

Invisible Community: The Counseling Considerations of Working With MENA Individuals



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Middle Eastern and North African (MENA) individuals are a largely ignored community. Historically, they have been portrayed negatively in the broader media and American society. This lack of understanding has extended to the counseling profession as well. This article seeks to address this lack of understanding and stigma. Who MENA individuals are, along with a brief history of these individuals, common values, experiences of discrimination, and the impact of counseling, are discussed. The aim of this work is not only to raise awareness of this community but also to discuss counseling considerations to support their mental health.

Keywords: Middle Eastern, North African, counseling, stigma, mental health

The American Counseling Association's (ACA; 2014) *Code of Ethics* compels counselors to advocate for underserved communities and to provide culturally responsive treatment grounded in social justice. Middle Eastern and North African (MENA) Americans meet the definition of an underserved population (Resnicow et al., 2022), yet counselors often receive little formal training specific to their sociocultural and historical contexts. As a result, many counselors are asked to work with MENA clients without having access to practice-oriented guidance that reflects their lived experiences.

MENA Americans come from diverse cultural, religious, and national backgrounds shaped by migration, political conflict, discrimination, and longstanding invisibility within U.S. systems (Mechammil et al., 2019). These experiences carry important implications for mental health, help-seeking, and counseling engagement, and they require competencies that extend beyond general multicultural frameworks. However, counseling-specific literature addressing the unique needs of MENA clients remains limited (Atari-Khan et al., 2025; Awad, 2010; Erickson & Al-Timimi, 2001; Samari, 2016).

This gap is especially concerning as global conflict, political violence, and public discourse increasingly shape the daily realities of MENA communities in the United States. Counselors are more likely than ever to encounter MENA clients presenting with identity-related stress, discrimination, and trauma, yet many remain underprepared to address these concerns within clients' sociopolitical and cultural histories (Basma et al., 2019; Cho, 2018). Although approximately 3.5 million individuals in the United States identify as MENA, this population has historically not been counted as a distinct group in U.S. census data, which contributes to ongoing invisibility and limited research attention (Awad et al., 2021; Cho, 2018). This absence in both research and counselor preparation creates significant clinical consequences.

The purpose of this paper is to address these gaps by offering a clinically grounded, culturally responsive framework for counseling practice with MENA Americans. The sociopolitical and

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historical contexts relevant to MENA communities, such as identity, racialization, and discrimination, are addressed. In addition, we seek to explore how cultural values and psychosocial factors influence help-seeking. Lastly, counseling considerations, ethical and counselor education implications, and directions for future research are also presented.

Sociopolitical and Historical Context of MENA Communities

The literature consistently documents challenges in defining MENA identities, which often result in confusion across clinical and research contexts (Amer & Hovey, 2007; Awad et al., 2021, 2025; Haboush, 2007). Clarifying the diversity within MENA communities is essential, as it supports a more accurate understanding of individuals' identities and lived experiences. Individuals who identify as MENA originate from or have ancestry in the Middle East and North Africa (Awad et al., 2021) and represent a highly diverse population (Cho, 2018; Erickson & Al-Timimi, 2001; Nassar-McMillan, 2003). Historically, many of these individuals have been labeled as Arab and have ancestry from one of the 22 Arab League member states, which extend from northern Africa to southwestern Asia (Awad et al., 2021, 2025). These countries include Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen (Awad et al., 2025). This categorization also includes three non-Arab countries—Iran, Turkey, and Armenia (Awad et al., 2025).

Historically, this diversity has not always been clearly recognized within the counseling profession (Amer & Hovey, 2007; Awad et al., 2021, 2025; Haboush, 2007). For counselors, recognizing the diversity within the MENA population is vital to building rapport and conducting accurate assessments. When counselors mislabel clients as Arab, White, or Muslim, this can undermine rapport and trust and contribute to the sense of invisibility that many MENA individuals already experience. Such misunderstandings highlight the importance of attending to the sociopolitical and historical contexts that shape how MENA individuals understand and express their identities.

The history of MENA individuals is an aspect of cultural competence in working with this population and a significant counseling consideration (Erickson & Al-Timimi, 2001; Nassar-McMillan, 2003; Zarrugh, 2016). MENA individuals came to the United States in three waves: the first was from the late 19th century to the end of World War I, with most migrating from Syria and Lebanon (Erickson & Al-Timimi, 2001). The second wave followed the creation of Israel in 1948. As a result, the majority of these individuals were Palestinian and primarily Muslim (Erickson & Al-Timimi, 2001). The third wave occurred in 1967, following the conclusion of the Arab Israeli War (Awad et al., 2019, 2025; Erickson & Al-Timimi, 2001; Zarrugh, 2016), and included individuals from Egypt, Lebanon, Palestine, Iraq, and Syria (Awad et al., 2022). This wave included both Muslim and Christian immigrants and continues today (Erickson & Al-Timimi, 2001).

These migration histories are not simply historical details; they shape this community's experiences. For many MENA individuals, migration is closely tied to war exposure, forced displacement, political violence, and intergenerational loss and trauma that often emerge in counseling work (Atari-Khan et al., 2025; Awad et al., 2019; Haboush, 2007). Understanding these contexts provides an important foundation for examining how identity, discrimination, and racialization shape mental health among MENA individuals.

Identity, Discrimination, and Racialization

Lack of Visibility

The lack of visibility of MENA individuals has significant structural, social, and clinical consequences. MENA individuals have historically not been recognized as a distinct category in U.S. census data (Awad et al., 2025). As a result, there has been minimal research on these individuals (Awad et al., 2025). This invisibility also has a hypervisibility element to it, in which, although these individuals are not considered different from White individuals, they are targeted and discriminated against differently than White individuals (Awad et al., 2021).

MENA individuals have been identified as non-White, White, and Asian or *yellow* in racial categorization systems (Zarrugh, 2016), despite the repeated evidence that MENA individuals do not consider or identify themselves as White (Awad et al., 2021). The instability of MENA individuals' identities may lead to increased distress and identity confusion (Awad et al., 2025; Zarrugh, 2016). This instability, coupled with the lack of ethnic minority status for MENA individuals, may have given rise to a lack of civil rights protection, as data collection is absent on hate crime statistics or racial disparities (Awad et al., 2025).

Within this context of invisibility, naming and self-identification have become complex and contested. The term Arab is commonly used interchangeably with MENA; however, individuals' preferences for this label vary. Awad et al. (2021) found that approximately half of individuals of MENA descent preferred the term Arab, while the other half preferred MENA and did not identify as either Arab or White. Those who rejected the Arab label often cited stigma associated with negative stereotypes or noted that the term did not accurately reflect their linguistic or cultural background (Awad et al., 2021). Additionally, some populations, such as Iranians, may identify as Persian rather than Arab or MENA (Awad et al., 2021; Erickson & Al-Timimi, 2001). These patterns underscore the limitations of relying on singular or externally imposed identity labels. However, identity labels alone do not fully capture the lived experiences of MENA individuals.

Beyond naming, many MENA individuals navigate persistent experiences of *othering*, in which belonging is shaped by sociopolitical narratives. The othering of MENA individuals may contribute to uncertainty about belonging and identity for many within this population (Awad et al., 2025; Khoury & Manuel, 2016; Samari, 2016). Zarrugh (2016) highlighted how inconsistent racial classification shaped MENA identities over time, noting that whenever a significant political event involving MENA individuals occurs, their White status is no longer recognized. Examples of these events include the Six-Day War of 1967, the Israeli war, the Iran Hostage Crisis, and the terror attacks of 9/11 (Zarrugh, 2016).

More recently, anti-MENA sentiment has been remarkably common because of the recent events in the Middle East, including the war in Gaza (Awad et al., 2025), the current Iran war, and the attack on Lebanon (PBS NewsHour, 2026; Sky News, 2026). MENA individuals can experience a tremendous amount of stress from discrimination as a result of the world events described above, despite being considered White (Awad et al., 2019, 2025).

MENA individuals' historical lack of visibility also means that many counselors have provided treatment that is similar to that of the majority. Such misalignment and lack of an individualized approach may lead clients to feel unseen or misunderstood in the counseling setting (Huang & Zane, 2016). Counselors who overlook these identity-related experiences risk reproducing the invisibility

clients experience in their day-to-day lives (Cho, 2018; Huang & Zane, 2016). Understanding how invisibility and marginalization shape MENA clients' experiences provides an important foundation for examining culturally responsive approaches to mental health services.

A notable shift occurred in 2024, when the Office of Management and Budget included a category for MENA individuals. Therefore, MENA individuals will be officially counted and documented separately in their own category in 2030 (Awad et al., 2025). This recognition in the U.S. Census may lead to increased documentation of MENA individuals and to the mitigation of discrimination faced by this community (Awad et al., 2025). In addition to structural invisibility, MENA individuals are impacted by persistent misunderstandings about identity, particularly the conflation of ethnic, regional, and religious identities (Awad et al., 2025; Erickson & Al-Timimi, 2001).

Conflation of Religion and Ethnicity

The terms Arab, MENA, and Muslim are often used interchangeably in public discourse and clinical settings, even though they refer to distinct ethnic, regional, and religious identities (Awad et al., 2019, 2021, 2025). This conflation has contributed to widespread misunderstanding, reduced visibility, and discrimination toward MENA individuals, many of whom do not identify as Muslim. In the United States, MENA individuals are overwhelmingly Christian, a reality that is frequently obscured by media portrayals and dominant narratives (Awad et al., 2025). For counselors, this conflation may contribute to inaccurate assumptions about clients' beliefs, values, and sources of support within counseling.

When MENA individuals are viewed primarily through a religious lens they do not identify with, important aspects of their cultural background, lived experiences, and sources of meaning may be overlooked. At the same time, Islam continues to hold cultural significance in many MENA communities, even for individuals who do not personally identify as Muslim (Cho, 2018; Erickson & Al-Timimi, 2001; Nassar-McMillan & Hakim-Larson, 2003). Recognizing this nuance is essential, as cultural influence does not equate to religious identification.

Treating MENA individuals as a homogeneous group and reducing them to a single identity obscures the diversity within this population (Awad, 2010; Awad et al., 2021). MENA individuals identify across a range of religious traditions, including Christianity, Islam, Judaism, Hinduism, and others, though accurate demographic data remain limited because of inconsistent data collection practices (Awad et al., 2021; Haboush, 2007). This lack of clarity reinforces the importance of approaching identity as self-defined and contextually grounded, rather than assumed. For counselors, attending to how clients describe and make meaning of their own identities can foster trust and reduce the risk of misattunement in the counseling relationship.

Identity Complexity and Acculturation

Identity development and acculturation among MENA individuals are shaped by intersecting factors, including religion, national origin, sociopolitical context, and migration history (Amer & Hovey, 2007; Awad, 2010). These processes are rarely linear and often involve navigating multiple cultural expectations simultaneously. Research suggests that Christian immigrants from countries such as Lebanon, often described as more Westernized, may face fewer challenges adapting to life in the United States (Haboush, 2007; Nassar-McMillan & Hakim-Larson, 2003). In contrast, MENA individuals who identify as Muslim and immigrate from countries such as Iran may face greater difficulty during acculturation, particularly when cultural norms, religious practices, or visibility increase vulnerability to discrimination (Haboush, 2007; Nassar-McMillan & Hakim-Larson, 2003).

These differences are clinically meaningful. Some studies indicate that Muslim-identifying MENA individuals experience higher levels of discrimination and acculturation-related stress than their Christian-identifying counterparts (Ikizler & Szymanski, 2018). However, acculturation experiences vary widely, even among individuals from similar national or religious backgrounds (Awad et al., 2025). For counselors, this variability highlights the importance of understanding acculturation as a personal and relational process rather than a fixed stage or outcome.

Acculturation has been associated with both increased and decreased psychological distress, depending on generational status and contextual pressures (Amer & Hovey, 2007). Individuals who immigrated to the United States as adults may experience less distress when not pressured to abandon their cultural norms, whereas first- and second-generation individuals often report more positive outcomes when they can integrate aspects of both cultures (Amer & Hovey, 2007). These patterns show how identity negotiation can be both a source of strain and a source of resilience. Despite the complexity of these experiences, public narratives and media portrayals frequently collapse MENA identities into simplified and stigmatized representations (Awad et al. 2025). Such portrayals can influence how MENA individuals understand themselves and how they are perceived by others, including within clinical settings.

Racialization, Media Portrayals, and Mental Health Outcomes

Historically, the media's portrayal of MENA individuals has primarily been negative. Depictions have often framed MENA individuals as "brute murderers, sleazy rapists, religious fanatics, oil-rich dimwits, and abusers of women" (Awad et al., 2019, p. 79). Positive portrayals of MENA individuals that are not rooted in stereotypes remain rare in mainstream media. Studies have shown that much of the knowledge about MENA individuals comes from popular media (Cho, 2018). These negative depictions, coupled with limited and inaccurate information, may contribute to identity confusion and foster critical misunderstandings of MENA individuals within broader society, including among helping professionals (Amer & Hovey, 2012; Cho, 2018; Erickson & Al-Timimi, 2001).

One of the most significant media-related events shaping perceptions of MENA individuals is the terrorist attacks of September 11, 2001 (Amer & Hovey, 2012; Zarrugh, 2016). A substantial body of literature has documented the negative impact of 9/11 on the racialization and portrayal of MENA individuals in the United States (e.g., Awad et al., 2019, 2025; Cho, 2018; Ikizler & Szymanski, 2018; Mechammil et al., 2019; Zarrugh, 2016). Although negative stereotypes existed prior to 9/11, the events of that day intensified and legitimized existing biases (Awad, 2010; Awad et al., 2025; Zarrugh, 2016). Scholars argue that even MENA individuals who previously identified as White were prompted to reconsider their racial identities following 9/11 because of heightened scrutiny and discrimination (Zarrugh, 2016). Given the scale and visibility of this event, media narratives following 9/11 played a central role in shaping public perceptions of MENA individuals in the United States (Awad, 2010).

As a result of persistent negative media portrayals and sociopolitical events, MENA individuals have experienced substantial discrimination in the United States (Awad, 2010; Mechammil et al., 2019). One prominent example is the enactment of the Patriot Act following 9/11, which disproportionately targeted individuals of MENA descent, particularly those perceived to be Muslim (Awad, 2010; Zarrugh, 2016). These policies and practices reinforced suspicion toward MENA communities and legitimized discriminatory surveillance and treatment based solely on identity. The cumulative impact of prejudice and discrimination has been associated with elevated stress and psychological distress among MENA individuals (Awad et al., 2025).

Research indicates that MENA individuals are at an increased risk for depression and anxiety linked to experiences of discrimination and marginalization (Amer & Hovey, 2012; Samari, 2016). Multiple studies document heightened vulnerability to mental health concerns within this population, with estimates suggesting that approximately 66% of MENA Americans may be at increased risk for depressive disorders (Mechammil et al., 2019; Samari, 2016). Given this heightened vulnerability, attention to how MENA individuals experience and express psychological distress is essential for understanding their mental health needs and presenting concerns in counseling contexts. These experiences also interact with broader cultural values and psychosocial factors that shape how MENA individuals understand mental health concerns and engage in help-seeking.

Cultural Values and Psychosocial Factors Influencing Help-Seeking

Many MENA communities can be incredibly family-centric and patriarchal (Haboush, 2007; Kira et al., 2014; Mechamil et al., 2019; Nassar-McMillan, 2003). Usually, the father is the head of the family; however, the oldest male sibling can also exert influence within the family system (Haboush, 2007). Like other ethnic communities, MENA individuals tend to come from collectivist cultures, which can manifest in decision-making that extends beyond immediate family and in prioritizing family harmony over individual needs (Cho, 2018; Haboush, 2007). These values may also contribute to multigenerational living arrangements, which reflect the central role of family in daily life (Erickson & Al-Timimi, 2001). Counselors may need to take a systems approach when working with MENA individuals, as their families' well-being may play into their goals of therapy.

MENA families can be incredibly supportive of one another, but they may not necessarily support seeking counseling services (Erickson & Al-Timimi, 2001). Although families may express care and support, they may not fully understand the extent of an individual's mental health concerns (Amer & Hovey, 2007). This mixed support can be seen in research as studies have shown that there can be a devaluing of mental struggles within the MENA family (e.g., Amer & Hovey, 2007; Mechammil et al., 2019). This stigma comes from an emphasis on family harmony and role. Concepts such as family honor may influence the decision to seek help outside the home, as doing so may be perceived as a sign of weakness or a threat to the family's reputation (Amer & Hovey, 2007; Awad et al., 2022; Erickson & Al-Timimi, 2001; Mechammil et al., 2019). Understanding help-seeking behaviors and stigma can aid counselors in conceptualizing potential barriers to treatment or perceived resistance.

Religion, as well as family, is deeply ingrained in MENA culture and thus can be seen as another counseling consideration; regardless of religious identity, there may be significant value placed on religion (Cho, 2018; Mechammil et al., 2019; Nassar-McMillan, 2003). The literature emphasized that many MENA communities view religion as both a cause of mental illness and a solution for it (Cho, 2018; Ikizler & Szymanski, 2018; Mechammil et al., 2019). For example, if an individual is experiencing difficulties, it is not uncommon for those within the MENA community to believe they have offended God or Allah (Mechammil et al., 2019). The other side of this belief is that by seeking penance or praying, they can be relieved of their affliction (Mechammil et al., 2019). Practices such as prayer, faith in a higher power, and religious coping have also been identified as sources of resilience that help individuals navigate psychological stressors (Manning et al., 2019; Mechammil et al., 2019).

A religious concept that counselors should be familiar with and that may shape how distress is understood within MENA communities is the Djinn, a common religious figure in this culture (Lim et al., 2018). The Djinn is defined as an invisible being capable of occupying the body and affecting psychological functioning (Nathan, 2005). Psychological distress may be interpreted as being *Majnoun*

or *indjinned*, meaning under the control of Djinn (Nathan, 2005). Djinn beings are commonly associated with possession, although they are not inherently evil and are understood as part of the natural or spiritual world (Nathan, 2005).

Awareness of these religious figures can help counselors understand how their clients make sense of the world and how they conceptualize their mental health issues. This knowledge can inform assessment for mental health issues and treatment planning among this population. In addition to shaping beliefs about mental health and help-seeking, these cultural values also influence how MENA individuals communicate distress and present symptoms in counseling contexts (Elshamy et al., 2023).

Communication Patterns and Symptom Manifestation

Language can significantly influence how MENA individuals present concerns within counseling settings. Individuals who speak Arabic or related languages (e.g., Persian) may communicate in ways that differ from dominant U.S. norms. Arabic, in particular, includes many regional dialects that shape meaning and expression (Versteegh, 2014). MENA individuals may communicate with high levels of emotional intensity and indirect phrasing, which can reflect cultural norms rather than psychological distress (Awad et al., 2022; Haboush, 2007). For example, indirect communication may involve using general statements rather than direct commands (e.g., “all good children make their bed” instead of “go make your bed”). In counseling contexts, indirect phrasing may also influence how sensitive topics are discussed, such as framing suicidal ideation as a wish for suffering to end rather than a direct statement of self-harm (Cho, 2018; Haboush, 2007). Attending to these communication patterns is important for accurate understanding and assessment.

In addition to verbal communication styles, nonverbal expression may also shape counseling interactions with MENA individuals. Emotional intensity, animated gestures, and louder vocal expression are common and culturally normative forms of communication in many MENA communities (Awad et al., 2022; Haboush, 2007). In counseling settings, these expressive behaviors may be misinterpreted as hostility or agitation, even when there is no such intent. Understanding these nonverbal patterns is important for accurately interpreting clients’ affect and emotional engagement within the therapeutic relationship.

The literature indicates that some MENA individuals, particularly those who speak Arabic, may describe distress through physical symptoms because of limited psychological terminology and stigma surrounding mental illness (Cho, 2018; Erickson & Al-Timimi, 2001; Zora et al., 2020). Distress may be communicated through complaints such as stomach pain or fatigue rather than verbalized anxiety or sadness (Erickson & Al-Timimi, 2001). In addition, culturally specific idioms of distress may be used, including expressions such as *attack of nerves*, *sadma* (shock), or *heartache* to describe emotional suffering (Bovey et al., 2025; International Organization for Migration, 2008). These somatic and linguistic expressions reflect culturally embedded ways of communicating distress and are relevant to understanding presenting concerns in counseling contexts. Recognizing how MENA individuals understand, communicate, and experience distress provides a foundation for culturally responsive counseling practices.

Culturally Responsive Practices

Given the limited empirical research with MENA populations, intervention recommendations are largely drawn from culturally informed clinical literature and practice-based sources. As such, evidence-based approaches may require thoughtful adaptation to ensure cultural congruence with

clients' lived experiences. Structured and directive approaches, such as cognitive behavioral therapy (CBT), have been identified as potentially congruent for some MENA individuals, particularly given preferences for clear guidance and the perception of the counselor as an expert (Barry, 2005; Erickson & Al-Timimi, 2001; Haboush, 2007; Kira et al., 2014). Although concerns may be communicated indirectly, many clients may value clarity and structure in addressing distress.

In contrast, insight-driven therapies such as psychoanalysis or psychodynamic therapy may be less congruent for some MENA individuals (Erickson & Al-Timimi, 2001). The lack of psychologically oriented vocabulary in Arabic may make it difficult to engage with and understand counseling concepts or to talk about one's feelings (Erickson & Al-Timimi, 2001). Counseling itself is uncommon in the Middle East and North Africa (Elshamy et al., 2023). Therefore, focusing on the somatic and adopting a directive approach are vital (Cho, 2018; Erickson & Al-Timimi, 2001; Haboush, 2007). Integrating body-based check-ins and attention to physical sensations may further support clients with somatic symptoms.

Psychoeducation can be an important component of culturally responsive approaches for MENA individuals, particularly in addressing stigma related to mental health issues (Mechammil et al., 2019). Internalized stigma and fear of being labeled Majnoun can create significant barriers to help-seeking (Erickson & Al-Timimi, 2001; Kira et al., 2014). Silence around emotional struggles may further delay engagement in counseling (Atari-Khan et al., 2025). Therefore, framing mental health concerns as natural responses to stress, trauma, or life challenges may help reduce stigma and support engagement.

Given the prevalence of migration-related stressors, discrimination, and identity-based marginalization, a trauma-informed lens is particularly relevant when working with MENA individuals (Atari-Khan et al., 2025). Trauma within this population may be cumulative and ongoing, shaped by experiences such as war exposure, displacement, political violence, and chronic societal marginalization (Atari-Khan et al., 2025; Awad et al., 2019). These experiences are not always articulated directly and may instead be normalized, minimized, or expressed through somatic symptoms, emotional restraint, or heightened vigilance (Kira et al., 2014). Counseling approaches that emphasize emotional safety, cultural humility, and sensitivity to power and trust align with trauma-informed principles and may support engagement with MENA clients whose trauma histories are embedded within broader sociopolitical and cultural contexts (Awad et al., 2019; Ratts et al., 2016).

Family-oriented approaches may be an effective and culturally congruent modality when working with MENA individuals (Cho, 2018; Erickson & Al-Timimi, 2001; Zora et al., 2020). Incorporating family involvement or acknowledging family influence can be beneficial when clinically appropriate (Nassar-McMillan & Hakim-Larson, 2003). Counselors should remain attentive to family dynamics, as directly challenging the head of the household in front of family members may be perceived as disrespectful in some contexts (Haboush, 2007; Nassar-McMillan & Hakim-Larson, 2003). Respecting and working within the family system can support rapport-building and engagement (Haboush, 2007).

Knowledge of these cultural norms allows counselors to adapt their approach to foster trust and relational safety. For example, allowing time for initial conversation before moving into formal therapeutic work may support rapport-building and reflect values related to hospitality and relational connection (Cho, 2018; Haboush, 2007). In some settings, small environmental gestures that convey care and respect (e.g., offering snacks and beverages) may help foster engagement, provided they align with ethical guidelines. Attending to these cultural patterns provides a natural bridge to considering the broader implications for counseling practice when working with MENA individuals.

Other Implications for Counseling

In clinical practice, allowing clients to communicate in their preferred language may support deeper emotional expression, enhance meaning-making, and improve diagnostic clarity (Cho, 2018; Sayed, 2003). When counselors do not speak a client's preferred language, the ethical use of trained interpreters can help maintain accuracy and confidentiality in clinical work (ACA, 2014; Sayed, 2003). Language also serves as a primary means of relational connection within communities, and shared language has been shown to facilitate trust and engagement (Bowker & Richards, 2004).

At the same time, counselors should be mindful that some MENA individuals may experience wariness toward outsiders or heightened concern about confidentiality, particularly when counseling occurs within close-knit communities (Haboush, 2007; Nassar-McMillan & Hakim-Larson, 2003). For individuals from regions with histories of political repression, fears related to surveillance or disclosure may further shape how openly clients express thoughts and emotions in counseling settings. For example, the Syrian phrase "*Whisper! The walls have ears*" reflects a broader cultural narrative emphasizing caution and self-protection when speaking openly (Pearlman, 2016). Such narratives may influence client engagement, disclosure in sessions, and comfort with therapeutic exploration. In practice, this highlights the importance of counselors explicitly addressing confidentiality, pacing disclosure, and building trust over time rather than assuming immediate openness.

Ethical Implications

ACA's (2014) *Code of Ethics* preamble identifies honoring diversity and embracing multicultural approaches as core professional values that support the worth, dignity, and uniqueness of individuals within their social and cultural contexts, as well as promote social justice. Multiple ethical standards (e.g., A.7.a., B.1.a, C.2.a, E.8, F.7.c, F.11.c) further emphasize the importance of multicultural competence and cultural knowledge in both training and clinical practice (ACA, 2014). Ethical work with MENA clients, therefore, requires intentional application of these principles within counseling relationships.

Counselors practicing within a social justice framework are expected to cultivate supportive attitudes and beliefs, understand key social justice concepts, develop culturally responsive skills, and engage in actions that promote equity and inclusion (Ratts et al., 2016). Given the historical marginalization and limited visibility of MENA populations, ethical counseling practice involves recognizing how systemic factors, cultural context, and identity-based experiences shape clients' mental health and access to care. Providing culturally informed services to underserved populations is an act of advocacy and a crucial ethical responsibility within the counseling profession.

Counselor Education Implications

Given the historical lack of visibility of MENA populations within counseling research and training, counselor education programs are uniquely positioned to help address this gap (Cho, 2018; Khoury & Manuel, 2016; Samari, 2016). Preparing counselors to work effectively with MENA clients begins with developing a deeper understanding of the cultural values, identity processes, and psychosocial factors that shape how mental health concerns are experienced, understood, and expressed within these communities. Counseling programs may benefit from intentionally integrating MENA-related content into multicultural coursework, including case examples that reflect the diversity and complexity of MENA identities.

Providing students with opportunities to practice indirect questioning styles, attend to somatic expressions of distress, and explore experiences of discrimination-based stress can help bridge the gap between theory and practice. Because MENA clients may not readily label these experiences as trauma, training that encourages curiosity and cultural humility in assessment may be especially valuable (Hosny et al., 2023). Exposure to culturally responsive approaches, such as directive interventions, trauma-informed care, and family-sensitive practices adapted to hierarchical family systems, can further support students' clinical development.

Training may also focus on helping future counselors explore the salience of MENA identities and acculturation processes in counseling relationships (Awad, 2010; Cho, 2018; Erickson & Al-Timimi, 2001). Counselor education can prepare students to recognize how identity labels, cultural self-identification, and acculturation stages influence clients' presenting concerns and comfort in counseling. Introducing culturally sensitive assessment tools, such as the Acculturation Rating Scale for Arabic Americans–II (ARSAA-IIA, ARSAA-IIIE; Jadalla & Lee, 2015), can help students learn to explore cultural explanations of distress in respectful and meaningful ways.

Finally, counselor education programs may benefit from addressing the role of media portrayals in shaping perceptions of MENA individuals. Reliance on popular media has been shown to contribute to stereotypes and incomplete understandings of this population (Awad et al., 2025; Cho, 2018; Erickson & Al-Timimi, 2001). Moreover, incorporating structured tools, such as the *DSM-5-TR* Cultural Formulation Interview (American Psychiatric Association, 2022), into training can further help students learn to contextualize symptoms and explore clients' lived experiences. Continued attention to MENA populations within counselor education represents an important step toward more inclusive training and an important area for future scholarship.

Recommendations for Future Research

Despite growing recognition of the mental health needs of MENA individuals, much of the existing literature remains conceptual, leaving important questions unanswered. Future counseling research should examine the effectiveness of the framework and treatment recommendations proposed in this paper using empirical designs. Cho (2018) noted that less than 1% of psychological research has historically focused on MENA populations, which indicates a longstanding gap that warrants continued attention. The inclusion of a distinct MENA category in the 2030 U.S. Census may help address this invisibility and create new opportunities for research that moves beyond narrow or stereotypical representations (Awad et al., 2025).

Further research is needed to better understand how experiences of discrimination, identity confusion, and racialization shape mental health outcomes among MENA individuals. Studies examining the effectiveness of different counseling approaches for this population would be particularly valuable. There is also a clear need to develop culturally responsive assessment tools and to validate commonly used mental health measures with MENA samples to reduce the risk of misdiagnosis and improve clinical accuracy. Finally, future research should explore racial trauma and intergenerational trauma within MENA communities, as these experiences are likely to play a significant role in mental health across generations (Atari-Khan et al., 2025).

Conclusion

The literature demonstrates that MENA individuals have been constantly underrepresented in research. Depictions of MENA individuals, when shown, were more than likely negative. The goal of this work has been to provide a basic framework for working with MENA Americans, given the longstanding lack of acknowledgment in the counseling literature. The recommendations and observations in this paper about the community are not intended to put these individuals into boxes. Instead, these are only suggestions and considerations for practice when working with MENA individuals. MENA individuals are a diverse group with significant levels of intersectionality and acculturation. They come with rich cultural traditions and strong family bonds, and have overcome years of adversity. They are a community whose experiences merit deeper understanding and acknowledgment. May they at last be recognized as a culture with its own beauty, strength, and voice.

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