

Counseling with Wellness Model for Terminally Ill Muslims:

A Personalized Counseling Model for Muslims Facing Death

Nanang Erma Gunawan

Ohio University

Author note

Nanang Erma Gunawan, Department of Clinical Mental Health Counseling,

Ohio University.

This paper is written for EDCE 623 H/EDCE 821 Counseling the Terminally Ill

Correspondence concerning this paper should be addressed to Nanang Erma Gunawan

Department of Clinical Mental Health, Ohio University, Athens 47501

Contact: ng475910@ohio.edu

Introduction

Providing counseling service to people with terminal illness from different cultural backgrounds requires specific skills to gain maximum benefits (Dwairy, 2006). In some cases, Western counselors and therapists find difficulties when they work with Muslim clients who have different views than themselves since the individuality of Muslims is not separated from family, culture, heritage and more over from God in the client's thoughts, attitudes, feelings, and behavior.

The concept of a Muslim's individuality is always related to others in the faith so that a Muslim does not have an independent way to decide on an action or behavior. The social environment has a strong role on their identity through what Islam culture has taught about individual will. Muslims believe in predestination that is determined by God for all good and bad things in life. There is nothing that will happen to somebody without Allah's determination (Dwairy, 2006).

One of the counseling models that addresses individual spirituality and religious issues is the counseling for wellness model that has been developed from Adlerian Counseling by Myers, Witmer and Sweeney (1991 & 1992). Through Adlerian Individual Psychology, Myers et al. initially configured the relationship among 12 wellness components that are constructed in a wheel. This wheel was then developed to include 17 components after some enriching research conducted by Myers et al. (2000) that showed an interaction between contextual and global forces which influence the whole well-being of a person (Myers & Sweeney, 2008). This paper aims to discuss the personalization of this counseling model so that it can be applied to Muslims where terminally ill. In addition, an article that discusses counseling for Muslims with terminal illness will be analyzed and serve to strengthen the wellness counseling model for terminally ill Muslims.

Running head: COUNSELING WITH WELLNESS MODEL

Personalized Model of the Wheel of Wellness

In 1992, Witmer and Sweeney developed the first model of wellness that focused on the need for holistic counseling. Myers et al. (2000) defined wellness as a way of life when body, mind, and spirit are well-integrated so that each individual is capable of achieving wellness. They also developed the illustration of the counseling model in a wheel, called the Wheel of Wellness. Below is the illustration of the model.

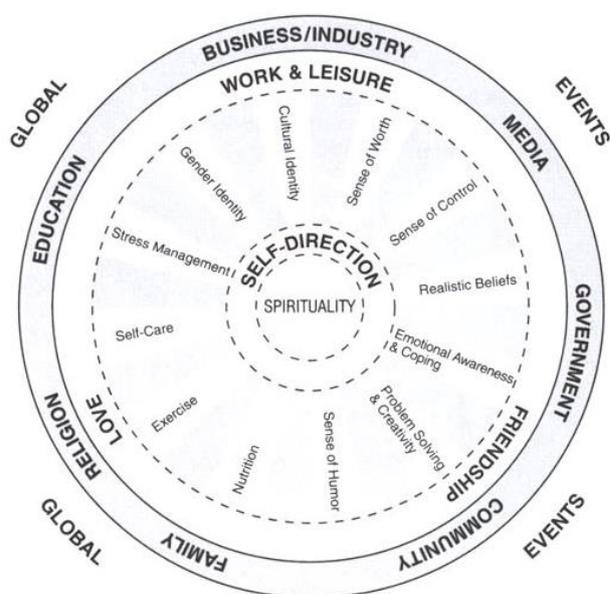


Figure 1.
The Wheel of Wellness
Resource: Whitmer, Sweeney, and Myers

In the Wheel of Wellness,

spirituality is illustrated in the center of the wheel and indicates the most important component of well-being.

Spirituality includes not only religious or spiritual beliefs and practices but also having a sense of meaning in life. There are 12 spokes in self-directed life tasks

that branch from the center of the wheel.

These include a sense of worth, sense of

control, realistic beliefs, emotional awareness and coping, sense of humor, nutrition,

exercise, self-care, stress management, gender identity, and cultural identity. These spokes

influence the self direction of a person. The components of the wheel are considered

interconnected in that they all are interrelated with each other (Sweeney, 2009).

Consequently, the change in one element will influence the other elements to change as well.

Counseling for Wellness Model for Muslims

Based on this brief explanation and the illustration of the Wheel of Wellness, it can be seen that when this counseling model is applied to Muslims who are terminally ill, it is not entirely applicable since they lack a self-directed concept of individuality. Muslims have a

Running head: COUNSELING WITH WELLNESS MODEL

different concept of individuality or self from that of Western people who usually have a strong sense of individual identity (Dwairy, 2006). Many Western people, for example American people, consider themselves separated from others, while Muslims are not. Muslims are more collectivist and define their identity related to others such as family, friends, or broader Islamic community that will influence an individual to make a decision, or to act. They share the culture of Muslim groups such as collective values, beliefs, lifestyles, customs, and norms (Dwairy, 2006).

When a counselor meets with a Muslim, he or she needs to provide special attention to understand the client's relationship with people close to him or her such as family members especially in terms of conflicts and coalitions and the client's status in their family (Dwairy, 2006). This approach will be difficult for a counselor who only focuses on the client individually and his or her personal issues. Counselors need to understand the rationale of pursuance or submission in terms of support and building better coalitions within the family. In addition, counselors need to encourage the clients to be reliant on God's will in their life.

In regards to the specific characteristics of Muslims, it is important for counselors and psychotherapist to have an awareness of Islamic tenets and culture that influence Muslims individually especially their dependence on others and God. They particularly will need to take into account the prohibition of renunciation of the Islamic faith. Additionally, they will need to avoid any contradiction with Islam and find an approach that is in line with Islamic teachings. Serving as the main references for this strategy are the Qur'anic verses, Hadith directives (Muhammad's sayings and deeds), and proverbs that can support therapeutic steps in a counseling setting.

Muslims believe in predestination where life is determined by God for all good and bad things (Baggerly & Abugideiry, 2010; Dwairy, 2006). There is nothing that will happen to somebody without Allah's determination. In the Qur'an, it is stated in Al-Tawbah #51:

Running head: COUNSELING WITH WELLNESS MODEL

“Qol lan yosibuna illa ma katab Allah lana howa mawlana wa’ala Allah

falyatawakal el-mo’amenin”.(The meaning is: Nothing will befall us except what God has ordained. He is our Guardian. In God let the faithful put their trust.)

Using this verse is a good way to interpret predestination, and courage clients to accept, endure, and cope with stress, threat, and loss. Counselors and therapist can help clients to reduce stress, to be more optimistic, and avoid hopelessness by applying religious teachings to help them in reframing their death and giving it a meaning that can support them in coping with the loss. Their morbid conditions are tests from God (Allah) to gain the higher level of glory or to lead them to repent and forswear (Baggerly & Abugideiri, 2010; Shihab, 2002). Through these tenets a counselor can encourage a client to deal with the problem they have and help them to achieve positive feelings during their sickness.

Article Review and Conclusion

In *Grief Counseling for Muslim Preschool and Elementary School Children* (2010), Baggerly and Abugideiri discuss the importance of multicultural competence to provide grief counseling in a Muslim context. They address what counselors can do for individuals and families who are facing death. Briefly, there are two kinds of understanding that counselors need to have: (a) Muslims’ view of death, mourning and burial rituals, and accepted healing practices and (b) appropriate grief counseling interventions: such as teacher and parent consultation, discussing death with Muslim children, group grief counseling, play therapy, and community outreach and advocacy.

After reading this article as a reference to enrich discussion about terminally ill counseling, I believe that this article provides detailed insight into the competence needed by counselors to deal with Muslims who are facing death. In general, this article supports the Wheel of Wellness design of counseling for Muslims who are terminally ill and when facing traumatic death especially through the clear discussion about the Islamic view of death while

Running head: COUNSELING WITH WELLNESS MODEL

addressing the sense of self that is interrelated to others such as family and the Muslim community.

The Strength and Limitation of this Research

Based on the topic and the design that is discussed in this paper, the salient strength is the focus of a personalized wellness model of counseling for terminally ill Muslims. Through development of this model, Muslims with terminal illness can obtain appropriate services that accommodate the uniqueness of being Muslim and are sensitive to the characteristics that are generally different from Western people, especially in terms of individuality and community. This article also provides a unique contribution to multicultural counseling that must always face the challenge in the modern world of a pluralistic society.

However, this subject still needs more investigation especially on the bias that may occur when a counselor and client have different **faiths or religions** (Islam and Non-Islam). Since one basic tenet of Islam is that belief in God is the only way to overcome problems, it might be difficult for a counselor to gain trust from a Muslim. Based on this fact, Muslims facing death are more likely to be more comfortable when they are with a counselor with the same religion or with ulama (a Muslim scholar who has a high level of obedience to Islam).

Conclusion

Dealing with Muslims with terminal illness, a counselor will need specific competences. Using the Wheel of Wellness Counseling model that is developed for Muslims who are terminally ill may be effective in helping them face their mortality. Counselors will need to have a multicultural competence that is sensitive to Islamic tenets and the views of death commonly held by Muslims. However, since clients rely on the strength of collectivity with family and other close persons in the Muslims community and the belief that God is the only One who can help solve problems, it can be challenging for counselors who come from a different culture to provide proper and effective counseling.

References

- Baggerly, J. & Abugideiri, S.E. (2010). Grief Counseing For Musslim Preschool and Elementary School Children. *Journal of Multicultural Counseling and Development* 38.
- Dwairy, M. (2006). *Counsleing and Psychotherapy with Arabs and Muslims; A Culturally Sensitive Approach*. New York: Teachers College Press.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development*, 86, 482-493.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78(3), 251-266.
- Myers, J.E., Sweeney, T.J., & Witmer, J.M. (1998). *The Wellness Evaluation of Lifestyle*. Palo Alto, CA: Mindgarden.
- Shihab, Q. (2002). *Menjemput Maut*. Jakarta: Lentera Hati.
- Sweeney, T.J. (2009). *Adlerian Counseling and Psychology; A Praccticioner's Approach*. New York: Routledge.