

Muslim communities and mental health – Encountering madness: Intercultural and decolonial approaches to the phenomenon of mental illness, Vienna Society for Intercultural Philosophy

Karim Mitha^{1,2}

1. Usher Institute, University of Edinburgh

2. Royal Free London NHS Foundation Trust

E: karim.mitha@ed.ac.uk

T: @_KarimMitha

Lecture Outline

Islam and Muslim communities

Conceptualisations and debates regarding mental health and illness

Islamic conceptualisations of mental health and illness

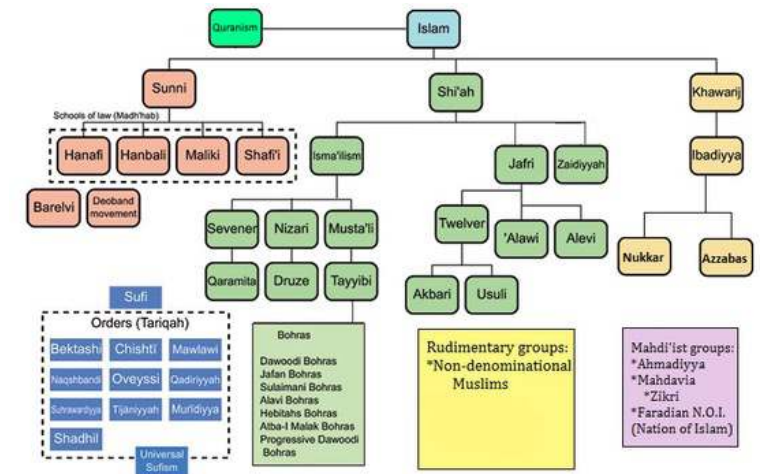
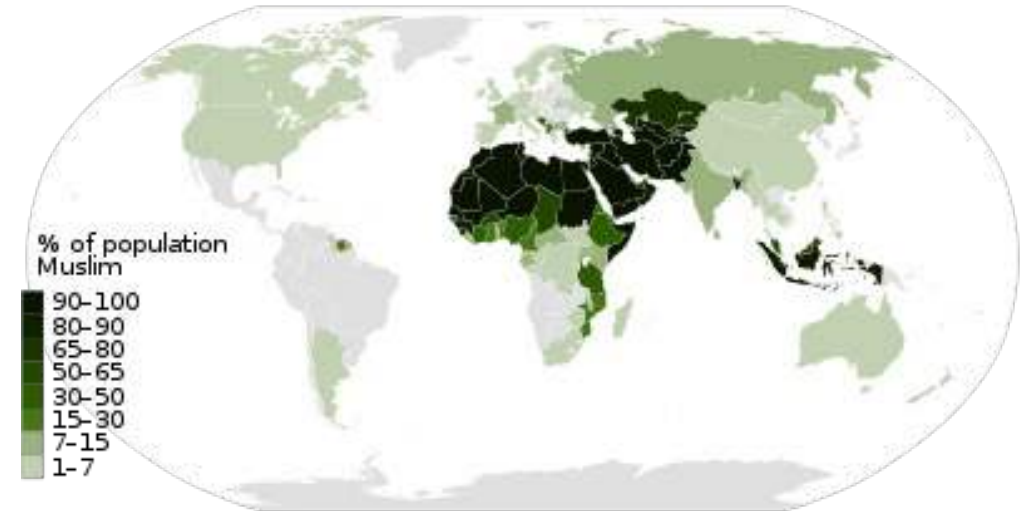
Understanding mental health and illness amongst Muslim communities

Debates in “Muslim mental health”

Islam and Muslim communities

Muslim denominations

- 1.8 billion Muslims worldwide
 - Abrahamic religion, Prophet Muhammad as the Messenger of God (*Rasool Allah*), 610 AD
- 85-90% Sunni, 10-15% Shi'a
- 2/3rds live in Asia, 20% live in MENA
- 4 Major Sunni Schools of Thought
 - Hanbali
 - Hanafi
 - Maliki
 - Shafi'i
- 2 Major Shi'a Schools of Thought
 - Ja'fari
 - Zaidi
- Amman Message recognised two others (Ibadi, Zahiri)



Pillars of Faith

Sunni

- Shahada (Declaration of faith)
- Sawm (fasting)
- Zakat (charity)
- Salah (prayer)
- Hajj (pilgrimage)

Shi'a

Ithna'Ashari

- Tawhid (oneness of God)
- Adl (divine justice)
- Nubuwwah (prophethood)
- Imamah (succession)
- Mi'ad (Day of Judgement/Resurrection)

Isma'ili

- Walayah (Guardianship)
- Tawhid
- Salah
- Zakat
- Sawm
- Hajj
- Jihad

Islamic “guiding principles”

- Qur'an
 - Hadith
 - Sunnah
 - Imams (Shi'a)
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- Inform guidance on ways of being (e.g. interacting with opposite sex, diet, dress, religious practice, eating, bathing, banking, inheritance, community, family, etc)



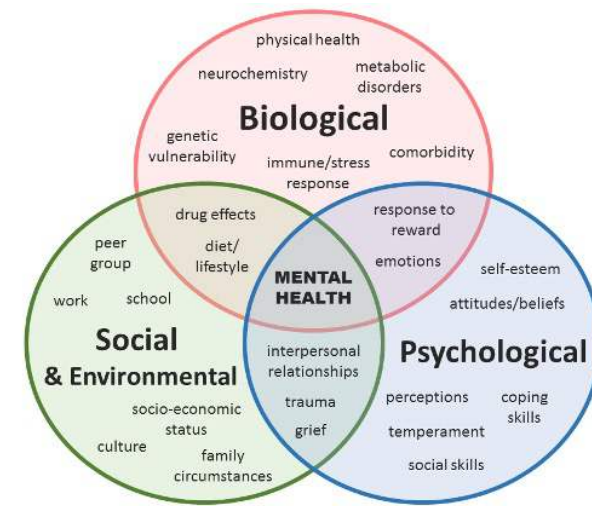
Islam in Austria

- ~750 000 Muslims in Austria (~8% of the population)
 - 2/3rds Turkish
 - 2/3rds Sunni
 - ~40% live in Vienna



Conceptualisations and debates regarding mental illness

Frameworks of understanding mental health



(Patel, 2014)



Debates regarding mental health and illness: culture, process, and power

Critical psychiatry (Moncrieff & Cohen, 2009)

- “myth of mental illness” (Szasz, 1960)
- Pathologising behaviour, critiquing view of psychopharmacology

Cultural relativism (Lipsedge & Littlewood, 2005; Dein, Alexander, & Napier, 2008)

- Cultural modes of understanding
- Folk and lay models, concepts, views of seeing the world

Critical psychology (Knight & Thomas, 2019, Younis, 2019)

- Noting that social context influence psychology (ie: power, social structure, marginalisation)
- Psychologists for Social Change

Cultural Psychiatry

- Understanding how culture plays a role in the experience and manifestation of distress
- Understanding cultural influences in expression of symptoms, explanatory models, and ways of coping
- Multidisciplinary approach (medical anthropology, public health, etc) and understanding role of social and environmental processes
- Not without controversy, historically discussion of religion and spirituality not common in psychiatry – medicine vs religion
- Acknowledging hegemony in diagnosing and interpreting

Cultural Psychology

- Understanding how culture influences psychology
- Recognising interaction between people and culture (Fiske et al., 1998)
- Applicability of findings from WEIRD populations
- Cultural variability than universalism

What is culture?

Hughes (1993) defines culture as

“a socially transmitted system of ideas that shapes behaviour, categorizes perceptions, and through language, gives names to selected aspects of experience”.

AND

“widely shared by members of a given society or social group” that “functions as an orientational framework for behaviour, and serves as a communication matrix to coordinate and sanction behaviour.”



Culture and mental health

- Culture informs risk and burden of mental health disorders
 - ie: prohibitions against suicide, alcohol consumption, gender interactions, demonstrating weakness
- Culture informs belief systems about mental illness and receptivity to care
- Contextualises experience of mental illness
- Influences discourse about mental health, “metaphors of distress”
- Can influence diagnoses of conditions
- Influences framework of locus of control
- Informs coping strategies
 - ie: religious coping
 - Increased religious involvement said to be positively associated with greater psychological well-being and lower depression, suicide ideation, and substance abuse (Koenig et al., 2001; Loewenthal et al., 2000; Pargament, 1997)
 - Positive religious coping is associated with reduced levels of depression, religious practices and beliefs can provide strategies that promote hope and resilience (Mir et al. 2019).
- *“My religion ...is something that I have faith in...it gives me hope..if I have nothing else to turn to” (Mitha & Adatia, 2016)*

Cultural views on mental health

Lay frameworks and approaches

- Humours
- Witches
- Spirits
- Divine intervention

Social construction

- Negative portrayals
- "feeble-minded"

Explanatory models

- Test from God
- Possessed

Liberation Psychology

- Understanding the psychology of marginalised/oppressed groups and the structures in which they exist
 - Experiences and knowledge
- Interconnectedness of self, culture, and community
- Importance of understanding social inequalities, empowerment, and social justice
 - E.g. Black Psychology, LGBT Psychology

Decolonial Psychology

- Recognising psychology reflects inherent racist, colonial structures (e.g eugenics)
- Structural violence in asserting hegemonic knowledge, critiquing pathologizing of “non-WEIRD” “Other”
- Community empowerment and participatory action

Societal racism and the socio-psych-bio model

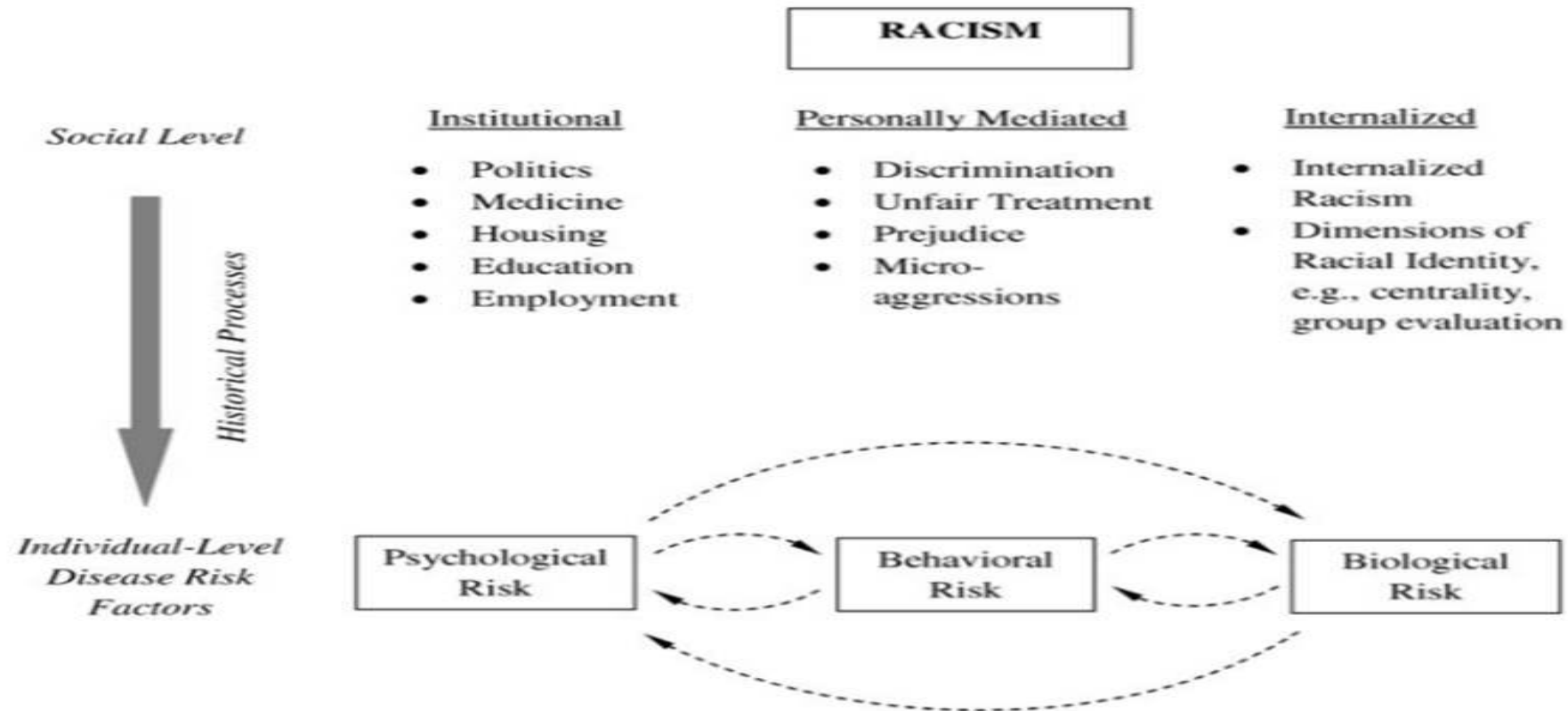


Fig. 1. Socio-psychobiological framework for examining racial disparities in health

Islam and mental health

Islamic frameworks

- *'ilm* - knowledge
- *Aqidah* - creed
- *Bida'* - innovation
- *Fiqh* - jurisprudence
- *Halal* - permissible
- *Haram* - forbidden
- *Hijama* - cupping
- *Ibadah* – worship
- *Rahmat* - mercy
- *Shifa* - cure
- *Sunnah* - tradition
- *Tasawwuf* - Sufism/mysticism
- *Tawba* – repentance
- *Tawhid* – Oneness of God
- *Tazkiyat* - purification
- *Ummah* - community
- *Usul al-din* – principles of the faith

Islam and mental health

- *Dhikr* – recitation/remembrance of God
- *Du'a* - supplication
- *Fikr* – reflection/contemplation
- *Imaan* - faith
- *Istikhara* – prayer for guidance
- *Shifa* - cure
- *Sabr* - patience
- *Salat* - prayer
- *Ruqyah* - incantation
- *Taqwa* – God consciousness
- *Tawakkul* – trust in God
- *Wudu* - ablution

Qur'an and coping

- “فَإِنَّ مَعَ الْعُسْرِ يُسْرًا إِنَّ مَعَ الْعُسْرِ يُسْرًا” *So, verily, with every difficulty, there is relief: Verily, with every difficulty there is relief.” (Qur'an, 94: 5-6)*
- وَلَا نُكَلِّفُ نَفْسًا إِلَّا وُسْعَهَا ۖ وَلَدَيْنَا كِتَابٌ يَنْطِقُ ۚ *On no soul do We place a burden greater than it can bear. Before Us is a record which clearly shows the truth. They will never be wronged (Qur'an, 23:62)*

Qur'an and patience

- فَادْكُرُونِي أذكُرْكُمْ وَاشْكُرُوا لِي وَلَا تَكْفُرُونِ يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ وَلَا تَقُولُوا لِمَنْ يُقْتَلُ فِي سَبِيلِ اللَّهِ أَمْوَاتٌ بَلْ أَحْيَاءٌ وَلَكِنْ لَا تَشْعُرُونَ وَلَوْ لَبِئْسَ مَا بَشَرٌ مِنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِنَ الْأَمْوَالِ وَالْأَنْفُسِ وَالثَّمَرَاتِ وَبَشِّرِ الصَّابِرِينَ إِذَا أَصَابَتْهُمُ مُصِيبَةٌ قَالُوا إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ لَكَ عَلَيْهِمْ صَلَوَاتٌ مِنْ رَبِّهِمْ وَرَحْمَةٌ وَأَنْتَ الْمُهْتَدُونَ
- “Remember me and I will remember you. And thank me and do not be ungrateful to Me. O you who **have faith! Take recourse in patience and prayer**; indeed Allah is with the patient. And do not call those who were slain in Allah’s way ‘dead.’ Rather they are living, but you are not aware. Be sure **we shall test you** with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give glad tidings to those who **patiently persevere**. Who say when afflicted with calamity: "To Allah we belong and to Him is our return." They are those on whom (descend) blessings from Allah and Mercy and they are the ones that receive guidance.(Qur'an, 2: 152-157)

Qur'an and patience/prayer

- وَاسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ وَإِنَّهَا لَكَبِيرَةٌ إِلَّا عَلَى الْخَاشِعِينَ
- “And **seek help in patience and prayer**; and truly it is hard save for the humble” (Qur'an 2:45)

Qur'an and treatment of the mentally unwell

- وَلَا تُؤْتُوا السُّفَهَاءَ أَمْوَالَكُمُ الَّتِي جَعَلَ اللَّهُ لَكُمْ قِيَامًا وَارْزُقُوهُمْ فِيهَا وَاكْسُوهُمْ وَقُولُوا لَهُمْ قَوْلًا مَعْرُوفًا
- Do not give to those of weak of understanding your property which God assigned you to manage: but provide them from it, and clothe them, and speak kind and just words to them (Qur'an, 4:5)

Hadith

- The Prophet (Sallallahu 'Alaihi Wa Sallam) said, "There is **no disease that Allah has created, except that He also has created its treatment.**" (Bukhari Vol. 7 : No. 582)
- One day the Messenger of Allah (saws) noticed a bedouin (desert Arab) leaving his camel without tying it and he asked the bedouin: "Why don't you tie down your camel?" The bedouin answered, "I put my trust in Allah." The Prophet (saws) then said, "**Tie your camel first, then put your trust in Allah**"
- Related by At-Tirmidhi.

Islamic view of the self

Aql (intellect)

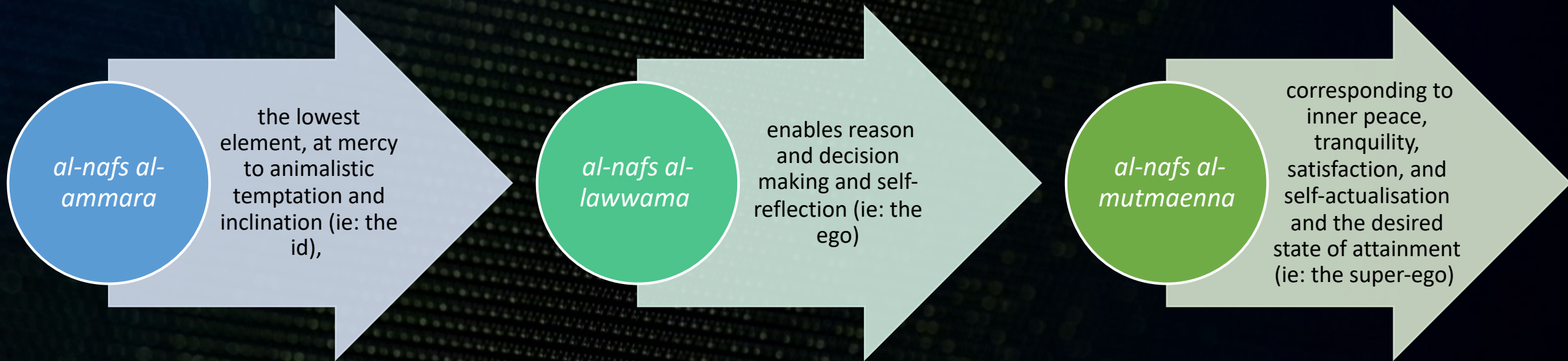
Ruh (soul)

Qalb (heart)

Nafs (self)

What is the *nafs*?

- Islamic concept of the self
- symbiotic relationship between the body (*jism*) and spirit (*ruh*)
- concept of the *nafs* (in Freudian terms):

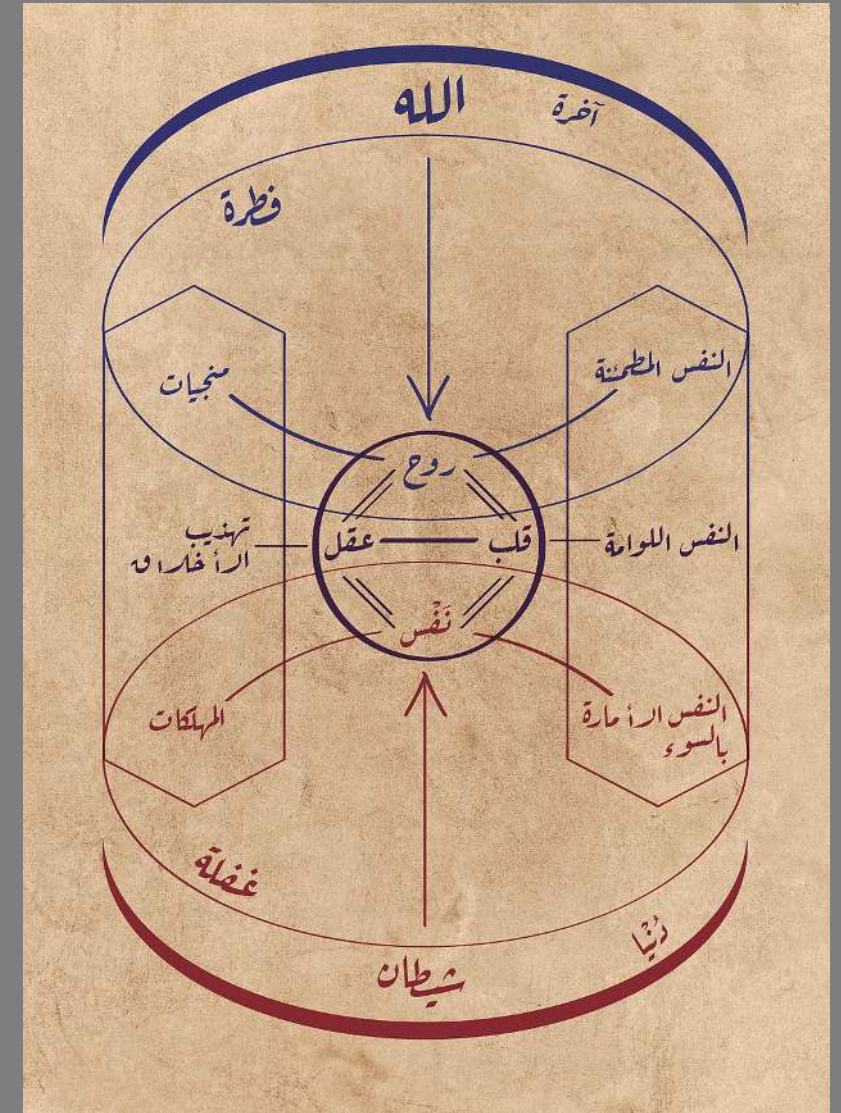
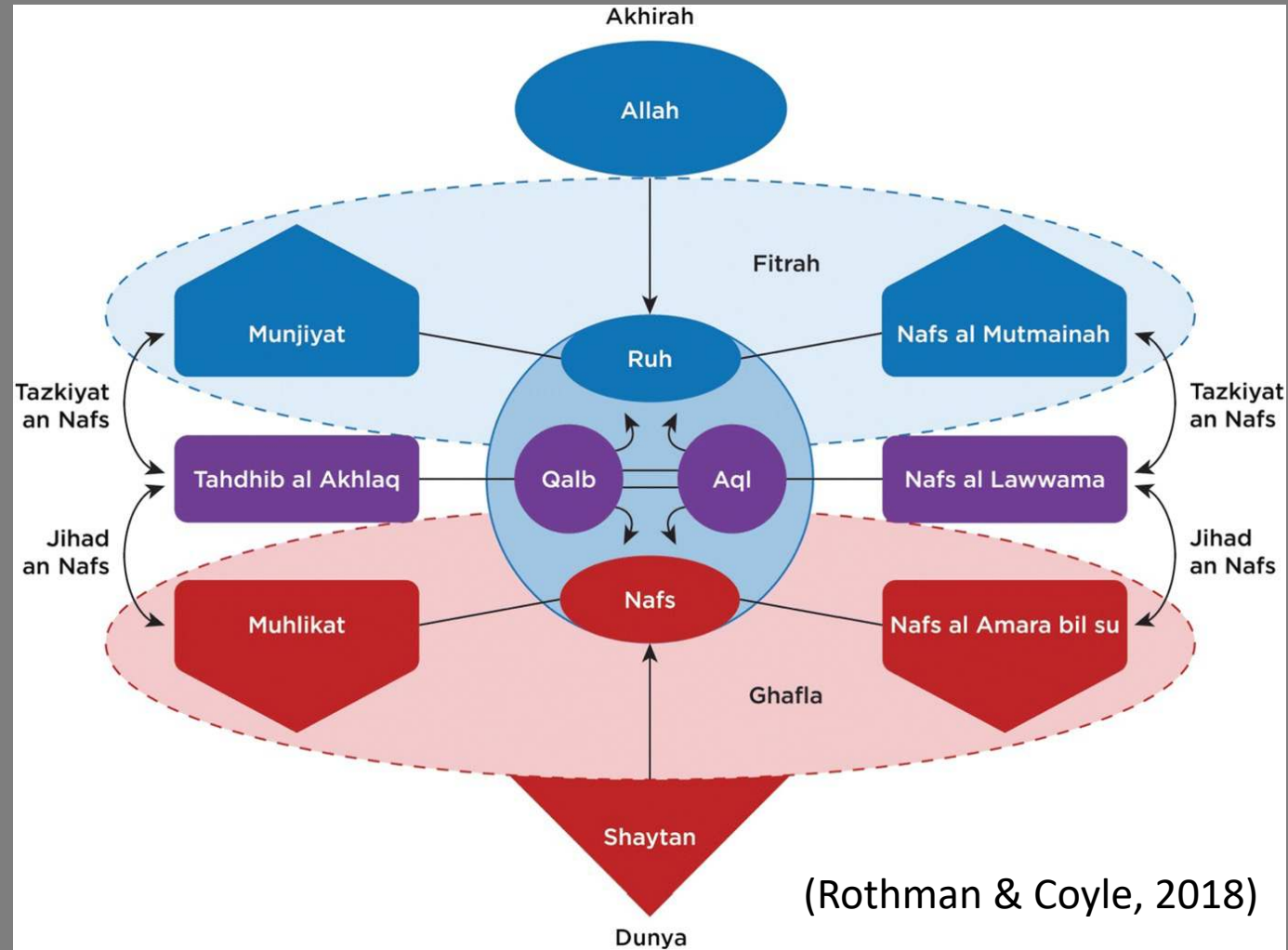


- Sufi concept of enlightenment is that one must move beyond the *al-nafs al-ammara* (lustful soul; i.e., the id) to *al-nafs al-lawwama* (self-blaming soul; ie: ego) and ultimately into *al-nafs al-mutmaenna*

Islamic concept of the self

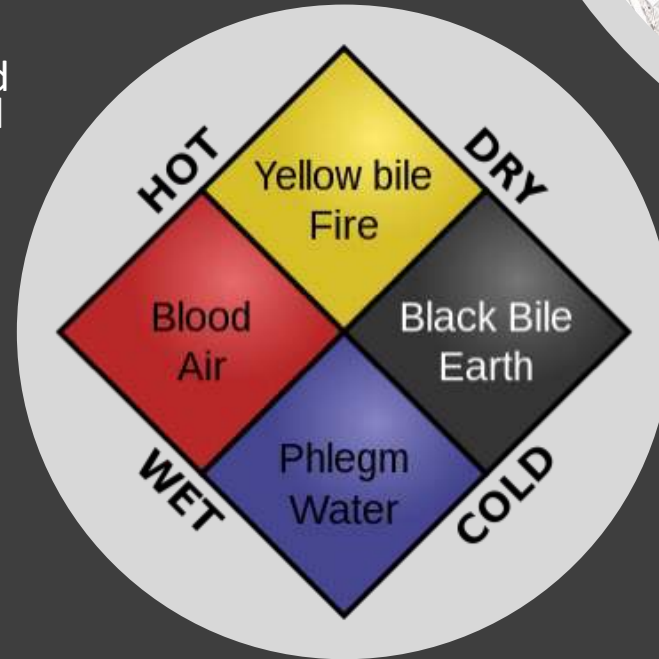
- human nature, *fitrah*, is seen as innately good, no concept of Original Sin
- weakness in the *nafs*, due to greater influence of *al-nafs al-ammara*, leads to committing sin and thus interpreted to be the result of spiritual and mental weakness.
- The '*aql* and *qalb* are important in modulating the influence of *al-nafs al-ammara*

Islamic model of the soul



Historical Islamic approaches to mental health

- Building on Galen's humoral theory, humours affecting the temperments
- Al-Zahrawi, al-Kindi, al-Razi, al-Tabari
- Ibn Sina – linking humours/temperments to mental health, role of the mind in responding to physical conditions (e.g. mindfulness, meditation), *Kitab al-Shifa*, link between reasoning and mental health)
- Al-Balkhi – distinguished neuroses and psychoses, rational and spiritual cognitive therapies, interaction between physical and psychological, al-Tibb Al-Ruhani (spiritual and psychological medicine), Tibb al-Qalb (mental medicine) (Awaad & Ali, 2015)
 - Categorised melancholia (Depression) (*al-huzn*) into:
 - 1) everyday sadness;
 - 2) a result of innateness or pre-natal factors which is triggered by trauma or distress;
 - 3) that which is a result of external events such as immoderate eating, neglect of cleanliness of the body, or external disruption of the six non-naturals
- Role of the *bimaristan*
- Evidence of different therapies
 - ie: music therapy, aromatherapy, psychotherapy, diet, bloodletting, opium, massage therapy, soporifics, chaining (Dols, 1992; Mitha, 2020)



Sufism

- Islamic mysticism, esotericism, Gnosticism
- Attaining knowledge (*'ilm*) of the “hidden world” (*batin*) to attain the Truth (*haqiqa*)
- Goal is for annihilation of the Self with God (*Fana fi Allah*)
- Sufi practices seen across the Muslim world (e.g. “whirling dervish), and embedded in liturgical practice (e.g Nizari Isma'ili Shi'a)
- Practice of *dhikr* and *fikr* attain a state of mindfulness/spiritual awareness
- Moving from *al-nafs al-ammara* to *al-nafs al-mutmaena*
- Recitations of *dhikr* can be private, or communal (*majalis*)
- Different “orders” (*tariqah*) of Sufis, e.g. Naqshbandi, Mevlevi
 - Devotees (*murids*) are guided by a spiritual master (*pir*) after pledging allegiance (*bayah*)
- Overcoming forgetfulness (*ghaflat*) of Origin
- Can be seen as controversial by some literalist/Orthodox Muslims due to perceiving it as *bida'*, the use of a *pir* as intercessor, and use of music and dance



Sufism and mental health

- Practice of *dhikr* and *fikr* analogous to meditation and mindfulness
- Holistic approach to health
- No distinction between mind and body (ie: Cartesian dualism)
- Wellness focus and going beyond the “now” and “body”
- “madness”/mental illness due to disconnect from God
- *Pir* as a Guide to facilitate self-discovery and overcoming the Wordly (*zahir*)
- Role of the *pir* in helping the *murid* overcome physical and mental distress (Pirani, Papadopolous, Foster, 2008)
- Form of spiritual healing
- Performance of *dhikr* and *bandagi* said to positively impact well-being (Mir et al., 2016; Mitha & Adatia, 2016)



Mental health and Muslim communities

Mental health in Muslim communities

- Cultural frameworks/formulations
 - Lay models, folk understanding (ie. *'ayn, nazar, wiswas*)
- Cultural relativism
 - Mental illness as a “Western construct”/not applicable to Muslims (ie: psychology distinct from religion)
- Theology
 - Fatalism/Allah’s will, weak imaan
- Culture vs religion
 - Ie: djinns, spirit possession
 - “folk healers”, ruqyah
- Debates in Muslim communities
 - “Muslim mental health”
- Challenges experienced in Muslim communities
- Intra-community views

Syncretism

- Religion vs culture (Platt, 2014; Kesvani, 2019)
- conflation (Keshavarzi & Haque, 2013)
- Using “Islamic” terms for cultural practice renders them “permissible”/acceptable (Hussain & Cochrane, 2002; Razali & Tahir, 2017)

Cultural views of mental illness

- “being mad”
- “*paagal*”
- *Majnun*
- “ ‘*ayn*”/ Evil eye
- “*hasad*”/envy
- *Djinn*/spirit possession
- Black magic
- External locus of control
- “hearing voices”
- “test/punishment from God”
- Not being religious/having weak faith
- Suicide as a sin



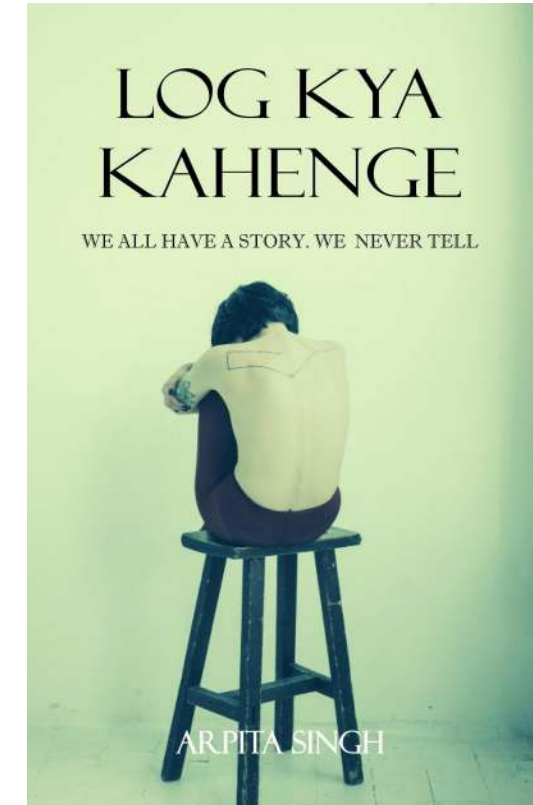
Factors affecting mental health amongst Muslims - healthcare

- Greater rates of CMDs in Pakistani women
- Presenting late and with greater severity
- Generally poorer health overall
- Younger age group, higher parity
- Lower recovery rate from mainstream IAPT services
- Use of “traditional” medicine/ “folk healers”
- Distrust of services
- “Mrs Bibi” syndrome
- Racism/discrimination
- Pathologisation of cultural practice (ie: diagnoses, “whiteness” of institutions)
- Lack of understanding/familiarity with cultural terminology



Factors affecting mental health in Muslims – intra-community

- Social stigma
- Collectivism
- “what will others say”
- *izzat*/face/honour
- policing behaviour
- impacting social standing/marital prospects of family members
- feeling judged by Muslim/ethnic healthcare providers
- Cultural norms on behaviour and strict gender roles/ “toxic masculinity”
- Abuse an “open secret”
- Community clout and reputation



Factors affecting mental health in Muslims – wider determinants

- Social
 - Acculturation, discrimination, Islamophobia, racism, identity, gender, “culture clash”, lower social mobility, social desirability
- Deprivation
 - Social marginalisation, “working class”, lower SES, higher unemployment, migratory history
- Political
 - Social vilification, “fifth column”, “Other-”ed, PREVENT strategy



Racism, identity, and Muslim mental health

- Discrimination and racism negatively affects psychological wellbeing (ie: higher rates of depression, anxiety) (Brittain et al., 2015; Utsey et al., 2000)
- Religious identity salient for Muslims (Verkuyten & Yildiz, 2007; Ysseldyk, Matheson, & Anisman, 2010)
- Developing a strong (religious) identity can be protective for well-being (Branscombe, Schmitt & Harvey, 1999)
 - Rejection-identification
- Intersectionality (Collins, 2000)
- Muslim migrants combatting “whiteness”, micro-aggressions, and institutional racism
- Social desirability, seen as “less evolved” (Kteily et al, 2014)
- “weathering”, allostatic load, minority stress



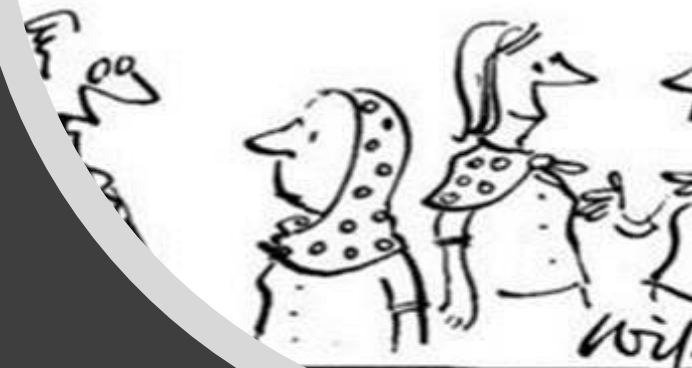
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POINT**

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Islamophobia and politicising
Muslim mental health

Intra-community perceptions of mental illness

Taboo

- Generational divide (e.g. spirit possession/it doesn't exist)

Intra-personal shame

- Sense of failure
- “test from God”
- Bearing the burden

Inter-personal shame

- Maintaining “face”
- Familial reputation
- Perception on religiosity, not being a “good Muslim”

Trust/confidentiality

- Turning to family
- Turning to religious leaders (imams, sheikhs)
- Turning to “faith healers”

Cultural competency/pathologising practice

Turning to prayer

- Faith-based coping OR radicalisation

Practising ablutions

- Ritualistic practice OR OCD

Ethnic neighbourhoods

- Protective OR ghetto-isation

Religious discourse

- Ways of understanding or pathologizing/"Other"-ising

Religion vs religious groups

- Religiosity vs social group membership

Help-seeking and identifying need

- Framed as something innate/exceptional

- "Is being Muslim a hindrance to mental health?" (Goddard, 2017)
- Religious markers of identity impeding inclusion (Foner & Alba, 2008)

Muslims and mental health services

- Muslims are more likely to use religious coping techniques and are least likely to seek professional help with depression than individuals from other religious groups (Meer and Mir 2014)
- Muslims have the lowest recovery rates in IAPT services in England (43% compared to 55% of those of Christian backgrounds) (Baker, 2021)
 - Does mainstream CBT/Euro-centric/individualistic approaches to therapy work for collectivist cultures?
- Impact of acculturation? (Mitha & Adatia, under revision)
- Generational differences? (Ibrahim & Whitley, 2021)
- Religious identification moderates the influence of discrimination and depression (Schnittker, 2009)

Intra-community response

- Community “wellness workshops”
- Intra-community surveys (ie: Muslim Census, Muslim Youth Helpline survey, BCBN survey)
 - These surveys showed >50% of respondents noted experiencing depression and anxiety, 20-30% reported suicidal ideation (NB: >75% women, self-selective, response bias, not clinical)
- Grassroots organisation
- Community leadership
- Religious based CBT
- “certifications” in Islamic counselling/Islamic psychotherapy
- “revivalist” Islam
- Islamicising psychology or psychologising Islam
- Marketisation of “Muslim mental health”



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Narrative of Muslim mental health

- Intra-community
 - Saturation, market, community status/politics
- Academic literature
 - Who writes about the population? Ingroup? Orientalists?
 - In which discipline? Medicine? Psychology? Islamic Studies?
 - Lack of epidemiological work, mostly small-scale, qualitative, ethnic focus
 - Controversy regarding Islamophobia
- Socio-political influence
 - Who is funding the work? What are their agendas?
 - Religion vs religious group
- Different country contexts
 - Muslim Mental Health Lab (Stanford)
 - International Association for Islamic Psychology
 - Cambridge Muslim College

Challenges in Muslim mental health

- Religio-cultural syncreticism
- Religious identity
- Generational
- Acculturation
- Migration history
- Presumed homogeneity
- Assumptions of religiosity
- Islamicise psychology or psychologise Islam
- Islam as a culture vs Islam as a practice

Thank you!