

# Globalization, Colonization, Islamization, and Social Work Practice

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## Abstract

This paper explores the critical intersection of social work and Islam, focusing on the Middle East and North Africa (MENA) region amidst historical and ongoing conflicts. The study examines how Western-oriented social work education often clashes with the realities faced by Muslim populations who interpret the world through an Islamic lens. The impact of colonialism,

modernization, and globalization on social work practices in the MENA region is emphasized, highlighting the enduring effects of these forces on local knowledge and the marginalization of indigenous Islamic wisdom. The study advocates for a paradigm shift toward authentization—developing social work approaches grounded in the local cultural and religious contexts of Muslim populations. It discusses the integration of Islamic practices and values into social work and psychotherapy, emphasizing the therapeutic benefits of Islamic rituals, spirituality, and community-oriented practices. The paper also underscores the need for culturally relevant social work education that reflects the diverse realities of Muslim clients. By promoting a more inclusive and culturally sensitive approach, the article aims to bridge the gap between Western social work practices and the needs of Muslim communities, fostering better outcomes and enhanced well-being for those served.

**Keywords:** Social Work, Islam, MENA, Colonialism, Globalization, Indigenization, Islamization, therapeutic implications

## 1. Introduction

### *1.1 Social Work in the MENA Region*

In October of 2023, conflict erupted between Israel and Hamas, marking the most significant escalation in the region since the Yom Kippur War in October 1973. The conflict resulted in a severe humanitarian crisis, with innocent people from both sides losing their lives. This war reignited tensions and widened the gap between the West and Islam, reminding the younger Muslim and Arab generations of the long-standing conflict between the two sides.

Social workers serving in the MENA (Middle East/North Africa) region are critical for providing social services. However, they are facing a misalignment between their Western-oriented social work education and the reality on the ground experienced by Muslims who interpret through an Islamic worldview (Ibrahim, 2018). In addition, practitioners must consider the historical impact of colonialism, modernization, and globalization in this region.

Globalization has introduced Western social work principles, methods, and frameworks into the MENA region. Western academic standards in social work have promoted universal models that often overlook local cultural and religious differences (Q. Ibrahim et al., 2020). Globalization encourages a standardized approach to social work, often sidelining local practices and perspectives. The focus on secular frameworks and individual rights can conflict with Muslim societies' values, where community, family, and spirituality are central to well-being (Q. Ibrahim et al., 2020).

Consequently, social workers trained in Western methods may struggle to meet the needs of Muslim clients, whose challenges often involve religious, spiritual, or cultural issues that Western curricula do not fully address (Q. A. Ibrahim, 2017). Moreover, globalization has sometimes exacerbated the inequalities faced by these communities, making it difficult for social workers to align their practice with the socio-political realities on the ground.

Although the need for incorporating indigenous Islamic wisdom and local knowledge in social work serving Muslims is well-established, there is ambiguity in conceptualizing it and

reluctance to implement it (Jaswal, 2023). This article provides an overview of social work and Islam in the broader context of four significant phenomena: colonization, modernization, globalization, and the recent turn towards indigenous, local ways of knowing. In so doing, it offers essential knowledge about Islam and the therapeutic implications of Islamic practices.

### *1.2 Social Work and Colonialism*

The social work profession, which developed in the early 20th century, was shaped by Western values like individualism, capitalism, and Social Darwinism. As Western countries spread social welfare systems to non-European nations during and after colonial rule, these values became embedded in social work programs across the Arab world, beginning in Egypt (Asamoah & Nortey, 1987; Kendall, 1995). To develop a meaningful understanding of Islamic social work education, it is essential to consider the impact of colonialism, modernization, and neoliberal globalization while reevaluating the contributions of indigenous knowledge.

Colonialism, marked by domination and control, significantly influenced social work in colonized countries, creating 'glocal' realities where global forces mixed with local traditions (Robertson & Scholte, 2006; Ritzer, 2007). During and after colonial rule, imperial powers instilled perceptions of inferiority in local populations. After World War II, modernization intertwined with colonialism, promoting Westernization as the ideal path to economic growth in non-European countries (Smith, 1999). The expansion of neoliberal globalization and free trade policies exacerbated global inequities, particularly in health, education, and social welfare systems in developing nations.

Together, colonialism, modernization, and globalization suppressed indigenous knowledge and discouraged the use of traditional practices in daily life and education (Smith, 1999). This repression was further perpetuated by Orientalism, which institutionalized racism by portraying the East as primitive and fundamentally different from the West (Said, 1978). Orientalism also dehumanized Muslim populations, distorted their potential, and dismissed indigenous knowledge, contributing to negative stereotypes about Islam and Muslims in the West.

European colonizers recognized the power of culture and language in shaping thought processes and used these tools to impose foreign systems on colonized populations. This restricted the creative potential of these societies, hindering their autonomy (Smith, 1999). Colonizers also attempted to claim indigenous knowledge as their own, implying that non-Western knowledge systems were primitive and inferior. This legacy continues to affect colonized populations, who often experience resentment toward unattainable Western ideals.

The spread of European welfare systems during colonial rule deeply influenced social work in Arab countries. Social work education expanded in the Middle East after World War II, with Egypt opening its first school in the 1940s (Ragab, 2016). Assuming Western social work models were universally applicable, the curricula introduced concepts that were misaligned with the socioeconomic problems, cultural norms, and religious values of local populations. This Western-imperialist approach persisted throughout modernization processes (Ajayi et al., 1996; Bernstein & Gray, 1991; Semali & Kincheloe, 2000), resulting in the neglect of

indigenous ways of knowing in social work education and practice (Jaswal & Kshetrimayum, 2023).

The global spread of Western social work knowledge reflects the enduring impacts of colonialism. A notable example is the reliance on logical positivism—a Western scientific approach that assumes a single, objective reality (Lincoln & Guba, 1985). This method overlooks the possibility that clients' explanations of their problems might be rooted in different social, cultural, and religious contexts. Anthropologist Arthur Kleinman (1980) emphasized the importance of using emic approaches to understand clients' situations, where both practitioner and client bring different explanatory models to the therapeutic encounter. Without an emic approach, social workers risk misunderstanding and misinterpreting their client's needs, leading to ineffective interventions.

The ongoing export of Western social work knowledge by Western institutions, and its acceptance by non-Western professionals, needs to be continually questioned. Building a more inclusive social work knowledge base requires mutual exchange and cooperation (Healy, 2001). Some scholars argue that without an Islamic orientation, social work may be irrelevant to Muslim communities (Ragab, 2016). Tsang (1998) suggests that non-Western social workers can learn from the mistakes of their Western counterparts and incorporate the wisdom of indigenous cultures to complement Western conceptions.

Involving the voices of those being served is crucial for creating new knowledge that promotes community change. Freire (1997) encourages breaking the 'culture of silence' to allow people to participate actively in this process. As global inequality and poverty continue to rise, social workers must be aware of international issues affecting their clients. Disseminating social work knowledge through collaborative processes allows practitioners in both Western and non-Western countries to accept, reject, or adapt each other's knowledge in ways that best serve their unique populations and needs (Chow, 1996).

## **2. Islamic Worldview**

Moving toward a better way to serve Muslim populations is a critical part of social work training not only for practitioners in Arab countries but also for those working in non-Arab countries. This is because Muslims make up nearly 25% of the world's population, according to the Pew Research Center (2015). Contrary to common assumptions, Muslims live on every continent and can be any ethnicity or race. To put this into perspective, Arabs make up only 20% of Muslims worldwide. The remaining are found spread throughout the world. Islam is the world's second-largest religion and the fastest-growing religion in the West (Esposito, 2016). Therefore, understanding a Muslim's model of explanation is imperative to serving populations worldwide.

A Muslim's worldview is shaped by the belief in God (*Allah*) and the Islamic tenets of faith. This includes the belief in divine predestination (*al-Qadar*) and the belief in individual free will to choose right or wrong. These can impact how an individual interprets past events and their sense of agency to influence the future. Likewise, Muslims believe this existence is a test that will end before the Day of Judgment when all people will be resurrected and undergo God's

perfect judgment based on their beliefs and deeds, the outcome of which will either be the reward of paradise or punishment of hell in the hereafter. This belief in accountability and final justice may reflect in continuous striving to improve oneself, for example, or not seeking revenge against injustice because they believe the wrongdoing will be addressed in the hereafter.

Integral to Islamic belief is that God created the universe and everything in it, the seen and the unseen. Humans were formed by merging elemental and spiritual components for the divine purpose of worshipping God and being custodians of the earth. As such, humans are unique, dignified beings. For guidance, God sent prophets and messengers with divine books of revelation. Although Muslims consider the Torah, Gospel, and Psalms as sacred books, the final revelation came to Prophet Muhammad in the 7<sup>th</sup> century. These words of God and guidance for humankind were preserved word-for-word in the Holy Qur'an, the sacred and beloved book of Islam.

The core practices of Muslims include the five Pillars of Faith (Denny, 2011). Most important is the first pillar: testifying that there is only one God (*tawhid*) and that Muhammad is a prophet of God. The other pillars include praying at five designated times throughout the day (*salat*), giving 2.5% of income to charity (*zakat*), fasting during the month of Ramadan, the month when the holy book of Islam was revealed (*siam*), and going on a sacred pilgrimage to the Ka'ba in Mecca, Saudi Arabia, once in a lifetime (*Hajj*).

Although Muslims share core religious beliefs, they are not monolithic. Instead, approaches to religion reflect cultural and historical influences. The two major sects in Islam are the Sunni, who comprise about 80% of all Muslims, and the Shia, who are about 15%. The distinction is based on divergent understandings of who was the rightful successor of Prophet Muhammad as the leader of the Muslims. These sects are further divided into smaller groups. Moreover, there are Muslims who take a hardline approach to religion and those who prefer a more spiritual approach. The mystical expression of Islam, known as Sufism, is practiced by both Sunni and Shia and is the main attraction of Westerners to the religion. In Sufism, one seeks to translate intellectual religious knowledge into an experiential internal science of purifying the soul (*tazkiyah al-nafs*) through remembrance of God (*dhikr*) and spiritual exercises (*shughl*).

Keeping diversity in mind, one should not underestimate the unity and familial-like ties among all Muslims (*ummah*) and how this impacts the individual and society. Muslims refer to each other as Brother and Sister, and they typically consider religious ties closer than tribal or blood connections. Therefore, Muslims are emotionally affected by factors that impact other Muslims worldwide, including international conflicts and civil wars. Understanding these concepts of how Islam influences Muslims is beneficial for social work practice in the MENA region and with Muslims around the world.

### *2.1 Social Work in the Middle East*

In post-colonial societies, particularly in the Middle East, social work faces a range of issues shaped by the historical impact of colonization, modernization, and the persistent influence of Western frameworks. These issues arise from the imposition of foreign social, political, and economic systems during colonial rule, which often disrupted traditional ways of life and

undermined indigenous knowledge systems (Tefera, 2022). As a result, the practice of social work in these regions often struggles to reconcile the tension between Western-imported models and the local, culturally specific needs of the population.

One of the critical issues in post-colonial social work in the Middle East is the misalignment between Western-oriented social work education and the Islamic worldview that many in the region hold. Islam plays a central role in shaping social norms, values, and behaviors in the Middle East, and its teachings provide guidance on issues such as family relations, charity (zakat), and social justice. Western social work models, which are largely secular, often overlook the religious dimensions of social life in Muslim-majority societies. This can lead to social workers encountering difficulties when their practice is perceived as incompatible with Islamic principles (Schayegh & Di-Capua, 2020; Tefera, 2022).

Another issue in post-colonial social work in the Middle East is the marginalization of indigenous knowledge and practices. Colonial powers often dismissed local forms of social organization, welfare, and care as primitive or inferior, replacing them with Western systems. This legacy has persisted in the post-colonial era, where there is still a tendency to view Western social work knowledge as superior, even though it may not be fully applicable to local contexts (Clarke & Bird, 2020; Schayegh & Di-Capua, 2020).

Indigenous practices, such as traditional forms of community support, religious charity, and family-based care systems, have been undervalued in formal social work education and practice. However, these indigenous practices are often more effective in addressing the needs of Middle Eastern populations, who may be more receptive to solutions that align with their cultural and religious values. There is a growing movement to incorporate indigenous knowledge into social work in the region, but this requires a rethinking of the Western-dominated framework that has shaped the field (Clarke & Bird, 2020).

## *2.2 Toward a Paradigm of Islamic Social Work*

Islam is described as a way of life, and the Islamic *Weltanschauung*, or worldview, permeates everyday experience. Therefore, for social work to adequately address the needs of Muslims in post-colonial, developing societies like in MENA, it must become aligned with the local population's realities. A common approach to doing this is through indigenization, which was first mentioned in the social work field in 1971 and has since grown in usage (Jaswal & Kshetrimayum, 2023). This method attempts to incorporate locally relevant cultural knowledge into social work education and practice. However, there are differing ideas of what indigenous means and which voices to include in addition to the mainstream.

An alternative approach is described by Ragab (2016) as authentization. Differing from indigenization, which starts with Western social work and incorporates local knowledge into it, authentization encourages remaking social work from the ground up based on local realities. According to Ragab, authentization refers to “a process through which the profession becomes true to the nation's identity, its defining characteristics, and its cultural and social realities, thus allowing healthy utilization of pertinent concepts and practices originating in other nations” (Ragab, 2016, p. 327). The initial focus should be on the local context rather than a Western

one, aiming to create a distinct model that reflects the culture's perspective. This is especially valuable in cultural environments with worldviews that differ significantly from those in Western social work. For instance, in the Middle East, this could involve establishing social work methods grounded in Islamic principles or community-based approaches tailored to local traditions, rather than relying on external, Western theories.

Recent decades have seen increased efforts to develop psychotherapeutic planning and practice that reflects indigenization and authentization. For example, Barise (2005) identified ten teachings that correspond with global social work intervention tools that can promote the well-being of Muslim clients. These include awakening (*Qawmah*), contemplation (*Tafakkur*), seeking guidance (*Istikharah*), consulting (*Istisharah*), setting goals (*Basirah*), decision-making (*'Azm*), the performance of right actions (*'Amal*), self-monitoring and self-evaluation (*Musabah*), seeking divine help, which can be mediated by the human environment (*Isti'anah*), and trusting in God (*Tawakkul*). Likewise, Albrithen (2023, p. 171) explored the Islamic basis of social work and identified shared ethics and values, declaring that “there is no conflict between the values of social work and the values of Islam.”

Furthermore, Haque et al. (2016) conducted a review of research in the period 2006-2015 on the religious and cultural aspects of the use of Western psychology with Muslim clients. They found a trend of developing strategies for integrating Islam into the psychotherapeutic setting. Five main themes emerged: 1) the development of theoretical models and frameworks within Islamic psychology; 2) the development of techniques in Islamic psychology; 3) historical accounts of Islamic psychology and its current iterations; 4) the unification of Islamic practices and beliefs with Western psychological models; and 5) development of assessment strategies and norms scaled for use with Muslims.

### *2.3 Therapeutic Implications of Islamic Practices*

There are tools within the Islamic beliefs, practices, and worldview that can be harnessed for therapeutic ends when working with Muslim clients. Making meaning of painful experiences from a cultural and religious framework was found to help Arabs in ongoing conflict settings in the Middle East (Hammad & Tribe 2020). Several studies with Arabs living in conflict-affected areas have found that religion is a primary strategy to cope with collective trauma and loss and is a source of resilience (e.g., Hammad & Tribe 2020; Marie et al., 2017; Nuwayhida et al., 2011; Thabet et al., 2015).

For Muslims, the world and all that it contains were divinely created, and humans are in a relationship with this divine being. This foundational belief can be useful by emphasizing the idea of human-divine partnership in holistic health. In a similar vein, Husain (2019) stresses that in Islam, human existence is understood to unfold in a relationship with the divine, and coping mechanisms within Muslim communities may be intertwined with religious practices such as prayer or fasting. The visitation of sacred sites, including the tombs of Islamic holy figures, is also a potential therapeutic tool. Moreover, the journey to Mecca (Hajj), a core Islamic pilgrimage, carries significant emotional and therapeutic value for many Muslims. The goals of spiritual purification and psychological relief often go hand in hand with this journey.

Al-Krenawi & Graham (2000) discusses the therapeutic importance of prayer in Islam, its second pillar. The five pillars solidify religious practices in a matrix of social and familial support. In times of distress, group prayer may be a powerful therapeutic tool. Prayer may also function as a safeguard against anxiety and depression, as it includes meditative elements that can lead to a sense of connection to a higher power. Both individual and group prayer can induce a sense of communal belonging. Assemblies of group prayers commonly take place on Friday afternoons, which are followed by a sermon from the imam. A study by Khan (2006) found that many Arab American Muslims always sought comfort in prayer and from the Qur'an. The use of Islamic rituals (e.g., praying and ablution) was found to help Arab Muslims elevate their mood and relax in areas experiencing ongoing conflict (Marie et al., 2017).

Other Islamic practices that carry therapeutic benefits are group feasts such as *Id Al-Fitr*, celebrated at the end of Ramadan with both family and community. Not only friends are expected to extend mutual good wishes currently, but individuals in conflict are enjoined to reconcile with each other. Moreover, to mark the conclusion of this sacred time, Muslims are encouraged to care for others and perform good deeds, such as visiting the sick.

Studies have examined the impact of spirituality on social work practice with Muslims. Some Muslims may use their spirituality to reframe negative events, and the emphasis on prayer in Islam may heighten cognitive awareness throughout the day and thus enhance overall wellness. In a study that broke new ground, Hodge et al. (2016) examined spirituality and wellness among Muslims in the United States. They found a relationship between participants' spirituality and a reduction in their depressive symptoms. Interestingly, they reported that spirituality may mediate the relationship between discrimination and depression.

Regarding the intersection of Islamic practices and Western psychotherapeutic interventions with Muslim clients, Husain (2019) notes that cognitive-behavioral therapy (CBT) shares certain traits with Islamic rituals and thus may be recommended for use with Muslim clients. Moving a step further in this direction, Koenig et al. (2015) present Religious Cognitive Behavioral Therapy (RCBT), a treatment intervention developed at the Center for Spirituality, Theology, and Health at Duke University. This approach adopts core elements of CBT for specific use with mainstream religious beliefs.

The family system, an Islamic mainstay, can also be harnessed for intervention goals that promote the well-being of Muslim individuals. Hodge (2005) suggests that support groups, which build on the platform of communal assistance that is so highly valued in Islamic communities, may be an appropriate intervention modality in Muslim communities. He stipulates that as stigma is a considerable force within Muslim society, some clients prefer interventions that do not involve individuals from their community, while others may gain a sense of empowerment by using internal group outlets to promote change. Regarding the modality of couple's therapy, the treatment of Muslim couples can have a therapeutic effect on the clients' wider community, as in Islam the relationship between husband and wife is considered to impact the wellbeing of the society.

Many Muslim organizations are involved in social services delivery based on approaches that integrate Islamic beliefs with general intervention techniques. One example is Shariah, which



provides directives on how Muslims should conduct themselves regarding various socio-legal matters and techniques from the overall disciplines of counselling and treatment. This is especially the case when professional social workers are employed by Muslim agencies. Alternatively, a purely Shariah-based approach may be implemented in an instructive manner. In this latter instance, imams and shaykhs are more commonly involved in such interventions.

Further attempts towards shaping Islamic social work have been made by Al-Krenawi & Graham (2003), who discuss social workers' incorporation of Quranic healing into their practice. They note that Quranic healing shares several important elements, including systematic assessment and treatment procedures; a period of training; a body of university-based professional theory; a system of professional ethics, as well as ongoing professional consultation and professional supervision. Moreover, Quranic healers' toolkit, like that of social workers, includes manipulation, suggestion, and persuasion.

Various psychodynamic practices have similarities that overlap with Islamic rituals and therefore may be effectively used as therapeutic tools with Muslim communities (Al-Krenawi, 1996). Al-Krenawi (1999) argues for the incorporation of cultural and religious rituals in the mental health care of clients from traditional, non-Western cultures. Another intervention that may aid the therapeutic process is the use of support groups through the understanding of the communal values practiced in Islamic communities. Stigma is also a prominent factor within these communities. Hence, some individuals prefer social interventions that do not involve people from their community, while others may feel empowered by using internal group outlets to mobilize change within their community and in the surrounding society (Husain, 2019). Another fundamental value affiliated with the concept of community is that of the family. 'Family' includes the nuclear family, as well as the extended family, and even the entire community. The relationship between husband and wife is also of great value and significance within the context of the community and affects the emotional and spiritual health of the whole society (Hodge, 2005).

In their discussion of the medical treatment of Muslim clients, Attum et al. (2018) highlight several key issues. These include traditional Islamic preferences regarding, for example, personal modesty. In this regard, Muslim clients may be concerned that receiving treatment from a social work practitioner of the opposite gender will negatively impact their reputation in the Muslim community. Along similar lines, social work providers should be attentive to a client's wish to avoid any physical contact – and even eye contact – with service providers of the opposite gender. In all such cases, the presence of a trusted family member or imam in the treatment room can reduce client concerns and serve as a basis for therapeutic communication (Al-Krenawi, 2023).

The research on mental health and spirituality among Muslims that deals with issues of discrimination brings us to the broader issue of perceptions of oppression among clinicians. A wide gap has been identified by Hodge (2005) between the meta-narrative of the Islamic community and that of the Western world. Specifically, the Islamic mindset has been seen as radical in comparison to that of the West, especially in the US media. Since 9/11, the media has tended to portray violence as the norm in Islam. Western practitioners may be influenced by

this narrative, which extends to the portrayal of Islam as an oppressive faith. The hijab – the practice of veiling – is a useful example. In the West, veiling is often perceived as a sign of female oppression. Yet, this reading does not reflect the spiritual importance that many Muslim women grant the hijab. The topic of veiling received a nuanced treatment in Afrouz and Crisp (2022), who studied the use of hijab among Afghan women in Australia and found a wide range of views on the issue, from identity declaration on one side of the spectrum to a manifestation of domestic abuse on the other. Additional areas of potential conflict for Western clinicians include Islamic stances on abortion, gender roles, and homosexuality. Generally, but in these areas especially, practitioners need to engage in a reflexive effort to become critically aware of their own biases.

#### *2.4 Toward a Paradigm of Islamic Social Work*

Current research on social work in Muslim-majority societies highlights significant challenges and evolving methodologies that question Western-dominated paradigms, emphasizing instead the value of Islamic perspectives and culturally relevant practices. One area of recent inquiry focuses on Islamic psychology's integration with mainstream social work and mental health practices. Studies by Haque et al. (2016) have outlined models for blending Islamic principles with Western therapeutic approaches, including Islamic Cognitive Behavioral Therapy (CBT) and Religious Cognitive Behavioral Therapy (RCBT). These approaches have been explored for their effectiveness with Muslim clients, challenging the Western assumption that secular therapy is universally applicable (Haque et al., 2016).

Additionally, there is growing debate over the applicability of Western social work ethics in Islamic contexts, particularly regarding individual autonomy versus collective family-centered values (Ragab, 2016). Scholars argue that social work must adapt to the unique socio-religious values found in the MENA region, where interventions often align better with collectivist, family-oriented approaches rather than individualistic models predominant in Western practice (Jaswal & Kshetrimayum, 2023). Some practitioners advocate for a community-centered model grounded in the principles of Islamic charity (zakat) and endowment (waqf), which are deeply rooted in Islamic jurisprudence and emphasize communal well-being over individual autonomy.

Indigenization and authentization have emerged as two prominent frameworks for adapting social work to Muslim contexts, yet these approaches remain subjects of scholarly debate. While indigenization seeks to modify Western frameworks to suit local contexts, authentization calls for building social work practices from the ground up, based on Islamic values and indigenous knowledge. Ragab (2016) argues that authentization may be particularly effective in post-colonial societies where Western models have not fully resonated with local populations. Despite this, there is ongoing contention about which of these frameworks more effectively serves the needs of MENA communities.

The role of Orientalism and Western bias in social work practice and education remains a contentious issue. Said's (1978) concept of Orientalism continues to influence critiques of social work, as Western social work models are often viewed as promoting stereotypes that dehumanize and oversimplify Muslim societies. This ongoing critique encourages practitioners

to examine their biases and consider culturally respectful interventions that acknowledge and incorporate Islamic principles. Recent research has highlighted the need for more cross-cultural training for social workers to prevent biased assumptions and foster a greater understanding of clients' religious and cultural contexts (Hodge et al., 2016).

Finally, research has increasingly focused on the impact of Islamophobia and discrimination on Muslim clients, particularly in Western contexts. Studies indicate that Islamophobia may contribute to unique mental health challenges for Muslim clients, exacerbated by cultural misunderstandings and a lack of culturally competent care. In response, scholars advocate for more nuanced, reflexive practices that enable social workers to address the intersectionality of faith, identity, and mental health within Muslim communities (Afrouz et al., 2021). This growing body of research has led to calls for social work practices that are more inclusive, allowing Muslim clients to navigate their experiences of faith within therapeutic settings without fear of judgment or bias.

### 3. Conclusion

This article presents an overview of the intersection between social work and Islam within the broader context of colonization, modernization, globalization, and the recent resurgence of indigenous/local knowledge systems. It offers valuable insights into Islam and the therapeutic implications of Islamic practices. The historical dominance of the West in the Muslim world has contributed to a deep-seated animosity among colonized peoples towards Western influences, including the field of social work. Despite initial attempts to transplant Western social work practices into Arab-Muslim societies, these efforts ultimately faltered due to the significant disparities between Western models of social work and local indigenous knowledge and values. Kleinman's concept of explanatory models is proposed as a framework to understand and address such cultural clashes.

Drawing on the key insights of Kleinman and bearing in mind the complex and challenging reality created by an imperial past and a global present, this article discusses the Islamization of social work for Muslim communities. This model extends the notions of indigenization and authentization, reaching the very roots of Islamic culture and entwining them in a fruitful way with *glocal* concepts of care. It is this negotiation – conscious, comprehensive, and clear – that marks the critical difference between the failed policies of earlier decades and the newer treatment paradigm, which appreciates and applies the knowledge and worldview of the Muslim client and her/his community.

Despite the unsuccessful attempt to export Western social work education and practice to the MENA region, and considering the negative effects of imperialism, there is still potential for optimism. It has been argued that Western psychology promotes a distorted view of human beings rooted in materialism. However, the discipline of social work is well-positioned to integrate the best of both worlds: Islamic ways of knowing and global knowledge. This can lead to the development of a *glocal* Islamic social work that addresses the needs of Muslim clients by incorporating Islamic perceptions and practices into its framework.

The process of critical consciousness involves two key elements: critical self-reflection and

power analysis. Critical self-reflection entails increasing awareness of one's privilege, power, strengths, biases, and so on. Power analysis involves examining how power, including the power of privilege, is utilized in each context (McWhirter, 1997, p. 5). Another essential element is competence, which refers to the practitioner's recognition and understanding of a client's resources that can contribute to the intervention process. Community is defined in terms of ethnicity, family, friends, places of residence, and common organizational affiliation from which the client can access support and resources, as well as contribute to the community (Rahseed et al., 2004). The social worker is encouraged to help the client recognize their strengths and utilize community resources to address the presented therapeutic issue.

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The authors confirm that the data supporting the findings of this study are not available. As the research did not involve the use or collection of specific datasets, there is no data to be shared. Further inquiries can be directed to Julianne Hazen.

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