Narrative 11
A Journey of Mutual Growth: Mental Health Awareness in the Muslim Community

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This is the story of cultural challenges and professional obstacles faced by an early-career physician as a Muslim woman in the psychiatric field.

"Why not, Mom?" I asked. I knew the answer but wanted to hear it from her directly. "Well, it's just that you would make a fantastic surgeon," she responded. "No, really, Mom, what's wrong with psychiatry?" I pushed. She just shrugged. Every now and then, though, I would catch my mother whispering to my father, "What will people say about her?" But when I would ask what was bothering them, they would both deny anything was wrong. Despite their hesitations, my parents were supportive when I decided to pursue psychiatry. Their whispering also eventually stopped when I reminded them how people in our community had plenty to say about me after I traveled abroad alone (unbecoming of "a good Muslim girl") as a young 14-year-old to study Islamic Law. Later, however, my "bravery" was celebrated and I was hailed as a "role model" for all Muslim girls. I reassured my parents I would be fine, even if I was destined to be the only Muslim woman in the psychiatric field.

I really couldn't blame my parents or my community. I, too, was once strongly opposed to the fields of psychology and psychiatry. In fact, I equated them with being nearly heretical. These fields were viewed as notorious for taking God out of

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the picture when attempting to explain mental illness. It was upon this belief that I attended my first course on psychiatry in medical school. When I think back to this introductory course, I can still remember rolling my eyes at the instructor—a tall, fashionable blonde woman who always wore short skirts with knee-length boots. I had a hard time connecting with her and could not imagine myself in her place one day. But the content of the course itself, however, was surprisingly interesting and relevant. It was in these early days of medical school that I started realizing psychiatry might actually be the field I was looking for when I went into medicine.

I remember being caught off guard by these recurring thoughts, considering that just months earlier I was a person who refused to take psychology courses as an undergraduate college student because it was a "backwards science that good Muslim girls don't study." So why now was I feeling that the content of this course might be the answer to my search?

Although I did not realize it immediately, this early struggle proved to be crucial for my transformation. I decided to give the field of psychiatry a second chance. Perhaps it was the realization that I had chosen medicine to find additional answers to better solve the community problems I was unable to fully resolve as a well-respected religious teacher and activist. I was starting to appreciate that my previous counseling work was missing a holistic understanding of how to bring healing to people with complex issues, particularly those with mental health problems. One day I had the powerful realization that no amount of legal training or familiarity with the rules of Islam would adequately aid me in helping members of my community if their underlying mental health problems were not first addressed. I began to wonder if there were others in the field who, like myself, had roots in faith-based communities and had attempted to use their psychiatric knowledge to bring healing to those communities.

At the behest of my husband, I decided to take the leap and apply for psychiatry residencies. An influential religious leader in our community, he too had seen his fair share of unaddressed mental illness and urged me to consider becoming a psychiatrist in order to bridge the gap between the world of professional mental health care and our faith community. Not quite ready to share the news of this unconventional track with others, I initially kept my decision private. But as I entered my final year of medical school, everyone close to me was wondering what field I would choose. I prepared myself for an onslaught of disapproval and rolling of eyes as I began announcing to family and friends that I was going to apply to psychiatry residencies. Every time I opened my mouth to answer their inquires, I would quite literally brace myself for criticism.

While I did get some snorts covered up by fake coughs in response to my answer, these were fewer than I expected. Interestingly, most of the responses were along the lines of "Oh, our community needs psychiatrists!" or "I need one of those!" Despite this, I wasn't too sure if my family and friends were just trying to be nice; would they ever really go see a psychiatrist if they needed one? What if I spent the next 4–6 years of training in vain, ultimately serving the mental health needs of every group other than the very one I had originally set out to help?

I decided there was only one way to know for sure. I applied for a small research grant for medical students funded by the National Institute of Mental Health (NIMH) to develop a survey about attitudes and perceptions of mental illness among Muslim women living in the United States. I figured since Muslim women were the very group I hoped to work with in the future, I might as well find out if I had any hope of having them as patients. To my pleasant surprise, my proposal was funded! Taking this step would prove to be the first of many in forming successful academic-community partnerships. Having the academic support to study my own community was incredibly helpful. Without an academic platform from which to conduct research, I would not have been able to truly understand the very community I hoped to one day serve.

My survey received ethics approval from the institutional review board and was posted on the Stanford University School of Medicine website with a cover letter highlighting that I was a female medical student hoping to find out more about how my fellow Muslim sisters felt about mental health care and its practitioners. I then asked friends and managers of online groups that specifically supported Muslim women to forward the survey link to their constituents. My cover letter stated my hopes to have 200–300 Muslim women complete my survey. Considering the results of the handful of studies I could find about Muslims and mental health, however, I knew that no study had topped 50 respondents despite the researchers' best efforts. I had first written 100 respondents as my target goal and then at the last minute switched it to 200–300. Why not dream big, right?

The next morning I opened up my inbox and nearly jumped out of my seat. Every time a survey was completed, a message would be delivered there. According to my inbox, there were 200 responses to my survey! Considering that this survey took place before the heyday of social media (Facebook and the like), I was certain a replicating virus had infected my inbox. As I fought conflicting urges of panic and excitement, I clicked on every single response. They were real! They were from different women from all over the country. In a state of excitement I called my parents, husband, and mentors, who all shared in my confused excitement. I spent the next few weeks going about my work but with my inbox open during every waking moment as I watched in amazement the steady flow of new responses trickling in. A few months later, I closed the survey at a staggering 1299 responses by Muslim women living in the United States.

There was much speculation as to how I had broken every record known about research with the Muslim community in the United States. Perhaps the most telling were the hundreds of unsolicited messages sent to the email address included in my cover letter. Message after message revealed the same thing: relief that this topic was being brought to the forefront and by a Muslim woman "with a recognizable and trusted name." In my eyes, this was the "sign" that I must pursue psychiatry and with excellence and precision. It was also perhaps at this point that my family and friends realized that I might be on the verge of something important. I saw them tuck away their trepidation about me entering a field that "Muslims don't need" and start making encouraging comments that "maybe" I was on to something beneficial to Muslims residing in the United States.

I wish I could say my journey was smooth sailing from that point onwards. This was hardly the case, however. I found that, generally speaking, Muslims consider mental illness a taboo topic to discuss. I would often hear, "Oh, those things don't happen in our community" or "Those things only happen to those who lose faith in God." My nationwide survey confirmed these results, with the majority of women (60–70 %) stating they believed mental illnesses were either the result of the evil eye (*'ayn*), evil spirits (*jinn*), or fate (*qadar*). An overwhelming majority (over 80 %) believed that the cure for mental illnesses was Qur'anic recitation. When asked whom they would go to first, second, and third if they believed they were suffering from a mental illness, mental health providers were either not chosen at all or were chosen last.

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I just couldn't reconcile the strangeness of these answers with the high levels of educational background of the women who provided them. In fact, most of the women (1000 out of 1299) who took my survey held a Bachelor's degree or higher. I decided to look up statistics about US Muslim women to see if perhaps the online nature of my survey had targeted a particular subgroup of educated Muslim women who were not representative of the majority of Muslim women residing in the United States. I found that according to a landmark study conducted by the Gallup Poll, American Muslim women were one of the most highly educated female religious groups in the United States, second only to American Jewish women. Furthermore, one in three American Muslim women held a professional job, which is equal to the rate of American Muslim men. Thus, as a group, American Muslims had the highest degree of economic gender parity at the high and low ends of the income spectrum. American Muslim women were also equally as likely as men to say they attend the mosque at least once a week. The study concluded that American Muslim women tended to have considerable social influence in their families and communities.

The results of the Gallup Poll study rang true to my experience of the various American Muslim communities in which I had either resided or worked. But how could such educated and influential women hold such strong notions that only faith could treat mental illness? The answer seemed to lie in the disconnect between East and West. The field of psychiatry was seen as a modern, Western construct and "could not possibly help" those following Eastern philosophies. Despite this East–West tension that Muslims were often quick to point out, the candor of the women who wrote the unsolicited messages in response to my anonymous survey (and thus stripped away their veil of anonymity) continued to jab at me. They reminded me that there must be Muslims out there who felt it was time to put tensions and pride aside and take an objective look at some of the issues plaguing the Muslim community.

I owe my renewed dedication to working with the Muslim community to the women who participated in my study. I was truly inspired by their courage and willingness to take the risk and answer questions about such a taboo topic. The study left me with more questions than answers and led to an insatiable urge to pick up the pace of my research and try to find successful ways of connecting more directly with the Muslim community about mental health. I met with my academic mentors as well as my community mentors to discuss more advanced research studies. Here again, the academic-community partnerships I was starting to form proved to be key in providing me with the right balance of mentorship to successfully traverse mostly unchartered territory. It was only through this dual-pronged mentorship that I was truly able to understand how to work with members of the Muslim community who might, in fact, need mental health support but were either in denial of this need or were facing tremendous roadblocks from loved ones around them to accessing care, due to ignorance or fear.

In my third year of psychiatric residency training I was awarded an American Psychiatric Association Minority Fellowship Award. In addition to the outstanding mentorship and networking opportunities it provided, a significant monetary grant also accompanied this fellowship. I chose to use these funds to hire a research assistant who was familiar with classical and modern medical terminology in both the Arabic and English languages to help me access the works of early Muslim scholars about mental illness. All my life I had read and heard, like most other Muslims, that the Golden Era of Islam heralded amazing advancements in all the fields of science and the humanities. From as early as I could remember, I was taught to be proud of my Muslim heritage and its contributions to science, especially medicine. I began to wonder what these great medical works from our past had to say about mental illness. If our noble predecessors were so famous for their forward thinking, solutions, and inventions, perhaps they had once stood at the same crossroads of faith and mental illness as I was standing at now.

By the conclusion of the first year of my fellowship, my research assistant and I had summarized over 115 medical manuscripts, books, and treatises from the seventh to ninth centuries, Islam's Age of Enlightenment. As we sifted through the works of the ancients, we were astounded at how novel the works were for their time. We were amazed to find classifications of mental illnesses that were surprisingly similar to the modern diagnostic manuals of psychiatry. We found sophisticated discussions on the treatment of an array of mental illnesses that most books on the history of mental illness had led us to believe had not appeared until the post-Freudian era. We were struck by the gamut of talk therapies, art therapies, and music therapies and the emphasis on psychiatric milieu that even modern textbooks of psychiatry would have trouble keeping up with. My research assistant and I looked at each other in amazement with each new therapeutic understanding, which was happening almost daily.

These findings prompted us to check out book after book on the history of psychiatry, psychology, and mental illness in an attempt to see if others had made these same discoveries. Every historical account we found, however, either jumped from the Greek and Roman civilization to the twelfth century, completely skipping over the Islamic Golden Era, or only provided a brief or cursory mention of this time period.

Avicenna's *Cannon of Medicine* was perhaps the only book that was consistently mentioned in these historical anthologies because of its fame for having been the primary medical textbook taught in the medical schools of Europe until the sixteenth century. Curiously absent was mention of almost all of the great findings we were discovering. It seemed the progressive work of Muslim physicians from this era remained buried in the dust of time. What little of this knowledge that was translated into English was copied over and over from one book to another, spelling mistakes and all. Eventually, our excitement from finding new proofs of the advancement of the mental health field during the Islamic Golden Era was replaced with the dreadful realization that somehow these important advancements had not reached modern-day Muslims, just as they did not reach historians on the subject. We then understood that Muslims worldwide were not realizing the splendor of their own heritage in this critical medical arena.

Throughout medical school and residency, I received invitations to speak at local and national Islamic conferences and symposia on issues related to Muslim women, female scholarship, Islamic Law, or any combination of the three. These invitations seemed to be accelerated by my appointment as an Adjunct Professor of Islamic Law at the Zaytuna College in Berkeley, CA, during my third year of psychiatry residency. Zaytuna College is the first accredited Muslim liberal arts college in the United States and in its short existence had earned an immense amount of national and international respect and fame among Muslims. I decided to use these speaking engagements with Muslim women as initial opportunities to share facts I was gathering on the history of mental illness in the Muslim world and gauge the response. As I wove the latest find from my research into these talks to hundreds of Muslim women, I noticed the looks of curiosity coupled with sustained attentiveness as I shared my amazement in discovering, for example, that the first psychiatric ward in the entire world was established in ninth century Baghdad as part of the Islamic Hospital System, later becoming a mainstay in Muslim hospitals from that point onwards.

The interest I found among the Muslim women attending these early lectures encouraged me to go forward. I owe my ability to bring a voice to the once silent issue of mental illness wholly to the openness among community members to entertain these discussions. During my lectures I would share how the creation of psychiatric wards in the Muslim world then inspired the creation of standalone psychiatric institutions that became famous for their humane and "moral" treatment of patients, their emphasis on inclusion and not isolation, the introduction of the psychiatric milieu (clean clothes, daily bathing, purposeful activities, healthy diet, and daily visits by physicians) for the mentally ill. These institutions were often in the heart of town, decorated with lavish gardens and flowing fountains (to bring a sense of calm to the ill) and—the real kicker—were fully funded by the Islamic government, which meant that anyone residing in the Muslim lands who was feeling mental turbulence could be treated at these institutions free of charge. The funding came from *zakat* funds, the obligatory yearly alms charity amounting to 2.5 % of a Muslim's saved wealth. Especially to this last point I saw smiles and nods of approval from the audience. I also read surprise on some faces. Most importantly, however, no one stormed out of the room. "I just love talking about our amazing heritage! The synchronizing of the secular and the Divine… the dealing with difficult issues

and not hiding from them." From there I would continue on with my original lecture, but with the knowledge that a seed had been planted.

As time went on, Muslim women came up to me after these talks and said they were dealing with anxiety or depression or phobias of one sort or another and didn't know who to talk to for support. They always asked the same question: "Is it true that our faith permits us to see a psychiatrist or psychologist?" They would admit that family and friends had advised them to either talk to the religious leader, Imam, or to just ignore these issues because they would go away on their own eventually. I heard many accounts of *dhikr* (litanies) or dedicated portions of Qur'an these ladies were told to read in hopes of curing their symptoms. When asked if they helped, most answered that they found partial relief in them but wondered if there was more that could be done. Most admitted that they had never had anyone advise them to go to a psychiatrist or psychologist. In fact, if they did hear of psychiatrists and psychologists, it was usually to warn away from them "because they don't understand our ways." Almost every woman I spoke to denied knowing any Muslim mental health professionals.

I learned so much from my conversations with these women. Their courage to bring up very private struggles and difficult questions was incredibly instrumental in opening the door for me to truly understand what my community members were dealing with. Often I was thanked for being a "great teacher," but I would reply in return that it was I who was actually the real student. I consider myself very fortunate to be a pupil of the community.

I also learned from my discussion with members of my community who inquired about mental illness that they experienced a real sense of relief when they learned that not only was it religiously permissible to see a psychiatrist or psychologist (even if he or she were non-Muslim) but that it was the trademark of our Islamic heritage to tear down the barriers between "secular" and "religious." Mental illnesses were paid heed and directly addressed within traditional Muslim societies because of the Qur'anic injunction, "Do not give the property with which God has entrusted you with to the insane, but feed them and clothe them and speak kindly to them" (Qur'an 4:5). There was an understanding that Muslim leaders carried a divine responsibility to ensure proper care for the mentally ill.

Furthermore, the oft-quoted saying of the Prophet Muhammad, peace be upon him, "There is no disease that Allah has created except that He has also created its remedy" was known to be the impetus that caused our noble predecessors to seek out cures, to the best of their ability, for any ailments they encountered. It was clear from our historical records that mental illnesses were not shunned, nor were they belittled. The great Muslim physicians Ar-Razi, Ibn Sina, Al-Balkhi, and countless others had recipe books full of herbal concoctions, various talk therapies, music therapies, and religious invocations for those afflicted by the array of mental illnesses they documented. Woman after woman listened in wonder as I shared this information. Then I would gently suggest she go see a mental health professional in addition to the Imam.

The women I met would usually ask if they could come see me. At that point in time, I was still in training and could not yet take on patients of my own. I promised that as soon as I completed my training, I would dedicate my practice to serving the Muslim community to the best of my ability. I would generally get that hesitant smile back—the one that seemed to say, "Okay, but I won't believe you until it's real."

After graduating from residency and fellowship, I had the opportunity to join the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, where I had trained. My request was twofold: to continue my lines of research, which were just starting to show signs of fruition, and to focus my clinical work to meet the psychiatric needs of the Muslim community residing in the San Francisco Bay Area. After 5 years of training at Stanford and seeing less than a handful of Muslim patients in its outpatient clinics (despite the fact that the Bay Area is home to one of the largest populations of Muslims in the United States), I was certain Muslims were not going to go to a large academic center like Stanford on their own volition for their mental health needs. I realized I needed to go to the Muslim community if I was going to have any amount of success in meeting their mental health needs.

The department chairman, invested in seeing the department form academic-community partnerships, gave the green light for me to search for such community-based clinical opportunities. The timing couldn't have been better. My search coincided with the opening of a new community-based counseling clinic in a neighboring town that was committed to serving the mental health needs of faith-based communities. The founders of the clinic had been working on bringing their novel idea into existence for 3 years when I met them. My presence filled the void of a psychiatric director, and within months the clinic quickly transformed from a mere idea into a fully functional clinic. The unique strength of this clinic was in creating a space for members of all faith-based communities seeking mental health counseling to potentially access care from professionals of their same faith or, at the very least, from professionals who were rooted in other faith-based traditions. As the clinic opened its doors, a steady stream of Muslim clients from around the Bay Area began to seek me out for counseling.

With encouragement from my mentors, I began to host monthly meetings at Stanford for Muslim mental health professionals who reside in the Bay Area. I had met a handful of Muslim psychiatrists, counselors, social workers, and interested students along the way. It seemed, however, that most of these professionals did not know of each other, and each shared stories of his or her sense of isolation in this field. My goal was to try to bring the few Muslim mental health practitioners scattered across the Bay Area together for networking and support. There had been a previous attempt to accomplish this same goal by a small group of Muslim social workers. After meeting a few times in various coffee shops around town, however, those meetings fizzled out. I wondered if perhaps having consistent meetings in an academic medical setting would help sustain the meetings and give them more credibility.

For the first Bay Area Muslim Mental Health Professionals meeting hosted at Stanford, I reserved a room for about 10 people, double the number of Muslim providers I personally knew. On the day of the first meeting I sat speechless as 20 Muslim mental health professionals crowded into the little room. By the second meeting our number had nearly doubled; word was spreading rapidly. There was a palpable sense of excitement and amazement as the attendees exchanged glances… looks that read, "You're in this field, too?" In introducing themselves, each attendee commented about how he or she was truly shocked at the number of other Muslims

in the same field living in the same general area. There was a collective sense of relief in finding one another after individually believing they were the only one trying to provide support for the Muslim community. As the group became better acquainted with one another, networking, mentoring, partnerships, joint research projects and referrals started to take shape organically. These meetings have proven to be the solution to the isolation community-based practitioners were battling and an immense source of support for all of the members involved.

The opportunity to work with the very community I hoped to serve, backed by a strong academic partnership, has proven to be a recipe for success. From a community-based perceptive, my work has been received with appreciation for bringing strong academic credentials down from the perceived "ivory tower" of academia to serve the community. I have found the trust factor and connection with my patients to be stronger by seeing them directly in the community. From an academic perceptive, establishing an "in" with a community that has been dubbed with a "double minority" status would have been nearly impossible to accomplish without community partnerships. My research studies would have been severely limited without community partnerships despite the academic resources available to me at an institution with worldwide fame for its breakthroughs in research. Without community partnerships, it is likely that my research would not have been successful in heralding the accomplishments and advancements it has to date.

Perhaps one of the most fruitful aspects of academic-community partnerships are the opportunities to receive continued mentorship as I further pursue my work with the American Muslim community. In return, the opportunities to mentor the upcoming generation of providers interested in researching and working with the Muslim community seem endless. Recently, I was invited by a mentee to be the keynote speaker for the first ever community-based symposium for the Muslim community specifically dedicated to discussing mental health issues. This successful event was a landmark for our community. At the close of my presentation, one of the most skeptical attendees approached me with tears in his eyes and said, "I have never heard anything like this before. You have completely changed my view about mental illness. May Allah reward you manifold."

My journey thus far has taught me that in order to reach a marginalized community, I must first go directly to the community members and not expect that they will come to me—fancy titles and degrees do little to ameliorate suspicions and fears. Second, I learned that I must speak their language. My community's language is a faith-based language. Being able to draw from my formal Islamic studies and to use my research to educate my clients about our long-lost Islamic heritage and its contributions to the field of mental health have earned me a level of trust no amount of professional training could buy. Third, bridging between medical knowledge, backed by professional training, and Islamic knowledge, backed by formal religious training, has proved to be just the right balance needed to make real and sustainable change in my patients' perspectives. Lastly, the academic-community partnerships created as a result of this work have not only been helpful but imperative in enabling the headway I've made thus far. There is much work yet to do, but I feel confident that things are heading in the right direction, God willing.