The Long-Awaited Conversation: Mental Health in the Muslim Community

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Abstract

A significant body of literature has addressed mental-health issues within the Muslim community, including specific causes and challenges related to treatment. This study expands upon this literature by examining how attitudes about mental health vary across generations among Muslim communities in Maryland. Data were gathered through multiple semi-structured interviews to gain first-hand perspectives from within these communities. Interviewees' responses highlighted three main themes shaping inter-generational relations around mental health: fear of judgment from parents, family, friends, and other community members; a prevalent ideology that mental health is not perceived as a real issue in Muslim households; and a lack of adequate communication on several different levels regarding mental-health conditions. Based on these results, this paper concludes by outlining specific recommendations for action suggested by the younger participants in the study.

Paper

According to the Pew Research Center, there were about "3.45 million Muslims of all ages living in the U.S. in 2017, making up about 1.1% of the total U.S. population" [1]. Founded 1400 years ago, Islam is a major monotheistic religion based on the revelations of the Prophet Muhammed. There are over 1.65 billion followers of Islam, known as Muslims, worldwide, and this number is expected to increase, making Islam the second-largest religion in the world [2]. Islam is a universal religion that, like most other major religions, teaches that God is merciful and compassionate and promotes concepts such as world peace, equality, doing good, and forbidding evil [2, 3]. It can also be argued that Islam, at its roots, emphasizes and values the importance of good mental health and emotional stability [4]. Verses from the Quran, the holy book of Muslims, are often used as a remedy for those in distress and as a guide to lead people to a meaningful quality of life. Islamic values and beliefs, in other words, can be beneficial in the treatment of mental illnesses, and some have suggested that Muslims can use the Quran as a tool to exercise psychotherapeutic techniques to remedy their inner turmoil [2]. In many contemporary Muslim communities and households, however, the term "mental health" itself carries markedly Western connotations and mental-health conditions and treatment are stigmatized within many parts of the Muslim community [5]. The resulting lack of resources for managing mental-health challenges constitutes the focus of this paper.

It is important to first consider the factors that shape mental health in the daily life of contemporary U.S. Muslims. Islamic methods and ideologies follow the leaders of the religion, as well as the Quran. Additionally, nowadays one's parents play a major factor in their children's lives in Muslim households. Many Muslim households in the United States are composed of immigrants, who have immigrated with their families within the past 20 years, with the children being first-generation college students pursuing an American education. Within this context, one factor that significantly affects Muslim mental health is discrimination. According to Ahmed and Reddy, "In addition to the trauma associated with being a refugee, an American Muslim refugee's experience is exacerbated by feelings of insecurity, uncertainty, and hopelessness due to real or perceived religious discrimination in the United States. Cultural taboos regarding the use of mental health services and the lack of education on common mental health illnesses and their symptoms also prevent many refugees from obtaining necessary mental health services and often contribute to an increased risk of anger, depression, and domestic violence" [5]. These observations reflect the negative effects of living in a new world for immigrating Muslims and the physical and psychological toll it takes on them. Migrating to a new land, not knowing the language or currency, and lacking access to assistance can drastically affect a person's mental health, on top of the circumstances that prompted refugees to flee their home countries in the first case. This situation is further compounded by discrimination stemming from the events of September 11, 2001, as the majority of individuals entering the country that are being interrogated by the Federal Bureau of Investigations have been primarily Muslims, which has resulted in "many American Muslim immigrants feeling unfairly targeted by the government because of their religious beliefs" [5]. These same people are seen by their own neighbors and colleagues as a threat years after the events of September 11th.

Another factor tied to the mental health of Muslim Americans has been their faith and religion. According to Hall and Livingston, "Islam is by far the prevailing expression of spirituality among families of Arab descent. In Middle Eastern villages, individuals are born into it and expected to remain committed for life. Their commitment to Islam is so old and deep-rooted that it has permeated all aspects of family life (Al-Krenawi & Graham, 2000). Islam is most evident in the belief system held by persons dedicated to the faith. These beliefs are considered canons and not subject to debate" [6]. Transferred to the U.S. context, this core tenet of Islam can lead to conflicts between older and younger generations of Muslim Americans. Many cultural and religious practices do not make logical sense to the younger generation of Islam. The religion of Islam will say one thing, and generational customs and culture will say another. Some examples of this include what to eat, drink, and smoke. Under Islamic law, for example, consuming alcohol is strictly forbidden; however, some cultural leaders in 2021 not only consume alcohol but attempt to influence others in their communities, as well. These intergenerational tensions and conflicts constitute another key part of the context for this paper.

The topic of mental health is controversial, as well as a sensitive one, as everyone deals with it differently. Taking this into account, this paper will address two main questions. The first question is: How is mental health perceived in Muslim households by young people (age 18-25) versus older adults (age 35+), especially in relation to levels of stigma and support for professional assistance with mental-health conditions? The second, related question is: Do attitudes about mental health issues vary by generation, and if so, what do interviewees' responses suggest about possible strategies for addressing this discrepancy? This project

explored these questions through semi-structured interviews of approximately one hour in duration with eight Muslim individuals residing in the state of Maryland, varying in age from 18 to 50+. Each interviewee's name was changed to a pseudonym for protection of privacy, as well as to provide unbiased and free answers. Interviewees' responses highlighted three main themes: fear of judgment from parents, family, friends, and other community members; a prevalent ideology that mental health is not perceived as a real issue in Muslim households; and a lack of adequate communication on several different levels regarding mental-health conditions.

One of the driving factors of mental-health challenges among Muslim Americans is fear of judgment. Judgment takes a heavy burden on many people. Interviewees frequently expressed that they were afraid of being judged for their conditions or feelings by their parents and members of the community. For example, one of the interviewees, Aamirah, a 21-year-old Pakistani woman, stated that every member of her friend group, composed of seven Pakistani girls all within her age range, has mental-health issues. Of one of her friends in particular, she shared that "her older brother believes her to be lazy, her parents don't understand about mental health and often have scolded her for overreacting to her anxiety and depression." Aamirah continued, "Mental health can be taken the wrong way, as my friend in her depression ghosted us, and if I hadn't known about her depression, I could've taken it the wrong way, as a friend. She expressed that she has a fear of expressing her emotions with her parents and extended friends due to rejection, and immediately jumping to the conclusion that something is incurable about her." Aamirah related that her friend has tried to reach out to a variety of people within her Muslim community, as well as her parents, but to no avail, as they immediately think that these issues are the cause of something else and fail to hear her cries of need.

Asad, a 22-year-old Pakistani American male who suffers from depressive and anxiety-induced episodes, related a similar experience. Throughout his life, he feels that he has not received the support he has needed. When asked how older generations in Muslim households perceived mental-health issues, he stated that "mental health to elders in our culture is perceived as insanity, as these elders immediately jump to thoughts such as 'this guy is crazy, he belongs in an insane asylum, you have a mental disorder? This is very weird for me.' If we tell our parents, 'I'm taking antidepressants,' they're going to act shocked, and think 'what is wrong with my child, they're crazy.'" "My perception," says Asad, "is there's nothing wrong with getting a little help. The brain is a very complex organ. Sometimes depression is a chemical imbalance in your head, as you don't have enough serotonin and need drugs prescribed from a doctor to help you out. This is perfectly normal. In today's society, it is not uncommon for anybody to suffer through depression, and I feel it should be normalized in our culture, in the Pakistani atmosphere."

Ahmed and Reddy, following Daneshpour (1998), provide some context for Asad's experience in noting that "...immigrant parents are more likely to be authoritarian and focus on the collective good and family honor, as opposed to valuing the individual" [5]. Asad links this broader phenomenon specifically to Muslim parents' attitudes toward mental health, noting their resistance to the idea that mental-health challenges may result in part from imbalances within an individual's brain and genome that can be addressed with medication. In the absence of this recognition, younger Muslims are often told that they should simply be able to control the way they are feeling.

He also attributes many of his challenges to not being able to express himself freely to his family concerning mental health. “A hostile environment has been created,” he says, “for young kids such as myself to reach out. It is very hard to talk about issues due to familial factors such as embarrassment and neglect, which inevitably results in children silently suffering.” Another interviewee, Iqra, a 21-year-old Pakistani woman who suffers from anxiety and panic attacks, said, “Muslim friends that I know have to sneak around to go to therapy and often use excuses that would be justified in their household to mask their true intentions. My friends often tell their parents ‘I’m going to the library,’ but in actuality, they’re going to a therapist.”

One explanation for this hostility toward therapy could be, as younger interviewees frequently observed, that their parents and grandparents do not believe that mental health is a real issue. This dismissive position heightens the sense of isolation for individuals struggling with mental-health conditions. Some interviewees attributed these attitudes within the older generation to ignorance or a lack of education, while others cited broader cultural factors in their relatives’ home environments. For example, Samia, a 24-year-old Pakistani American who suffers from constant negative thoughts and obsessive-compulsive disorder (OCD), said, “Many Pakistani adults think depression is a myth, and there’s no reason to be hard-depressed in someone’s life. Most, if not all, people are going through some sort of distress, and most of the time they don't understand it or realize it. Our parents, I’m sure they went through mental trauma as well, but didn’t realize it or think it was a priority based on the environment that they grew up in.” Along similar lines, Aamirah theorized that “older generations such as aged 50+, I believe don't know how to cope with mental health, as it has never been discussed back in Pakistan in relation to today in the U.S. I don't think I’ve ever heard of an older person of Pakistani descent talking about mental health. They just worried about getting a roof over their head, and didn’t know how to deal with it.” Younger interviewees perceived that their parents came from a completely different world back in the Middle East and sensed that the adults currently living in the U.S. are still treating their surroundings and ideologies as if they had never immigrated. This phenomenon can be related to Maslow’s hierarchy of needs, which posits that an individual can only grow to greater lengths and achievements once more basic needs are met. The first two levels of needs are physiological, which focus on the person’s hunger, thirst, and bodily comforts, followed by safety and security, which deals with the individual being out of any danger [7]. Interviewees’ responses can imply that older generations in their households never made it past the first couple of levels of Maslow’s pyramid, even as their material circumstances improved.

Amir, a 52-year-old Pakistani American father of two, shared insights that seemed to affirm the assertions of the younger interviewees for this project. When asked for his opinions on mental health, Amir responded by saying, “What is mental health?” Upon hearing the explanation provided to him, and the rest of the responses from the other interviews, Amir stated, “This cannot be real, as when I was younger and migrated, and got sad, I got over it. Stress is normal for me, as I’m sure it is for everyone. My children are 22 and 25 and have never struggled with what you are saying. Just like me, when they were sad, they got over it.” Upon being asked if his children ever brought up the issue of mental health, he responded, “Yes, they have addressed that they think something may be wrong, other than sadness, but I dismissed it and told them to get over it as it seemed to me that they were overreacting, and it was never

brought up again." After further conversing, Amir realized that he had shunned and suppressed his sons' cries for help.

After the interview, Amir chose to call his sons to apologize and offered to listen in the future, realizing that mental health is real. In his conversation with them, he expressed how sorry he was, and felt that he had failed as a father to nurture them properly. He said, "If only I had seen the warning signs sooner and listened, you both may have been able to get professional help and would not have had to suffer alone. I'm so grateful to Allah that you both are so strong and looked past the barrier that was your father to be happier, regardless of the issues that tormented your mind. I'm so proud to call you my sons." Both of his sons had similar responses, each expressing their gratitude and love toward their father. One son visited Amir the next day after conversing, and the other gathered the courage to tell his father that he has been going to therapy for years. His two sons fully appreciated his realization of the truth behind mental health, which resulted in a closer bond between their family. This leads into a third possible factor as to why perceptions of mental health differ in the Muslim community, which is as simple as miscommunication.

Barriers to communication with their parents, most interviewees expressed, were a defining component of their struggles with mental health. Samia reflected, "What is therapy? Therapy is communication. You are having a conversation with somebody else who does not know you, and will not think any differently of you. I don't know of many who go to therapy in the Pakistani community, as therapy is not something that is accepted or seen as normal, which is stupid because a lot of Americans go to therapy, and it's nothing for them and helps their mental health." While reservations about therapy are surely present in many sectors of the non-Muslim U.S. population, the perception that Americans were more accepting of mental-health care was common among the Muslim participants in this study. Regardless of different regions and classes among interviewees, a common point brought up was that Middle Eastern elders don't acknowledge or understand mental health in contrast to different areas of the world. Another interviewee, Zaki, a 36-year-old Afghanistani man, said, "I grew up in a joint family household, and there were a lot of us (over 3 large families). Due to the large influx of people, there was always so much going on. As a child, I didn't know what the issues were between my parents, their siblings, in-laws, etc. As I grew older, these issues sometimes got worse, and I know now that it was due to a lack of communication. For the most part, it was a very family-orientated household, but having that many people live in one house at a time can take a toll on some more than others." Zaki described a situation in which people did not express themselves or their problems with one another, which led to issues escalating and progressively becoming far worse.

There is no question that there are differences in perceptions of mental health among the various members of the Maryland-residing Muslim community interviewed for this study. Individuals that compose the younger generation feel that their voice is not heard, and that mental health is a real issue. Inversely, older members of the community are still struggling to understand the words "mental-health," even after years of living in the U.S. context. Because of this, participants were also asked about the factors that shaped their beliefs on mental health. A very common answer received among the younger interviewees was derived from their own experiences, as well as their peers' experiences. The emphasis on the authenticity of this subject is that people are coming forward with their stories without any fear of being judged. These are

real people with stories of their own being silenced throughout their lives. The participants in this study have experienced these horrors and aim to prevent others from experiencing them as well. Asad said in his interview, “I’ll reach out to my peers before I reach out to older people in my culture; we understand each other. We’re all in this together in our generation. We have the same factors that rule our lives such as social media, bullying, interpersonal relationships with a new generation, etc. You find a sense of community in others suffering through the same things as you, as it helps to know you’re not alone.” This makes sense for members of the younger generation. Everyone around you can help you in some way, and Asad captures well why children tend to go to their trusted friends first. Since they are all younger and exposed to essentially the same environment, they undergo similar experiences and understand each other more. They converse with and confide in one another and listen. Mental-health is very real to Muslims, and in trying to please others who do not understand the struggles, those suffering tend to drown alone.

Another prime factor that has shaped the younger generation’s views on this topic is education. In America, mental health is far more emphasized in the classrooms, and multiple sources of assistance are at students’ disposal, such as guidance counselors, stress-relievers, recovery programs, etc. These resources were not available to the elders during their time in countries such as Pakistan, Afghanistan, India, etc., which are notable causes for their lower levels of understanding of the severity and significance of mental health issues.

So, what does all this mean? Where is all the information conveyed by these interviews leading, and what can be done? All the interviews point in a single direction: change. A general trend found was that young Muslims would like to see change within the community, so the community overall is healthier as it evolves and progresses. After one generation passes, there will be countless others that should be guided on a healthy path. The most recurrent piece of advice interviewees gave has been targeted at communication. Communication encourages understanding, safety, and unity among individuals. To the younger generation, Samia offers this advice: “The most important thing to do is communicate with someone that you can trust. It doesn’t matter if you’re an introvert or an extrovert. If you let your condition take control over you, it will have a hold on you forever. Even if the person isn’t understanding at first, at least you’re letting out.” By not keeping these feelings bottled in, it releases a great deal of tension within. It is unsurprising that young adolescent Muslims experience mental-health issues such as depression. They experience significant pressure in their households to get married, get a high-paying career, and provide for their families; and they deserve to be heard and supported when their mental health suffers.

To members of the older generation in the Muslim community, Asad advises, “Offer all possible sources of help and be a homing beacon to your children. Take notice and watch out for the signs. Understand the warning signs that your son or daughter is conveying to you. There is a massive lack of outreach with brown parents. When the signs are first given, parents believe children are showing attitude or being disrespectful.” Many of the young Muslims interviewed for this study experienced their households as environments concerned with reputation and pride to the point that relationships suffered. The message conveyed in these interviews could well be summarized as: There is a better way, there are cures, and there are vast quantities of help. Start the discussion.

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