the same or similar topics.

Conclusion

In this study, we examined conceptions and practices of 19 counselors in Ghana who follow principles in Islam and Muslim culture in two urban areas in southern Ghana. Participants completed individual interviews regarding their ideas about what counseling is and what they do in counseling. We used thematic analysis to analyze the interview data and organized the results into five areas: (1) counseling inventory, (2) conceptualizations of counseling, (3) counseling models, (4) process considerations, and (5) personal prescriptions.

This study shows that Muslim counselors in Ghana, comprising leaders and ordinary Muslims, are actively engaged in different forms of counseling in their communities. The counselors used two main models of counseling: the advising and mediatorial models. This is consistent with previous studies. The counselors relied on cultural and religious lenses. This reflects the complex, rich cultural and religious contexts of the counselors and help-seekers.

This study highlights the existence of an underutilized mental health resource. Given that these resources are already available, it will be important to find out if it will be acceptable and feasible to collaborate with Muslim counselors to strengthen mental health services in Muslim communities in Ghana.

References

Abdullah, A., Cudjoe, E., Jordan, L. P., & Emery, C. R. (2021). Child polyvictimization in Zongo communities in Ghana: Young people's reflections on systemic resilience enablers. *Child Abuse & Neglect, 119*, Article 105075. https://doi.org/10.1016/j.chiabu.2021.105

Abraham, W. E. (2010). Crisis in African cultures. In K. Wiredu & K. Gyekye (Eds*.), Person and community: Ghanaian philosophical studies* (pp. 13–35). The Council for Research in Values and Philosophy.

Abu-Ali, A., & Reisen, C. A. (1999). Gender role identity among adolescent Muslim girls living in the U. S. *Current Psychology, 18*(2), 185–192. https://doi:10.1007/s12144-999-1027-x

Al-Dousari, M., & Prior, S. (2020). Islamic faith as a facilitator for accessing counselling: The experience of three Kuwaiti clients. *British Journal of Guidance & Counselling, 48*(6), 757–767. https://doi.org/10.1080/03069885.2019.1651823

de-Graft Aikins, A., Osei-Tutu, A., Agyei, F., Asante, P. Y., Aboyinga, H., Adjei, A., Ahulu, L. D., Botchway, I., Britwum, M., Wiafe, S. A., Edu-Ansah, K., Nkrumah, R., Ohenewaa, E., Vogelsang, J. K., & Ketor, R. (2021). Competence in professional psychology practice in Ghana: Qualitative insights from practicing clinical health psychologists. *Journal of Health Psychology, 26*(7), 1012–1025. https://doi.org/10.1177/1359105319859060

Affram, A. A., Osei-Tutu, A., & Dzokoto, V. A. (2021). Conflict handling in Ghanaian in-law relationships: Implications for face concerns. *Journal of Family Communication, 20*(4), 285–297. https://doi:10.1080/15267431.2020.1822845

Affum, P. K., Juranchie, A., & Mensah, M. K. (2016). The place of theory in traditional guidance and counselling in modern Ghanaian cultures. *African Educational Research Journal, 4*(3), 131–139.

Ali, S., & Awaad, R. (2019) Islamophobia and public mental health: Lessons learned from community engagement projects. In H. Moffic, J. Peteet, A. Hankir, & R. Awaad (Eds.) *Islamophobia and Psychiatry* (pp. 375–390). Springer. https://doi.org/10.1007/978-3-030-00512-2_31

Ali, O. M., & Milstein, G. (2012). Mental illness recognition and referral practices among imams in the United States. *Journal of Muslim Mental Health, 6*(2), 3–13. https://doi.org/10.3998/jmmh.10381607.0006.202

Ammah, R. (2013). Islam, gender, and leadership in Ghana. *Crosscurrents, 63*, 227–257. https://www.jstor.org/stable/24462266

Ampofo, A. A. (2001). When men speak women listen: Gender socialization and young adolescents' attitudes to sexual and reproductive issues. *African Journal of Reproductive Health, 5*, 196–212. https://doi.org/10.2307/3583335

Anyidoho, A., & Dakubu, M. E. K. (2008). Ghana: Indigenous languages, English, and an emerging national identity. In A. Simpson (Ed.), *Language and National Identity in Africa.* (pp.140–157). Oxford University Press.

Ardayfio-Schandorf, E. (2007). The family in Ghana: Past and present perspectives. In Y. Oheneba-Sakyi & B. K. Takyi (Eds.) *African families at the turn of the 21st century* (pp. 130–152). Kendall/Hunt.

Assimeng, M. (1999). *Social structure of Ghana (*2nd Ed.). Ghana Publishing Corporation.

Awumbila, M., Owusu, G., & Teye, J. K. (2014). Can rural-urban migration into slums reduce poverty? Evidence from Ghana. https://opendocs.ids.ac.uk/opendocs/ handle/20.500.12413/14825

Badu, E., O'Brien, A. P., & Mitchell, R. (2018). An integrative review of potential enablers and barriers to accessing mental health services in Ghana. *Health Research Policy and Systems, 16*, Article 110. https://doi.org/10.1186/s12961-018-0382-1

Bari, S. O. (2014). *A comprehensive history of Muslims and Religion in Ghana (*Vol. 2). Dezine Focus, Printing and Publication Co.

Barlas, A. (2019). *"Believing women" in Islam: Unreading patriarchal interpretations of the Qur'ān*. University of Texas Press.

Barnett, C., Briggs, A., Osei-Tutu, A., & Dzokoto, V. (2020). How will I know if (s)he really loves me? An analysis of romantic relationship concerns in Ghanaian print media advice columns, 2000–2016. *Journal of Black Sexuality and Relationships, 6*(3), 93–125. https://doi.org/10.1353/bsr.2020.0002

Bosiakoh, T. A., Agyei-Mensah, S., Anarfi, J. K., Sarkodie, A. O., & Sauvain-Dugerdil, C. (2018). The capabilities approach and agency for shaping family formation trajectories in Ghana. *African Population Studies, 32*, 4454–4468. https://doi.org/10.11564/32-3-1229

Brady, C., & Hooper, M. (2019). Redefining engagement with socio-spatially marginalized populations: Learning from Ghana's ministry of Inner City and Zongo Development. *Urbanization, 4*(1), 9–28. https://doi.org/10.1177%2F2455747119868532

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Brautigam, W., & Osei, Y. (1979). Psychosomatic illness concept and psychotherapy among the Akan of Ghana. *The Canadian Journal of Psychiatry, 24*(5), 451–457. https://doi.org/10.1177/070674377902400513

Brown, O., Elkonin, D., & Naicker, S. (2013). The use of religion and spirituality in psychotherapy: Enablers and barriers. *Journal of Religion and Health, 52*, 1131–1146. https://doi.org/10.1007/s10943-011-9551-z

Cardinall, A. W. (1852). *The natives of the northern territories of the Gold Coast: Their customs, religion and folklore*. E. P. Dutton & Company.

Casentini, G. (2018). Migration networks and narratives in Ghana: A case study from the Zongo. *Africa, 88*(3), 452–468. https://doi:10.1017/s0001972018000177

Church, S. P., Dunn, M., & Prokopy, L. S. (2019). Benefits to qualitative data quality with multiple coders: Two case studies in multi-coder data analysis. *Journal of Rural Social Sciences*, *34*(1), Article 2. https://egrove.olemiss.edu/jrss/vol34/iss1/2

Duan, C., Knox, S., & Hill, C. E. (2018). Advice giving in psychotherapy. In E. L. MacGeorge & L. M. Van Swol (Eds.), *The Oxford handbook of advice*. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190630188.013.11

Dzokoto, V., Anum, A., Affram, A. A., Agbavitoh, J. K. M., Dadzie, H. A., Mintah, R. K., Norman, Q. A., Owusu-Prempeh, C., Tawam, L. N., Turkson, S. M., & Osei-Tutu, A. (2022). "A lot of Ghanaians really don't understand the work we do"—Cultural adaptations and barriers in Ghanaian psychotherapy practice. *International Perspectives in Psychology: Research, Practice, Consultation, 11*(1), 28–42. https://doi.org/10.1027/2157-3891/a000015

EL-Awad, U., Fathi, A., Lohaus, A., Petermann, F., & Reinelt, T. (2022). Different relations of religion and mental health: Comparing Middle Eastern Muslim refugee and immigrant adolescents. *European Journal of Health Psychology, 29*(1), 26–37. http://dx.doi.org/10.1027/2512-8442/a000100

Enns, C. Z. (2004). *Feminist theories and feminist psychotherapies: Origins, themes, and diversity* (2nd ed.). Haworth.

Field, M. J. (1937). *Religion and medicine of the Ga people*. Oxford University Press.

Fowler, J. L., Lynch, M. P., & Larsen, J. (2021). Counselling knowledge and skills in Papua New Guinea: Identifying the gaps. *International Journal for the Advancement of Counselling, 43,* 164–178. https://doi.org/10.1007/s10447-021-09422-4

Garzon, F., Worthington, E. L. Jr., Tan, S.-Y., & Worthington, R. K. (2009). Lay Christian counseling and client expectations for integration in therapy. *Journal of Psychology and Christianity, 28,* 113–120. https://digitalcommons.liberty.edu/ccfs_fac_pubs/53

Gelso, C.J., Hill, C. E., & Kivlighan Jnr, D. M. (2021). The synergistic but troubled relationship between psychotherapy between psychotherapy science and practice: Moving forward. *The Counselling Psychologist, 49*(7), 1090–1119. https://doi.org/10.1177/001100001211030183

Ghafournia, N. (2017). Muslim women and domestic violence: Developing a framework for social work practice. *Journal of Religion & Spirituality in Social Work: Social Thought, 36*(1–2), 146–163. https://doi.org/10.1080/15426432.2017.131

Ghana Statistical Service. (2021, November). *Ghana 2021 population and housing census. General report (Volume 3c)*. https://www.statsghana.gov.gh/gssmain/fileUpload/pressrelease/2021%20PHC%20 General%20Report%203C_revised%20print_281121a.pdf

Glas, S., Spierings, N., & Scheepers, P. (2018). Re-understanding religion and support for gender equality in Arab countries. *Gender & Society, 32* (5), 686–712. https://doi.org/10.1177/0891243218783670

Gureje, O., Oladeji, B. D., Montgomery, A. A., Bello, T., Kola, L., Ojagbemi, A., Chisholm, D., & Araya, R. (2019). Effect of a stepped-care intervention delivered by lay health workers on major depressive disorder among primary care patients in Nigeria (STEPCARE): A cluster-randomised controlled trial. *Lancet Global Health, 7,* Article e951-e960. https://doi.org/10.1016/S2214-109X(19)30148-2.

Gyekye, K. (1998). *African cultural values*. Sankofa Publishing.

Haque, A., & Keshavarzi, H. (2014) Integrating indigenous healing methods in therapy. *Health, 7*(3), 297–314. https://doi.org/10.1080/17542863.2013.794249

Heshmati, S., Ali, S. R., & Pitre, S. (2021). Transnational feminism and the policing of Muslim women's bodies: Implications for therapy. *Women & Therapy, 44*(1–2), 47–62. https://doi.org/10.1080/02703149.2020.177

Ibrahim, M., & Alkusayer, N. (2016). The role of imams in providing psycho-social support to traumatised Muslim refugees and immigrants in Vancouver, Canada. *African Journal of Traumatic Stress, 5,* 22–28.

Ibrahim, A., & Whitley, R. (2021). Religion and mental health: A narrative review with a focus on Muslims in English-speaking countries. *British Journal of Psychological Bulletin, 45(*3), 170–174. https://doi.org/10.1192/bjb.2020.34

Isgandarova, N. (2014). The evolution of Islamic spiritual care and counseling in Ontario in the context of the college of registered psychotherapists and registered mental health therapists of Ontario. *Journal of Psychology & Psychotherapy, 4*(3), Article 1000143. https://doi.org/10.4172/2161-0487.1000143

Kagee, A. (2020). Training lay counselors in public health: Considerations for social workers, professional counselors and psychologists, *Global Public Health, 15*(6), 918–924. https://doi.org/10.1080/17441692.2020.1730931

Kakuma, R., Minas, H., van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E., Saxena, S. R., & Scheffler. M. (2011). Human resources for mental health care: Current situation and strategies for action. *Lancet, 378,* 1654–63. https://doi.org/10.1016/S0140-6736(11)61093-3

Keshavarzi, H., & Haque, A. (2013). Outlining a psychotherapy model for enhancing Muslim mental health within an Islamic context. *International Journal for the Psychology of Religion*, *23*(3), 230–249. https://doi.org/10.1080/10508619.2012.712000

Khamis, K. (2013). Sustaining Muslim marriages: The role of premarital counseling in the Nima/Mamobi Muslim communities. [Unpublished thesis]. Department of Religious Studies, University of Ghana. http://ugspace.ug.edu.gh/handle/123456789/5353

Khan, N. (2022). A qualitative exploration of systemic training and practice for Muslim community leaders as part of an innovative project in an inner-city area. *Journal of Family Therapy, 44*(1), 124–141. https://doi.org/10.1111/1467-6427.12378

Kobo, O. (2010). "We are citizens too": The politics of citizenship in independent Ghana. *The Journal of Modern African Studies, 48*(01), 67. https://doi.org/10.1017/s0022278x0999022x

Koenig, H. G., & Al Shohaib, S. S. (2018). Religiosity and mental health in Islam. In: H. Moffic, J. Peteet, A. Hankir, & R. Awaad. (Eds). *Islamophobia and psychiatry* (pp. 55–65). Springer. https://doi.org/10.1007/978-3-030-00512-2_5.

Kvale, S. (1994). *Interviews: An introduction to qualitative research interviewing*. Sage Publications.

Lartey, E. L. (2002). Pastoral counselling in multi-cultural contexts. *American Journal of Pastoral Counseling, 5*(3–4), 317–329. https://doi.org/10.1300/J062v05n03_07

Loobuyck, P., & Meier, P. (2014). Imams in Flanders: A research note. *Islam and Christian–Muslim relations, 25*(4), 471–487. https://doi.org/10.1080/09596410.2014.919721

Lucas, S. C. (2008). Divorce, ḥadīth-scholar style: from al-dārimī to al-tirmidhī. *Journal of Islamic Studies, 19(3)*, 325–368. https://doi.org/10.1093/iis/etn005

Makinde, O. (1975). New dimension to counseling: Nigerian "Babalawo" model. *Journal of Non-White Concerns in Personnel and Guidance, 3*(4), 143–152. https://doi.org/10.1002/j.2164-4950.1975.tb00207.x

Malla, A., Margoob, M., Iyer, S., Majid, A., Lal, S., Joober, R., & Mansouri, B. I. (2019). Testing the effectiveness of implementing a model of mental healthcare involving trained lay health workers in treating major mental disorders among youth in a conflict-ridden, low-middle income environment: Part II results. *The Canadian Journal of Psychiatry/La Revue Canadienne de Psychiatrie,64,* 630–637. https://doi.org/10.1177/070674371983931

Meran, S., & Mason, O. (2019). Muslim faith leaders: De facto mental health providers and key allies in dismantling barriers preventing British Muslims from accessing mental health care. *Journal of Muslim Mental Health, 13* (2). https://doi.org/10.3998/jmmh.10381607.0013.202

Mhajne, A., & Saxton, G.W. (2022): Gender egalitarian Attitudes and support for Islamist parties in the Middle East and North Africa. *Journal of Women, Politics & Policy*. https://doi.org/10.1080/1554477X.2022.2012994

Ministry of Inner-City and Zongo Development (2020, August). *About MICZD*. http://www.miczd.gov.gh/about

Mitha, K. (2020). Conceptualising and addressing mental health disorders amongst Muslim communities: Approaches from the Islamic Golden Age. *Transcultural Psychiatry, 57*(6), 763–774. https://doi.org/10.1177/1363461520962603

Muehlenhoff, H. L. (2017). Victims, soldiers, peacemakers and caretakers: The neoliberal constitution of women in the EU's security policy. *International Feminist Journal of Politics, 19*(2), 153–167. https://doi.org/10.1080/14616742.2017.1279417

Nukunya, G. K. (2016). *Tradition and change in Ghana: An introduction to sociology*. Woeli Publishing Services.

Nwoye, A. (1991). *Family mediation practice in Africa. In A. Nwoye marriage and family counseling*. Fab Education Books.

Nwoye, A. (2000). Building on the indigenous: Theory and method of marriage therapy in contemporary Eastern and Western Africa. *Journal of Family Therapy*, *22*, 347–359. https://doi.org/10.1111/1467-6427.00157

Osei-Tutu A., Dzokoto. V. A., Affram, A. A., Adams, G., Norberg, J., & Doosje, B. (2020). Cultural models of well-being implicit in four Ghanaian languages. *Frontiers in Psychology, 11,* Article 1798. https://doi.org/10.3389/fpsyg.2020.01798

Osei-Tutu, A. Oti-Boadi, M., Affram, A. Dzokoto, V., Asante, P. Y., Agyei, F., & Kenin, A. (2020). Premarital counseling practices among Christian and Muslim lay counselors in Ghana. *Journal of Pastoral Care & Counseling, 74*(3), 203–211. https://doi.org/10.1177/1542305020916721

Osei-Tutu, A., Dzokoto, V. A., & Affram, A. A. (2019). Common presenting problems in religious lay counseling practice in Ghana. *Mental Health, Religion and Culture, 2(*8), 819–831. https://doi.org/10.1080/13674676.2019.1666096

Pedhu, Y. (2019). Efforts to overcome countertransference in pastoral counseling relationships. *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications*, *73*(2), 74–81. https://doi:10.1177/1542305019852587

Padmanabhanunni, A. (2020). The cost of caring: Secondary traumatic stress and burnout among lay trauma counselors in the Western Cape Province. *South African Journal of Psychology, 50*(3), 385–394. https://doi.org/10.1177/0081246319892898

Padmanathan, P., & De Silva, M. (2013). The acceptability and feasibility of task-sharing for mental healthcare in low-and middle-income countries: A systematic review. *Social Science & Medicine*, *97,* 82–86. https://doi.org/10.1016/j.socscimed.2013.08.004

Pargament, K. I., & Saunders, S. M. (2007). Introduction to the special on spirituality and psychotherapy. *Journal of Clinical Psychology*, *63* (10), 903–907. https://doi.org/10.1002/jclp.20405

Pellow, D. (1988). What housing does: Changes in an Accra community. *Architecture & Comportment /Architecture & Behaviour, 4,* 213–228. https://www.epfl.ch/labs/lasur/wp-content/uploads/2018/05/PELLOW.pdf

Pew Research Center (2016). *Global religious futures*. http://www.globalreligiousfutures.org/countries/ghana#/?affiliations_religion_id=0&affiliations_year=2020&region_name=All%20Countries&restrictions_year=2016

Prass, M., Ewell, A., Hill, C. E., & Kivlighan, D. M. (2020). Solicited and unsolicited therapist advice in psychodynamic psychotherapy: Is it advised? *Counselling Psychology Quarterly, 34*(2), 253–274. https://doi.org/10.1080/09515070.2020.1723492

Predelli, L. (2004). Interpreting gender in Islam: A case study of immigrant Muslim women in Oslo, Norway. *Gender and Society, 18*(4), 473–493. https://doi.org/10.1177/0891243204265138

Rassool, G. (2015). *Islamic counselling: An introduction to theory and practice*. Routledge.

Rassool. G. (2021). Re-examining the anatomy of Islamic psychotherapy and counselling: Envisioned and enacted practices. *Islamic Guidance and Counselling Journal, 4*(2), 133–143. https://doi.org/10.25217/igcj.v4i2.1840

Roberts, M., Mogan, C. & Asare, J. B. (2014). An overview of Ghana's mental health system: Results from an assessment using the World Health Organization's Assessment Instrument for Mental Health Systems (WHO-AIMS). *International Journal of Mental Health Systems 8,* Article 16. https://doi.org/10.1186/1752-4458-8-16

Saleem, F., & Martin, S. L. (2018). "Seeking help is difficult:" Considerations for providing mental health services to Muslim women clients. *Canadian Journal of Counselling and Psychotherapy, 52*(2). https://cjc-rcc.ucalgary.ca/article/view/61175

Samwini, N. (2006). *The Muslim resurgence in Ghana since 1950: Its effects upon Muslims and Muslim–Christian relations*. LIT Verlag Münster.

Schaerer, M., Tost, L., & Huang, L., Gino, F., & Larrick, R. (2018). Advice giving: A subtle pathway to power. *Personality and Social Psychology Bulletin, 44,* 746–761 https://doi.org/10.1177/0146167217746341.

Shaheed, F. (1986). The cultural articulation of patriarchy: Legal systems, Islam and women. *South Asia Bulletin, 5,* 38–44.

Sidibe, B. (2017). *Health promotion needs in faith–based organizations: Perspectives of religious leaders in Bamako, Mali*. University of Nebraska at Omaha, ProQuest Dissertations Publishing, 10259253.

Silver, E. (1991). Should I give advice? A systemic view. *Journal of Family Therapy, 13,* 295–309. https://doi.org/10.1046/j..1991.00429.x

Skinner, R. (2010). An Islamic approach to psychology and mental health. *Mental Health, Religion & Culture, 13*(6), 547–551. https://doi.org/10.1080/13674676.2010.488441

Tanhan, A. (2019). Acceptance and commitment therapy with ecological systems theory: Addressing Muslim mental health issues and wellbeing. *Journal of Positive Psychology and Wellbeing, 3*(2), 197–219. https://doi.org/10.47602/jpsp.v3i2.172

Tanhan, A., & Young, J. S. (2022). Muslims and mental health services: A concept map and a theoretical framework. *Journal of Religion and Health, 61*(1), 23–63. https://doi.org/10.1007/s10943-021-01324-4

Tanhan, A., & Young, J. S. (2021). Approaching mental health: Social ecological model and theory of planned behavior/theory of reasoned action. *International Journal of Eurasian Education and Culture, 6*(14), 1967–2015. http://dx.doi.org/10.35826/ijoecc.470

Tenkorang, E. Y. (2022). A survey analysis of barriers to help-seeking at the Ghana Domestic Violence and Victim Support Unit (DOVVSU). *Journal of Family Violence*, *37*(4), 601–611. https://doi.org/10.1007/s10896-021-00324-y

Van der Geest, S. (2015). Wisdom and counseling: A note on advising people with HIV/AIDS in Ghana. *African Journal of AIDS Research, 14,* 255–264. https://doi.org/:10.2989/16085906.2015.1055580

van Es, M. A. (2016). Norwegian Muslim women, diffused Islamic feminism and the politics of belonging. *Nordic Journal of Religion and Society, 29*(02), 117–133. https://doi.org/10.18261/ISSN.1890-7008-2016-02-03

Yalley, A. A., & Olutayo, M. S. (2020). Gender, masculinity and policing: An analysis of the implications of police masculinised culture on policing domestic violence in southern Ghana and

Lagos, Nigeria. *Social Sciences & Humanities Open, 2(1),* Article 100077. https://doi.org/10.1016/j. ssaho.2020.100077

Zakaria, N., & Akhir, N. S. M. (2016). Redefining Islamic counseling according to the perspective of Malaysian Muslim counselors. *Advanced Science Letters, 22*(9), 2215–2219. https://doi.org/10.1166/ asl.2016.7570

Zakaria, N., & Akhir, N. S. M. (2019). Incorporating Islamic creed into Islamic counseling process: A guideline to counselors. *Journal of Religion and Health, 58,* 926–936. https://doi.org/10.1007/ s10943-017-0516-8

Zarean, M., & Barzegar, K. (2016). Marriage in Islam, Christianity and Judaism. *Religious Inquiries*, *5*(9), 67–80. https://ri.urd.ac.ir/&url=http:/ri.urd.ac.ir/article_43969.html