Spirituality and Mental Health of American Muslims

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Overview

Who are American Muslims?

Protective Factors

Risk Factors & Barriers

Where do they go for help?

Cultural aspects of Mental Health

Tools for Health Practitioners and Caregivers
Basic Terminology

• **Salam** a laikum and Wa alaikum **salam**

• Islam: Means peace and purity, submission

• Islamic: An adjective to describe non-human nouns, not people (e.g. Islamic civilization, Islamic school)

• Muslim: A person who practices Islam

• Arab
  • Only 20% of Muslims are Arab

• Arabic
  • Most Muslims do not speak Arabic (except in prayers)
World Demographics

• Muslims
  • 1.9 Billion (25%)
  • Second largest religion after Christianity

• Regions in Asia:
  • Asia: 1.1 B (58%)
    • India & Pakistan: 344 M (18%)
    • MENA region: 317 M (17%)
    • Southeast Asia: 300M (16%)
  • MENA: 93% Muslim (the highest concentration of Muslims)

[Source: 2015 Pew Research Center]
Muslims in the US

- 3.5 M (1.1%)

Projections:
- By 2040, the 2\textsuperscript{nd}-largest religious group after Christians
  - currently, Jews are the 2\textsuperscript{nd} largest group
- By 2050, 8.1 million (2.1%)
  - Almost double of today’s %

[Source: 2018 Pew Research Center]
American Muslims are Diverse

How Racially Diverse Are U.S. Religious Groups?

<table>
<thead>
<tr>
<th>% of each religious group in each racial/ethnic category, and each group’s diversity score on the Herfindahl-Hirschman index</th>
</tr>
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<tbody>
<tr>
<td><strong>Seventh-day Adventist</strong></td>
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<tr>
<td><strong>Muslim</strong></td>
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<tr>
<td><strong>Jehovah’s Witness</strong></td>
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<td><strong>Buddhist</strong></td>
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<td><strong>“Nothing in particular”</strong></td>
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</table>

• The 2nd most diverse religious group (after 7th Day Adventists)
• Three-quarters of U.S. Muslims are immigrants or the children of immigrants
  • [Source: Pew Research (2017)]
American Muslims and Activism

[Photos: American Muslims demonstrate against extremism and Islamophobia]
American Muslims and Religiosity

- Religious importance in life:
  - 65% “very”
  - 22% “somewhat”
  - 8% “not too”
  - 5% “not at all”

[Data: 2014, Pew Research]
What Do Muslims Believe?

- One God
- Angels
  - Archangel Gabriel, Michael, etc.
- Messengers/Prophets
  - Including Abraham, Jesus, Moses, David, Noah, Muhammad, etc.
- Revelations
  - Psalms
  - Torah
  - Gospel
  - Scrolls
  - Quran
- Day of Judgment
- Divine Decree

[Photo: Decorations in Turkish bazaar depicting from L to R: Jesus, Jesus, Virgin Mary, Quranic verse, ‘Allah’ in Arabic, Saiyidina Ali]
What do Muslims Practice?

The Five Pillars of Islam (or Acts of Worship) are:

• Testimony of Faith
• Prayer (salah)
• Charity (zakah)
• Fasting
• Hajj (pilgrimage to Mecca)
Protective Factors

• Many have extended family systems
  • buffers against the stress of acculturation
  • (Khuwaja et. al., 2012)

• Religious practices and participation
  • linked to higher levels of resilience
  • reduce the likelihood of anxiety and depression
  • buffer the risk of illness
Research on Faith as a Coping Mechanism

- Greater overall religiosity relates to greater resilience (Mitha & Adatia, 2016)

- Religious coping is:
  - a distinct sub-component of religious identity
  - is associated with lower levels of distress
    - (Adam & Ward, 2016; Ahmed, Kia-Keating, & Tsai, 2011),

- Faith practices have a direct positive effect on physical and mental health
  - (Hodge, Zidan, & Husain, 2016)
Risk Factors: Discrimination

Most Americans say Muslims subject to discrimination

% who say there is ___ of discrimination against each group in our society

<table>
<thead>
<tr>
<th></th>
<th>Muslims</th>
<th></th>
<th>Jews</th>
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<th>Evangelical Christians</th>
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<tr>
<td>'19</td>
<td>82%</td>
<td>56%</td>
<td>24%</td>
<td>42%</td>
<td>18%</td>
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PEW RESEARCH CENTER
Rise in Bias/Hate Crimes

**Anti-Muslim Bias Incidents Increase Nationwide**
- 2016: 2,213
- 2017: 2,599

**Anti-Muslim Hate Crimes Increase Nationwide**
- 2016: 260
- 2017: 300

**5 Most Frequent Types of Anti-Muslim Bias Incidents**
- Harassment: 359 (14%)
- CSP: 348 (13%)
- Hate Crimes: 300 (12%)
- FBI: 270 (10%)
- Employment Discrimination: 225 (9%)
Risk Factors: Discrimination

• Islamophobia and racial discrimination are a major concern for Muslims in Western states
  • (Anwar, 2008)

• Types of discrimination reported (to various organizations):
  – denial of religious accommodations
  – job terminations
  – verbal abuse
  – unequal treatment
  – denial of employment
  – denial of access to public facilities
Islamophobia Causes Trauma

• Negative stigma to cause profound psychological distress
  • (Kunst, Sam, & Ulleberg, 2013)

• Unwarranted surveillance (mosques, homes, college campuses, …)

• Stop and frisk policies (streets, airports, …)

• Laws banning all forms of veil/hijab

• Increase in hate crimes (particularly Muslim women)

• Micro-aggressions
Concerns: Allostatic Load

![Diagram of the allostatic load model]

- Environmental stressors (work, home, neighborhood)
- Major life events
- Trauma, abuse
- Individual differences (genes, development, experience)
- Perceived stress (threat, helplessness, vigilance)
- Behavioral responses (fight or flight; personal behavior — diet, smoking, drinking, exercise)
- Physiologic responses
- Allostasis
- Adaptation
- Allostatic load
Spotlight: Immigrants & Refugees

- Mosques and faith communities replace traditional extended family and social supports
- Less likely to have strong social supports
- Acculturation: Source of familial stress
- Trauma: Refugees likely to be survivors
Spotlight: Muslim Youth

• Muslim school-age children are four times as likely to be bullied as the general public

• Immigrant youth:
  - Acculturative stress from parents and dominant culture
  - Second-generation immigrants have a higher rate of stress related to navigating bicultural identities, and poor mental health outcomes
    - (Amanda et. al., 2020).
Spotlight: Muslim Families

American Muslims: OUR STRUGGLES
WHERE WE NEED HELP:

- 15-25% report anxiety disorders
- 9-30% report mood disorders
- 56% report 1+ major marriage problem

WHO REPORTS THE WORST OUTCOMES?
Youth who struggle with their identity

What stops us from getting help?
- Shame
- Stigma
- Access
- Knowledge
- Religious & Cultural Insensitivity

What if we don't get help?
- Problems get worse
- Poor well-being
- Strained relationships
- Pain and suffering

What can we do?

In the face of Islamophobia, unsupportive parenting:
- Weakens identity & well-being...
- ...and increases risk behaviors

[Source: The Family & Youth Institute, 2015]
Spotlight: African American Muslims

• Intergenerational trauma

• May experience discrimination within their faith community => Black mosques as safe havens

• Consider intersectionality:
  • Being Black, Muslim, female, low-income
  • What layers of identity are apparent and relevant to your clients?

[Photo: Muslims pray at a Black Lives Matter rally]
Values as a Barrier to Service

- People with strong Islamic values are less likely to obtain mental health services
  - Want concerns addressed from an Islamic perspective
  - (Abdullah, 2007; Podikunju-Hussain, 2006)

- Strong concepts of family honor, shame and guilt results in keeping problems within the family

- Seeking help from religious clergy (imams) is preferred over mental health professionals (Herzig, 2014)
  - Except for people who have experienced trauma within the faith community or at the mosque => dilemma
Health Disparities

• Main reasons why Muslims avoid mental health care:
  • mistrust of service providers
  • language barriers
  • fear of
    • judgement (e.g. belief in the unseen, possession, etc.)
    • racism and discrimination
    • violation of values
    • lack of understanding of culture/religion

• “Double stigma”
Where Do American Muslims Seek Help?
Imams as Counselors

Counselor/advisor

<table>
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<th>definitely true</th>
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• After 9/11, an increase in seeking Imams to address mental health related issues in the Muslim community.
  • (Ali, Milstein and Marzuk, 2005)

• What’s the problem?
  • Few religious scholars have any formal training in mental health
  • This is changing!
Beliefs Related to Mental Health

• Spirit possession is more socially acceptable than mental illness
  • As the cause is external, and not a weakness of your own mental state

• Consider spirits (or jinns) as a source of symptoms:
  • Intrusive thoughts (OCD, anxiety, …)
  • Religious delusions (hearing voices, schizophrenia, psychosis)

• Ruqyah (faith healing) is used to ‘exorcize’ spirits or jinns
Somatization: Expressions of Mood Disorders

• In many Muslim cultures, physical illness is more socially acceptable than mental illness

• Mental health problems are often expressed as physical symptoms
  • Cultural idioms revolve around the physical body
  • “Depression” is absent in some languages
  • No self-recognition of psychological distress or sadness
  • Physicians may have to tease out the underlying cause (brief mental status exam)
Schizophrenia

• The rate of schizophrenia in Muslims is similar to that in non-Muslims
  • (Al-Abdul-Jabbar & Al-Issa, 2000).

• Religious, negative delusional themes and delusions of existential guilt are common in Jews and Christians but infrequent in Muslim populations
  • (Stompe et al., 1999; Stompe et al., 2006).

• Religious grandiosity is also not frequently reported by Muslims.
Crazy Like Us by Ethan Watters

- Explores what mental health and mental illness means in different cultures
- Chapter 3 depicts illustrates how protective factors in Muslim societies result in better long-term outcomes among people with schizophrenia compared to developed nations
Alcohol & Substance Use

• Prohibitions with substance use
  • A mercy and protection for our communities
  • Also a challenge due to stigma causing persons with addiction to suffer privately

• Rates of alcohol and substance use are lower than general population among devout Muslims
  • However…
Alcohol Use: College Students

[Source: The Family & Youth Institute, 2015]
Neurodevelopmental Disabilities

• ADHD:
  • Stigma: Parents do not know that their best friends’ children are struggling
  • Medication considered a last resort for mental health disorders
    • Reality: longitudinal research shows that 50% of those with ADHD receive medication

• Autism:
  • Perception is that this prevalent in the developed world
  • Limited research shows the prevalence rate is comparable in the developing world
Neurodevelopmental Disabilities

• IDDs:
  • Delay in seeking help because:
    • Bilingual or tri-lingual parents may think their child’s delay in speech is because kids are multi-lingual
    • Amplified for families with severe behavioral issues, sensory difficulties, emotion regulation problems, anger outbursts, etc.
  • => Families struggle with acceptance and inclusion
National non-profit organizations like MUHSEN offer services to establish an inclusive and accessible environment for individuals with intellectual, mental or physical disabilities, and their families.

Offers certification to mosques that meet certain criteria for services.
SILVER
All points must be met
- Wheelchair accessibility through ramps and elevator
- Needs Assessment Survey of community
- Advertising disability services on masjid website
- Khutbas on disability at least 4x/year
- Disability awareness event at masjid at least 2x/year
- Restroom and wudu accessibility
- Special needs/disability facilitator for masjid
- Information about programs accessible on website

GOLD
All SILVER points plus:
- Sign language interpreter for select lectures and khutbas
- Parent/caregiver support group
- Siblings support group
- Regularly scheduled programs or events for families with disabilities
- Braille Quran must be available
- Eid prayer accessibility and/or designated room for families with disabilities
- Youth training event about Disabilities Interaction
- Specialized child care at select masjid events

PLATINUM
All GOLD points plus:
- Playground with accessible equipment
- Closed Captioning on message boards and digital display screens
- Participation in community service or service events for the disabled
- Disability/Special Needs Islamic class for children with disabilities with trained instructor and aides
- Changing bench in restroom(s)
- Automatic door system
Principles for Serving Muslim Clients

- Primary process of their healing must be the patient’s
  - Identity
  - Agency
  - Cultural beliefs & traditions
  - Personal strengths

- Secondary process:
  - Pathological identity & diagnosis
  - Used only if it is a positive influence in their healing process.
Having a culturally sensitive approach generally means

➢ Let curiosity guide you
➢ Know some Islam 101 & use as TENTATIVE hypothesis.
➢ Recognize differences and diversity
➢ Religion is only one factor in the lives of Muslims
➢ Play a supportive role
   ➢ Help them integrate religion into their own healing and treatment.
➢ Ask: “How important is faith to you?”
   ➢ “How important is your faith community to you as a means of support?”
Additional Recommendations

- Identify allies/collaborative peers in your hospital or agency:
  - Muslim doctors in the hospital
    - 1 in 10 doctors are Muslim
  - Pastoral care or Chaplain Services
  - Community directory
    - Imams from local mosques
    - Muslim volunteers
• Bronfenbrenner’s ecological systems theory – how development of a child is impacted

• Encourage connections to both faith and secular support networks

Graphic courtesy of: http://kvccdocs.com/KVCC/ECE-STANDARD/ECE250/Content/L-11/lesson-online.html
Trends: Muslim Chaplains

• Muslim Chaplains
  • More seminaries and Divinity Schools are offering MDiv for Muslims.
  • Women chaplains (alternatives to imams)!
• Representation
  • Hospitals
  • Military
  • College campuses
  • Prisons
• Selective mosques/communities

[Photo of a gathering of Muslimah chaplains in 2016 discussing unique experiences of female chaplains]
Trends

• CE for Clergy (Imams and Muslim Chaplains)
  • Being educated in mental health red flags
    • Seminaries training student chaplains
    • Non-profits offer Mental Health First Aid and CE training for community leaders and clergy
  • Examples:
    • Association of Muslim Health Professionals
    • Institute for Muslim Mental Health

• Collaborating with mental health providers as religious consultants
Trends in Community Initiatives

• Muslim Third Spaces
  • Safe, non-judgmental spaces as alternatives to mosques and community centers
  • “Come as you are” philosophy
  • Muslim Space in Austin, TX and CenterDC in Washington, DC.
  • Provides community support to all ages, denominations, ethnicities, nationalities

• Crisis Call and Text Lines
  • Non-judgmental ear
  • Confidentiality
  • Emotional Support
  • Popular with youth to cope with taboo subjects and acculturative stress
In 2016, IAR created a Behavioral & Mental Health Working Group based on the demand for mental health services in our community.

Some barriers to service observed among the community included:
- Stigma around mental health issues
- Fear of judgement
- Cultural beliefs
- Cultural diversity
- Economic cost, fear of legal liability
- Overwhelming demand vs limited resources
Our Mission
Empowering our community and providing a holistic approach to mental health needs.

Our Vision
To work towards serving the needs of the community through the development of guidelines for mental and behavioral health referral needs as well as the development of a staged implementation of counseling and support programs resulting in workable solutions for current issues in the community.

Top issues:
- Marital discord
- Youth counseling; behavioral modification
- Mental health disorders (mood and anxiety disorders primarily)
- Domestic abuse
- Other: Scrupolosity, substance use.
Credits and References

• Dr. Harold Koenig, Duke Center for Spirituality, Theology and Health
• Andy AlWazni, MSW, PhD Candidate, UNC Chapel Hill SSW
• Dr. Hooman Keshavarzi, Khalil Center
• Others can be provided as needed
Questions?

[Photo of the interior of the Diyanet Center, Maryland.]