Healing Through Faith: The Role of Spiritual Healers in Providing Psychosocial Support to Canadian Muslims

Mohamed Ibrahim* and Fareed Mojab†

Studies have documented on the role of religious leaders in providing psychosocial support to their members. However, there is a dearth of research in understanding the role imams play among Muslim communities in the Canadian context. The few studies that were undertaken in Europe and the United States revealed that imams played a significant role in addressing the psychosocial needs of their congregants, and this role increased in the post-9/11 era.

This study explored experiences of imams in the provision of psychosocial support to Muslim Canadians, including new immigrants and refugees. We conducted in-depth, one-on-one interviews with faith leaders in a major metropolitan Canadian city. The data was transcribed and thematically analyzed using NVIVO. The study revealed that spiritual healing is considered the first line of care for psychosocial illness, and imams are considered the primary support network. The findings revealed that war-related traumas and post-resettlement challenges have significant impact on family functions and well-being.

This study highlighted the need for culturally appropriate psychosocial support services for Muslim Canadians, including new immigrants and refugees. It also calls for better collaboration between service agencies and faith-based organizations in the communities to address these specific needs.

Key Words

Canada • Imam • Muslim • Refugee • Immigrant • Spirituality • Psychosocial

*The University of British Columbia, mohamed.ibrahim@ubc.ca
https://orcid.org/0000-0002-4939-9994
†The University of British Columbia, fareed_nostalgia@yahoo.ca

Correspondence concerning this article should be addressed to Mohamed Ibrahim, The University of British Columbia, School of Social Work.

doi: 10.3998/jmmh.2057

Conflicts of Interest:
The authors have no conflicts of interest to disclose.

Introduction

Muslims are one of the fastest-growing minority groups in Canada, comprising 3.2% of the country's population (Statistic Canada, 2015). Demographic studies also project an increase in the growth of this population (Pew Research Centre, 2015). Even though Muslims are a heterogeneous group with diverse cultural, ethnic, linguistic, and sociological backgrounds, they are connected by common Islamic themes (Riley, 2011). The persistent geo-political crisis, war, and instability in parts of the Middle East, Asia, and Africa have been a major cause for massive population displacement in the past several years; forcing many people to take refuge in Western countries, including Canada (Silove, Ventevogel, & Rees, 2017). Some refugees from war-torn countries deal with specific mental health challenges, such as Post-Traumatic Stress Disorder (PTSD) and depression due to their exposure to conflict, displacement, and loss of lives and properties (Fazel, Wheeler, & Danesh, 2015). These vulnerable group's mental health challenges can become more compounded with their post-immigration struggles as they render efforts to settle in their new society (Hansson, Lurrie, & Mckenzie, 2008; Hossain, Ross-Sheriff & Tirmazi, 2010).

Despite the dearth of research on this topic, a few studies have revealed that imams[1] play a significant role in addressing the mental health needs of their congregants. This particular role became dramatically important after the events of September 11, 2001, when Muslims across North America and other Western countries suddenly became the targets of public and media backlash, state security harassment, and discrimination at all levels (Ali, & Marzuk, 2012; Jisrawi & Arnold, 2018). Considering the contemporary political climate, Muslim immigrant communities in Western countries have become particularly vulnerable in terms of mental health struggles by enduring the challenges of resettlement and renegotiation of identity in a new land (Islam & Campbell, 2014). Due to lack of research in this area, this exploratory study attempted to illuminate the experiences of imams in the provision of psychosocial[2] support to Canadian Muslims. The study also explored the meanings imams attribute to their role as religious support, while also casting light on the psychosocial needs of Muslims accessing faith-based support to deal with their mental health struggles.

Refugee and Immigrant Mental Services in Canada

The increase of Muslim immigrants in the Western world, and specific violent attacks on Western soil associated with armed radical groups, have accentuated the public's prejudice against Muslim communities (Disha, Cavendish, & King, 2011). It is plausible to argue that discrimination on various social levels can further jeopardize the mental health of the Muslim refugee populations in Canada. In the Canadian context, it has been generally noted that new immigrants and refugees are less likely to seek mental health services due to language difficulties, lack of awareness of existing health services, and other structural barriers such as institutionalized racism (Hansson, Lurrie, & Mckenzie, 2009). Furthermore, psychotherapeutic service, as an effective non-medical approach, is financially expensive and often not readily accessible within diverse communities, including immigrants and refugees in Canada (Bartram, 2019). Accessing the mainstream services is also compounded by a non-biomedical explanatory

1. For clarity, the term imam(s) is used interchangeably with spiritual healer(s) as imams double as spiritual healers in many settings

2. I use the term psychosocial challenges to describe psychological, psychiatric or mental illness, or mental health issues. Psychosocial issues/challenges/illness is interchangeably used with psychological and family issues as well mental health challenges.

understanding of mental illness among some Muslim communities. Therefore, many Muslims may prefer to seek help outside of the mainstream mental health care system (Hansson, Lurrie, & Mckenzie, 2009).

Help Seeking Behavior

In the context of mental health, *help seeking* relates to the need for reaching out and verbalizing one's concerns and need for external assistance to address pressing psychosocial or mental health problems. Seeking help externally could mean reaching out to families, friends, faith-based institutions such as imams and mosques, or the formal health care system (Rockwood & Thomas, 2012).

Current studies among Muslims across the Muslim world and in Western countries reveal that the majority identified both bio-psychosocial and spiritual causes for mental illness, and that a significant number will first seek faith-healing before seeking medical help while others may seek both concurrently (Rozario, 2009; Eneborg, 2012). In the Western world, studies on Muslim mental health issues and practices were barely available prior to the tragic events of September 11, 2001. This paucity in research was attributed to the lack of interest by Western researchers and inaccessibility of Western journals to researchers in Muslim countries due to language barriers (Ahmed & Amer, 2012).

Despite the shortage of research on Islamic healing practices among Muslims in Western countries, available studies point out that the majority of respondents in these studies believe in spiritual causality, and, hence, prefer accessing the available faith-based community healing resources (Abu-Ras, Geith & Cournos, 2008; Dein, Alexander & Napier, 2008; Ahmed & Amer, 2012). In fact, in a study conducted in New York, where the majority (70%) of the respondents had some college education, a staggering 84% believed in spirit possession, and that their primary support would be a religious healer (Abu-Ras, Geith & Cournos, 2008). In Britain, Muslims tend to underutilize the mainstream mental health system, and there are numerous reports of thriving spiritual healing services among the Muslim population, often advertised in local community newspapers. Although some of these healers ask for exorbitant fees, people still pay for it, choosing to bypass the free National Health Services (Mullick, Khalifa, Nahar & Walker, 2012; Dein, Alexander & Napier, 2008). These studies in the United States and Britain suggest the importance of spiritual healing traditions among Muslim communities across the Western world, and the role of imams and mosques as community institutions in the provision of psychosocial-related support. Based on these studies, it is plausible to argue that there is an essential need for a concerted effort by the mainstream mental health providers to collaborate with spiritual leaders to bridge the gap and improve services to this vulnerable minority population (Abu-Ras, Geith, & Cournos, 2008). Furthermore, while imams are increasingly encountering individuals with complex social and psychological problems, they may lack the educational and professional training necessary to effectively deal with such issues. In fact, in some instances, imams are new immigrants, and so the lack of language proficiency and knowledge of available community resources further handicaps their effectiveness in providing essential psychosocial services to their congregants (Abu-Ras, Geith, & Cournos, 2008).

Review of the Muslim Religious Literature

Islam is a way of life and primarily guides Muslims in many aspects of their lives. Islamic laws and guidelines consist of the following four main sources in hierarchal format: *the Qur'an*, which

Muslims believe to be the words of God revealed to the Prophet Muhammad; *Hadiths*, which are the sayings and deeds of the Prophet Mohamed; *Qiya* or Analogy; and *Ijma* or Consensus (Pasha & Pridmore, 2004).

The Qur'an states, "We reveal from the Qur'an that which is healing and a mercy for the believers" (Qur'an, 17:82), and the prophet was quoted stating, "Allah does not send any disease but he also sends down a cure for it" (Al-Saheehyn as quoted by Ameen, 2005). There are numerous verses in the Qur'an and Hadiths that communicate themes on the notions of health and wellness, including mental health. The use of Qur'anic and prophetic healings by the prophet and his followers is also detailed in the scriptures (Ameen, 2005).

The scriptures explain some of the causes of mental illness as spirit possession (*Jinn*), witchcraft (*Sihr*), and *evil eye*. The scriptures also explain how treatment constitutes recantation (*ruqya*) and recitation of verses of the Qur'an by either the individual, family members, or imams and other religious healers (Dein, Alexander & Napier, 2008; Ahmed & Amer, 2012). This metaphysical understanding of mental illness profoundly impacts the way some individuals and families seek therapeutic help. In general, many factors such as level of education, gender, and age may play a significant role in shaping this spiritual understanding of mental illness (Islam & Campbell, 2014).

Methods

This qualitative study was undertaken in a major Canadian metropolitan city with a sizeable Muslim population. The focus of the research was to understand the important role of imams and or spiritual healers within the Muslim community in the context of psychosocial and spiritual support systems.

The study was exploratory in nature. The lead author conducted 1:1 in-depth interviews, and the ethics approval was granted by the Simon Fraser University Ethics Board. The study sample consisted of six imams purposively selected from several mosques across a Canadian metropolitan city. Semi-structured study guides were used, and the interviews were conducted in English. The interviews were tape-recorded with full consent and confidentiality assured. The tape-recorded data was transcribed, thematically analyzed, summarized, and used to make conclusions.

Results

The interviews with the imams support the existing literature regarding the cardinal role of imams in the provision of psychosocial support to their congregants in local Muslim communities (Rozario, 2009, Eneborg, 2012). The emergent themes from this study were in the following specific domains: Marital and Family Problems; Help Seeking; Psychosocial Problems; and Post-9/11 Society's Negative Attitudes, Stereotyping, and Stigma.

Marital and Family Problems

Imam 1 stated, "*Also, my role is to deal with issues related to marriage, as you mentioned marriage conflict between husband and wife. It happens very often, so we prefer that issues do not go to courts or to police, so we try to intervene and to give them advices and consultations. Basically, I have to play the role of marriage counsellor.*" The role of imams in family counseling has been so central that some have trained and obtained legal licenses as marriage officers. Imam 1 explained about the prevalence of family conflicts as a significant challenge within the local community and the cardinal role of imams in mitigating this social problem.

He further claimed that imams utilize culturally acceptable unique styles to solve family conflicts through faith-based resolution processes and adjudications, to which most couples related spiritually and culturally. He elaborated that imams are helping the government in terms of financial responsibility and human resources burden by resolving these conflicts amicably at the community level and preserving families. This spared the time and efforts of the police and justice departments, Ministry of Children and Family, foster care, and related departments where some of the children from these troubled families could have potentially been admitted.

In addition, the participants explained that individuals and families who have resettled as refugees from war-torn countries tend to struggle mostly with family conflicts, including youth delinquency as one the main psychosocial challenges. In other words, this study revealed that providing services in the areas of psychosocial healing and couple or family interpersonal conflict resolution has been a core function of the imams in their communities.

Help Seeking

According to the imams that participated in the study, the choice of spiritual healing by some families and individuals is in line with their belief systems around the causes of psychosocial distress. While research studies support the existence of such cultural explanations of psychosocial and spiritual illnesses, they also point to the cultural complexities and diverse demographic of the Muslim world (Ahmed & Amer, 2012). However, for others, the utilization of spiritual healing in combination with mainstream health services reflects their option for holistic bio-psychosocial and spiritual care.

Imam 5 stated, "*In the Islamic literature, that we believe in, there is a treatment for mental illness because you need to connect these people spiritually to the creator and when you connect them to the creator, their confidence level will be stronger, and they feel good about themselves, and when they feel good about themselves, they feel the supreme power, which is the power of God is with them and it will help them to overcome this weakness that they feel. . .*" It is this strong belief that endears the faithful to seek help from their spiritual healers for their psychosocial needs. In England, for example, Muslims bypass the free National Health Services (NHS) to see their spiritual healers for various health-related needs, including mental health (Dein, Alexander & Napier, 2008). Similar stories came out of this study as well, where very ill individuals did not even attempt to visit their primary care physicians or psychiatrists and only did so after their imam's advice.

Imam 1 was called to treat a very sick female patient who never consulted her family physician or psychiatrist for her condition. Imam 1 stated, "*We went to the home and the wife was possessed by Jinn, so we went in their living room, she was completely gone, she was frightened from long time ago, and we started reading Qur'an on the lady, and we continued reading for about two hours*."

Imam 2 further endorsed this by stating that in his mosque, they had to set aside specific days of the week for spiritual healing when many people would come to seek healing. Imam 2 said, "*The mosque had specific days for Ruqyas. The numbers of patients were so many with the entire room filled. It is the people's perception. They feel cured when Qur'an is read upon them and their situation*."

Psychosocial and Mental Health Problems

Imam 2 stressed the myriad of psychosocial and family issues that came to his attention all the time. Imam 2 stated, ". . . *marital issues, spousal abuse, cultural conflicts, issues with police, families in*

court, child custody happens a lot. Divorce rate is very high, also unstable parents and children relations. Conflict between kids and parents' cultural divide, financial difficulties also adds because I was dealing with a lot of spouses' issues and a lot of abuses, a lot of adolescence problems, a lot of kids, social issues, and it was too much. It was a lot . . ."

Due to the lack of culturally appropriate counseling services, Imam 2 was obliged to do further studies in counseling psychology to fill the void. Imam 2 decided to enroll in a Master of Psychology degree program to obtain some relevant skills to help in these psychosocial problem areas. These examples demonstrate the awareness of imams and their commitment to deal with these psychosocial challenges by developing their individual professional capacity with specialized trainings to act as competent frontline social service providers.

Regarding mental health problems, the interviewed imams indicated that while some Muslims struggling with mental health challenges would initially resort to faith-based healing traditions, others would utilize the mainstream health care system as well as the institution of the mosque. In this problem domain, all the imams emphasized the paramount importance of belief in God (Allah). Imam 3 said:

> "We have many people who have mental illness in the community, so we sit with them, we examine these issues from a religious perspective, and, many times, we help them through, you know, through supplication, through prayers, because our religion teaches us to connect us to Allah. We know that whatever happens, happens due to the will of God; so he's the one who causes all of these things and he's the one who heals mental issues, mental problems, and many other problems, so we try to motivate these people to be patient and to connect themselves to Allah; and many times it helps them a lot."

Imam 1 endorsed similar religious understanding and said, "*. . . among Muslims, there is acceptance of Qadar (the will of God) and so we generally accept illness and other misfortunes . . . so if someone is depressed, it's seen as the Qadar of Allah*." Indeed, all the participating imams endorsed the importance of the will of Allah or *Qadar*, and remarked that illnesses are caused by the will of Allah. Therefore, praying would be a profoundly important spiritual way to address them by attending the local mosque and participating in *ruqya* (supplications). These accounts support the existing literature's findings about the role of imams and the institution of the mosque as the preferred points of contact and site for psychosocial and mental health support among many Muslim communities.

Post-9/11 Society's Negative Attitudes, Stereotyping, and Stigma

Two of the interviewed imams discussed the negative impact of the political discourse after September 11, 2001, which gradually destabilized the mental health of many Muslims in North America, and particularly increased their vulnerability to the development of depression and anxiety disorders (Disha, Cavendish & King, 2011). They also discussed the powerful role of the media in the stigmatization of Muslims by depicting them as terrorists through stereotypes and scapegoats. Imam 4 said, "*So after September 11. . . so every Muslim is a suspect. So every Muslim woman who is wearing hijab is a suspect. Every Muslim who has a beard or goes to the mosque is a suspect. So that really put the Muslims in a tremendous pressure where they are not so comfortable with themselves, about their identity, and how and when to pray*." He provided an example of many Muslims, under social and psychological pressures, that made efforts to change their names to avoid being the subject of discrimination and victimization in society.

Discussion

This qualitative study, using in-depth interviews with the imams, revealed five major areas where imams were the main sources of help. According to the study, the emergent themes were: Marital and Family problems; Help Seeking; Psychosocial and Mental Health Problems; and Post-9/11 Negative Attitudes, Stereotyping, and Stigma. In summary, the study showed the significance of understanding diverse explanatory models of health and wellness, especially regarding the provision of culturally appropriate services for individuals with mental illness among the racialized communities. The study also highlighted the importance of closely collaborating with cultural brokers, the significance of alternative and faith leaders in addressing the issues of mental health service provision, psychosocial support, and addressing inequities. The need to enhance the capacity of community agents so that they can effectively address and mitigate various psychosocial needs of their respective immigrant communities cannot be understated, especially since individuals and families from such communities have strong faith and trust in their cultural institutions and rely heavily on them for their psychosocial needs. In addition, the imams are considered the primary resource of guidance for immigrant Muslim communities and have had high levels of trust and expectations thrust on their shoulders. Thus, imams must possess the right knowledge and tools to sufficiently and effectively assist those seeking help from them, or be able to direct or refer them to the proper channels if the presenting problems are beyond their expertise. Supporting their capacity and providing tools to enhance their knowledge in counseling, awareness of available resources, language proficiency, and active communication with health care services, police, and social services will ease their work, reduce barriers, and increase access to services for vulnerable communities. Such capacity-building activities could include workshops for imams by the local health and social services providers to provide an overview of the services available and referral pathways. Also, placing brochures and flyers of local mental health services at local mosques could further enhance the awareness of existing services.

References

Abu-Ras, W., Gheith, A., & Cournos, F (2008). The Imam's role in mental health promotion: a study at 22 Mosques in the York City's Muslim community. *Journal of Muslim Mental Health,* 3:155–176.

Ali, O. M., & Milstein, G (2012). Mental illness recognition and referral practices among imams in the United States. *Journal of Muslim Mental Health*, *6*(2).

Ameen, A. (2005). The Jinn and Human Sickness. Remedies in the Light of the Qur'an and Sunnah. King Fahd National Library.

Amer, M. & Ahmed, S (2012). *Counselling Muslims. Handbook of mental health issues and interventions*. Routledge Taylor & Francis Group, London, New York.

Bartram, M (2019). Expanding access to psychotherapy in Canada: Building on achievements in Australia and the United Kingdom. *Healthcare Management Forum*, 32(2), 63–67.

Dein, S., Alexander, M & Napier, A (2008). Jinn, psychiatry and contested notions of misfortune among East London Bangladeshis. *Transcultural Psychiatry*. Sage Publications.

Disha,L., Cavendish, J. C., & King, R. D (2011). Historical events and spaces of hate: hate crimes against Arabs and Muslims in post-9/11 America. *Society for the Study of Social Problems*, 58 (1), 21–46.

Eneborg, Y. M (2012). *Ruqya Shariya:* Observing the rise of a new faith healing tradition amongst Muslims in east London. *Mental Health, Religion and Culture*, 16(10), 1080- 1096.

Fazel, M., Wheeler, J., & Danesh, J. 2005. Prevalence of serious mental disorder in 7000 refuges resettled in Western countries: A systematic review. *Lancet,* 365, 1309–14.

Hansson, E., Tuck, A., Lurie, S., & McKenzie K (2009). Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement. *Mental Health Commission of Canada*

Hussain, A., Ross-Sheriff. & Tirmazi, M (2010). Mental Health of Muslim Refugees and Forced

Migrants: Practice, Theory, and Research. *Journal of Muslim Mental Health, 5:3–7*.

Islam, F., & Campbell, R. A (2014). "Satan has afflicted me!" Jinn Possession and mental illness in the Qur'an. *Journal of Region and Health*, 53, 229–243.

Jisrawi, A., & Arnold, C. 2018. Cultural humility and mental health care in Canadian Muslim communities. *Canadian Journal of Counselling and psychotherapy*, 52(1), 43–64.

Mullick, M., Khalifa, N, & Walker, D (2012). Beliefs about Jinn, Black Magic and the Evil Eye in Blangladeshi: The effects of gender and level of education. *Mental Health, Religion and Culture, 1–11*.

Pew Research Center. (2015). The future of world religions: Population growth projections, 2010–2050. Retrieved from http://www.pewforum.org/2015/04/02/religious-projections-2010–2050/

Pridmore, S., & Pasha, M (2004). Psychiatry and Islam. Religion and Spirituality. *Australian Psychiatry. Vol. 12, No 4*.

Riley, K. (2011). Violence in the lives of Muslim girls and women in Canada: Creating a safe space for dialogue, research and reflection. London, ON: Centre for Research & Education on Violence Against Women and Children.

Rickwood, D., & Thomas, K. (2012). Conceptual measurement framework for help-seeking for mental health problems. *Psychology research and behavior management*, *5*, 173.

Rosario, S. 2009. Allah is the scientist of all scientists: Modern medicine and religious healing among Bangladeshis. *Religion and Technology*, 1092), 177–199.

Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: An overview of mental health challenges. *World Psychiatry, 16, 130–139*.

Statistics Canada (2015). 2011 National household survey: Immigration and ethnocultural *(Catalogue no. 99–010-X). Ottawa, ON:* Retrieved from. *http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.pdf*.