NVR with Cultural Minority Groups: Example of Muslim immigrants in Europe
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Muslim Immigrants in Europe, like all other minority groups in their hosting countries, tend to need more psychosocial interventions, yet have less available professionals from their own culture. As a result most interventions are provided by professionals from the majority group, which leads to a complicated and sensitive encounter. In this paper I propose a perspective on such professional interventions based on literature on immigrants, inter-group relations, the New Authority model and my own personal and clinical experience as a therapist from a minority culture. I begin with a short review on Muslim Culture, focusing on the special implications of immigration on the traditional family structure and some insights about Parental Authority in that context. Then I focus on Cross Cultural Professional Interventions with this population, where a traditional culture meets western professionals and intervention methods. I review this complex interaction in light of the sensitive construct of a meeting between a therapist from majority group & a client from a minority group. I speculate about the emotional and behavioral impacts this meeting can have on the therapist during an intervention, and some unique psychological processes that may emerge from it. I conclude with suggestions on how to deal with such complexity while using NVR and the New Authority concept.

Cultural minority Groups

It is accepted for a county to have cultural characteristics that are affiliated with most of its citizens. Those are usually defined by the history of that country, and include language, religion, customs and traditions practiced by the majority of the citizens. Most countries today include heterogeneous cultural groups that are different on one or more of those characteristics. Those groups are smaller in number and are referred to as minority groups, and tend to have a salient distinctive characteristic, such as language, skin color or religion. Examples of that is the African-American population in America, light skinned population in South Africa, Arab population in Israel and Muslim immigrants in Europe.

Different social changes that happen in a certain area affect all groups living in it. In the past decades changes in parental authority have been happening on a global scale, affecting mostly western country and all cultural groups residing in them. In this article I will discuss the use of NVR based interventions with parents from a cultural minority group, using the specific case of Muslim immigrants in Europe as an example.

Loss of parental authority among Muslim Immigrants in Europe

Muslim families are typically structured around patriarchal authority, in which the father has responsibility for and control over the family. Traditional Islamic teaching further supports patriarchal authority by requiring complementary gender roles (Haneef, 1996). As for raising and dealing with children the mother is often the main caregiver, responsible for daily activities and functions, and the father traditionally holds a more distant role as the decision maker. Speaking in Parental Authority terms, the Parental unit asserts its authority using the traditional role of the father.

Furthermore, it is well established in literature that immigrant families hold on to the traditions and social conceptions found in their original culture, and manage their homes according to that view (Abbott, Springer & Hollist; 2012). In the case of Muslim immigrants in Europe, the

attitudes adapted inside the household of a new immigrant family is usually identical to that learned in the original culture – the traditional authority.

With the passage of years and the exposure to western culture and lifestyle a change begins affecting the traditional roles of each family member. One main change that has been well documented in the literature is the loss of parental authority that usually occurs and affects the relationship and interactions between immigrant parents and their children. By some this process was said to be inevitable in the immigrant population, and leads to the impaired functioning of the parents (Edelstien; 2001). The reasons for that process are complex, but one main reason is a role reversal that happens due to language differences. For most first generation immigrants the children in the family are usually better at speaking the local language, and in daily interaction with the adoptive culture, and children may find themselves translating and acting as representatives for their parents. Furthermore, in his article Yedovitski (2002) states that when the parents lose their role as a cultural and moral authority, the family heritage is interrupted and traditional conceptions are challenged. This change happens due to rapidly growing generation gaps, since immigrant children who come from a traditional culture often assimilate to the western hosting country.

The process of losing their impact on their children often results in the parents trying to assert their authority in a new way. From my experience with minority families, since the new attempt at establishing authority emerge as a result of distress and helplessness, they tend to be problematic and not efficient. Generally speaking, I have recognized three un-efficient authority roles that may emerge when the traditional cultural roles are compromised: a) absent authority; b) withdrawn/non-authoritative and c) aggressive authority. If we consider the fast and traumatic processes of immigration these tendencies may be stronger for these families. This suggests that interventions designated for work with this population should take into account the need to work also on the dissolved parental roles. The well documented connection between low parental authority and high risk behaviors of children emphasizes the need to address this matter, especially in the context of immigrant background.

Cross Cultural interventions with Muslim immigrants

Although most Muslim families share a common cultural background, vast differences may be found in different aspects, such as parental roles, due to the heterogeneous nature of this group. For Muslim immigrants, homeland culture interacts with Islam in a variety of ways. For example, families originally from Pakistan, Yemen, or Afghanistan may be assumed to be extremely patriarchal, but in reality there is great variation in the parental roles between and within these countries' (Barise, 2005). As such, it means that there will be individual differences even between families who share a common traditional background.

Studies held in the United States and Europe show that many Muslims feel that they are looked down upon by American medical and mental health professionals as being ignorant and backward. Thus, Muslims may not seek therapeutic help because they assume the counselor may have negative attitudes about Muslims (Abbott, Springer & Hollist; 2012). In light of these notions, it is a common belief that the ideal therapy is done by a therapist from the same culture, and when that is not possible the therapist from the host culture tends to approach the intervention with caution and uncertainty.

It is important to note here that no research has been done trying to verify the reliability of the notion- that it is better for therapeutic interventions to be provided by a therapist from the same culture. Yet in my experience working in public clinics, this assumption leads therapists to refer minority cases to a therapist from their own culture. However, when it is not possible to refer the family to a therapist from their own culture, and a therapist from the majority culture works with the family, I have observed both in professional supervisions and consultations, two interesting phenomena. Either the cultural aspects of such cases are minimized using the general characteristics of that group assumed by the therapist, or on the other hand, the therapist looks to consult with an "expert" to that culture, and seeks a sort of general "guide" on the typical characteristics of the culture. In both situations, the specific individual dynamics and issues that define each family in treatments are masked. Either way the information gathered is general, as if a manual to the culture exist, and in my opinion leads to a de-personalizing process towards the specific patient. This may lead to a narrow and technical intervention lacking the emotional characteristics of the working alliance. In my experience, the discomfort experienced in this situation usually leads to a notion that "I am not the best person to do this intervention", which is a problematic position to hold as a therapist.

For a professional foreign to the culture I suggest this may result in feelings of alienation and shortness of hand, and as a consequence a hesitant approach or one that makes assumptions out of common knowledge. I propose that during work with minority groups a "tabula rasa" approach is best to be taken concerning the culture. The exploration process of getting to know the culture should be done with the family itself. Though this matter may be instinctively considered as a disadvantage for the professional lacking "cultural knowledge", I claim that due to psychological processes the exploration of the unknown culture - if done in a sensitive and respectable way - could be of great advantage for the working alliance being built. The sincere interest in the family's culture is likely to create positive feelings for both the immigrant patient and the therapist, and would largely benefit the intervention and have a positive impact on the outcomes.

A better understanding of the feelings experienced by the western professional in an encounter with foreign culture is extremely important. I think that research on the topic of "Group relations in A-Symmetric status group" may help better understand and deal with the discomfort felt by the therapist. More than that, when intervening with Muslim immigrants, I claim that the "New Authority" concepts could be good fit for these special interventions.

Inter-Group relations

Research on Inter-Group relations draws from the "Self Categorization" theory, proposing that when the group affiliations of two people is salient, interactions between the individuals must be viewed as inter-group interactions (Turner, Hogg, Oakes, Reicher, & Wetherell; 1987). The literature emphasizes the role of differential power and status in social relations. It points out that relations between groups in the real world are between groups with unequal power and status and that even basic inter-group encounters are affected by the differential status of the two interacting groups.

This holds that groups can assert, affirm, or challenge their power relations in the acts of giving, seeking, and receiving help (Nadler; 2002). In a situation of social inequality, the premise applies somewhat differently to members of higher and lower status groups, and these are considered subconscious processes. In therapeutic settings, where help relations are inherent to the process,

the inter-group relations emerge and play an important role affecting the outcomes and should be taken into account when designing and preforming such interventions. On these bases, I believe that a professional from western society working with Muslim immigrants might have an advantage. In such case, the power differences dictated by the unequal relationship in therapy match the same un-equality found in the intergroup relations, thus maintaining the existing power relations; "the status-quo".

NVR and New Authority – a "good fit" for interventions with immigrant parents

Interventions using the New Authority concept, suggests a new perspective on Parental authority that can exist in contemporary western society. The model is based on the assumption that in the past decades major cultural changes have broken down the old patriarchal parental authority model that existed, and proposes a new model that better fits our time. As for Muslim Immigrants, I believe this model could be "a good fit" for two main reasons:

- The New Authority model addresses the need for a new parental model – for Muslim immigrants a process of dissolving the traditional parental roles is similar to the one described in general for western culture. The main difference with Muslim immigrants is that it is a short and an acute process. The accelerated process during the first years after the immigration creates a crisis in parental role and a need for guidance for the parents.
- The model can help overcome the complex implications of cross-cultural encounters - these are inevitable by a reality in which most Interventions with Muslim immigrants are held by professionals from a Majority group. Hence dictated subconscious processes are certain to emerge. I believe that the work process suggested in the model, including the drive into action and the leading therapist role, complement the power position of the Therapist from the majority group thus being natural to both sides.

In conclusion, work combining NVR and NA approach, with a respectful process of getting to know each family's own "culture", is suggested to contribute strongly to the working alliance when intervening with Muslim immigrants. Furthermore this approach addresses one of the main problems found in immigrant households concerning parental roles after immigration and works directly on it. In addition the "New Authority state of mind" of leading the process and not "knowing everything" can enhance the NA therapist to work in the cultural complexity when working with minority cultures. The psychological processes governed by these encounters and emerging in the meeting need to be carefully examined and addressed. Using NVR these processes seem to be joined and used for the advantage of the intervention thus benefitting the families.

This paper was written based on my professional and personal experience, being a psychologist and a part of a cultural minority group. The main purpose is to address the topic of encounters between minority and majority group members in therapeutic interventions, and share my views and perceptions of the dynamics affecting it. In conclusion, if I had to sum up, the message of this paper is of promoting an approach that asks therapists to be conscious instead of cautious; an approach that I believe would benefit all sides involved.

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