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Islamic Contemporary Alternative Treatments with regards to Mental Health: a cross-cultural qualitative study

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ABSTRACT

This qualitative study explored the influence of religious belief on experiences of stress. It focused on Muslim women and asked whether their religious beliefs affected their help-seeking behaviour and experiences of common psychological problems, such as stress.

Existing research into the integration of spirituality and religion into psychotherapy has been inconclusive. Furthermore, little information exists on the provision of culturally competent mental health services that take faith seriously. This study investigated the effect that 'Islamic treatments' – psychological interventions informed by Islamic beliefs and practices - have on the experience and management of common psychological problems. Six semi-structured interviews were conducted. Themes covered were the participants' experiences of common psychological problems, their religious beliefs and their coping methods. Transcripts were thematically analysed and the following themes identified: "Claims from Expert Sources", "Cultural Differences", "Mindfulness", "Spiritual Weakness" "Difficulties of Belief", and "Jinn possession". The study found that being religious played an important role in the management of psychological problems. It gave individuals a sense of security, encouraged them to feel more optimistic about life, and helped to cope better with stressful experiences.

These findings are of importance to health professionals involved in the treatment of individuals from a range of different backgrounds.

KEY WORDS:	ISLAM	MENTAL ILLNESS	WELL-BEING	SELF-MEDICATION	THEMATIC ANALYSIS

Introduction:

Mental Health Services for Muslims in the UK

With the substantial growth of the Muslim population all over the world- Muslims currently make up almost a quarter of the world's population- (Pew Research Centre, 2016), the need for mental health services that suit this group of patients has become increasingly evident (Sabry and Vohra, 2013). It cannot be assumed that Muslims require more mental health services than the general population, however, there is a lack of Islamic treatment in the UK and this may be why some individuals decide to "suffer in silence" or attempt to self-medicate themselves (Dein, 2001).

According to Abu-Ras (2003) - who found that 62% of Muslim women were ashamed of going to a psychologist- "suffering in silence" is due to individuals feeling embarrassed for seeking professional help. Weatherhead (2011) concluded, "…mental illness is often underreported and undiagnosed among Muslim patients, because of fear of misunderstanding by mental health professionals".

Despite the lack of Islamic treatment in the UK, relatively little information exists on the provision of culturally competent services that take faith into account. Research that has been carried out on the incorporation of spirituality and religion into psychotherapy has been inconclusive. Some studies found it to be beneficial, others harmful or irrelevant.

Culture and Shame

Attitudes towards mental illness can vary among individuals, families, ethnicities, cultures and countries. Beliefs about the origins and natures of mental illness are often influenced by cultural and religious teachings, which shape attitudes towards individuals who are mentally ill. 'Mental illness stigma' can be defined as the "devaluing, disgracing, and disfavouring by the general public of individuals with mental illnesses" (Stuart, 2005). This may prevent these individuals from seeking professional help or treatment (Nieuwsma et

al., 2011). Therefore, it is important to understand individual and cultural beliefs about mental illness for the implementation of effective approaches to mental health care.

Bailey et al. (2011) found that African Americans had negative attitudes towards mental health professionals. In one study, they found that approximately 63% of African Americans viewed depression as a “personal weakness” and 30% reported that they would rather deal with depression themselves. These findings suggest that in some cultures, individuals suffering from mental health issues tend to blame themselves. This may be why some African Americans viewed depression as a “personal weakness”. Also, as some individuals reported that they would rather deal with depression themselves, this proposes that they trust themselves more than healthcare professionals. Researchers concluded that stigma, religious beliefs, distrust of the medical profession, and communication barriers may have contributed to African Americans’ wariness of mental health services.

The above study showed that African Americans tended to blame themselves for their depression. Among certain cultures, blaming individuals for mental illnesses is very common and can make them feel as if the illness was caused by their own weakness, causing them to feel ashamed (Mental Health Foundation, 2015). However, in some cases, parents of these individuals may also be blamed. For instance, Corrigan et al. (2004) used a social-cognitive model of mental illness stigma and reviewed ways in which various family roles were impacted by family stigma. Results suggest that parents are quite often blamed for causing their child’s mental illness, while siblings and spouses are blamed for not assuring that relatives with mental illness adhere to treatment plans. This study shows that people do understand that individuals who are mentally ill have no control over their illnesses and therefore, other factors could be the root of their problems.

Shame is another factor that seems to have an impact upon the seeking of professional help. When a person is mentally ill, they may feel ashamed and choose to hide their problems from others. Corrigan (1998) suggested that the

reason for “private suffering” is because media may misrepresent experiences of mental illness, causing individuals to suffer discrimination due to the stigma that evolves from these misrepresentations.

‘Blaming and shaming’ could both be major influences of why individuals may not seek professional help and attempt to self-medicate instead, as mental illness- despite centuries of learning- is still perceived as a sign of weakness (Huxley, 1993). On the other hand, there may be other factors that account for the lack of seeking professional help.

Fan (1999) wanted to investigate whether Asian immigrants in Australia differed from Anglo- Australians in terms of attitudes towards mental illness and knowledge of mental health services. Results showed a significant difference. Asians who spoke a language other than English at home knew significantly less about mental health services. From these findings, it could be considered that individuals may not seek as much help from mental health professionals because of their lack of knowledge of mental health services. This then suggests that shame might not even play a role.

Taking all these factors into consideration, it can be concluded that understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care.

What do contemporary Muslims say about Mental Illness?

Although many cultures do not accept mental illnesses easily and make individuals feel ashamed about their problems, a lot of religions are very accepting.

Islam is a monotheistic religion based on revelations to the Prophet Muhammad over 1400 years ago, which were recorded in the Qur’an-the holy book of Islam. Muslims are to follow ‘Islamic Sharia’-mainly sourced from the Quran, and Sunnah-, which includes all known sayings, advices, and actions of Prophet Muhammad, who is said to be a “hero for all mankind” (Rogerson,

2004). The religion provides Muslims with a code of behaviour, ethics, and social values that help them develop adaptive coping strategies to deal with stressful life events (Sabry et al., 2013).

The Qur'an teaches Muslims that they should not "blame" individuals for their illnesses-physical or psychological-and should try to better understand them. It is believed that the Qur'an contains a cure to every problem except death; "And we send down of the Qur'an that which is healing…" ('Surah Al-Israa', 17:82).

Muslims believe in a range of different causes of mental illness. Views range from Jinn possession (evil spirits taking over the body), to Westernised views of neurotransmitter imbalance and social factors (Head et al., 2009). Even today, religion remains a powerful influence on notions of health and disease (Sheikh, 2000). According to Islamic belief, 'Jinn' are creatures that form a world other than that of mankind, and are capable of causing physical and mental harm to human beings. An example of such harm being through possession (Sakr, 2001).

Littlewood (2004) found that in the UK, 'Jinn possession' is most likely to be considered among people from Pakistan, Bangladesh, the Middle East or North Africa. Individuals believed to be "possessed" may experience seizures or speak in an incomprehensible language (Al-Ashqar, 2003). In such cases, faith healers remove evil spirits by reciting verses from the Qur'an, blowing into the individual's mouth (or simply on the body) and commanding the Jinn to leave the body (Bhui et al., 2002). This suggests that if 'Jinn' do exist and take over bodies, then the Qur'an may have some sort of healing power, which protects individuals from physical and psychological harm.

The study of the healing power of the Qur'an on physical and psychological health has been around for quite some time. Elkadi (1985) wanted to investigate the effects of recitations of the Qur'an on levels of stress experienced by participants. Healthy volunteers were monitored for a variety of physiological changes or responses while being asked to listen to various

recitations of the Qur'an. Fascinatingly, changes were found in the nervous system. Listening to the Qur'an relaxed the skeletal muscles in individuals, which in turn reduced sweat production (associated with reduction of stress), lowered heart rate and increased skin temperature. The researcher concluded from this, that the sound of the Arabic words may have had an effect on participants, as those who did not understand could not have been effected by its meaning. They also found that different verses of the Qur'an appeared to have different effects, as verses promising reward seemed to reduce symptoms of stress significantly more than those promising punishment.

The above study shows that the Qur'an evidently has an effect on both physical and psychological states, as skeletal muscles were relaxed and levels of stress lowered. Therefore, we could suggest from this that the Qur'an may really have 'healing powers'. However, the study was conducted quite a long time ago, which could begin to question reliability of the findings.

'Spiritual weakness' is also considered a cause of mental illnesses such as Depression, and 'prayer' is believed to be extremely effective in helping manage psychological problems (Tepper et al., 2001).

Sharp (2010) wanted to investigate how prayer helps manage negative emotions. In-depth interviews were conducted and data revealed that interactions with God through prayer provided individuals with a way to express and vent their anger, helped maintain self-esteem through positive appraisals, and made situations seem less threatening. Another thematic analysis by Cinnirella et al. (2010) revealed that prayer was particularly effective among depressed and schizophrenic Afro-Caribbean Christian and Pakistani Muslim groups.

Both of the above studies found a positive link between praying to God and management levels of psychological problems. They showed that prayer can be effective among religions other than Islam, and makes individuals feel as though they have someone to talk to about their problems, giving them the opportunity to express their emotions.

Although talking to God about problems may reduce levels of stress, it has been argued that prayer does not have 'healing powers', but rather it is the belief system involved (Beck et al., 1979).

Domar et al. (2005) explored the correlation between religiosity and spirituality on levels of distress. They looked at 200 infertile women and found that high levels of belief correlated significantly with low levels of psychological distress. Researchers concluded that these findings should be taken into account by clinicians, who should be prepared to discuss religious and spiritual issues, which may play an important role in psychological health. Having a belief system helped these women to cope with their stress, however, the study could be criticised, as it was not made clear what strategies they used to manage their conditions.

Kaptchuk et al. (2010) found that placebos were extremely effective in treating physical and psychological symptoms in patients. This suggests that simply believing and keeping positive is effective in maintaining good physical and mental health. However, the problem with using placebos is that in most cases, they require concealment and deception.

The Present Study

It appears that although there has been research into factors influencing individuals' help-seeking behaviour and methods of coping in maintaining good physical and psychological health, little has actually been done to implement cultural and religious beliefs into treatment approaches. Taking all these factors into consideration, it can be concluded that understanding individual, cultural, and religious beliefs about mental illness is essential for the implementation of effective approaches to mental health care.

A review of the literature suggests that there are many benefits of prayer for mentally ill individuals. Having a belief system has been shown to be extremely effective in reducing symptoms of psychological and physical

illness. However, the majority of the research conducted into spirituality and religiousity in regards to mental health is not very current. Therefore, the present qualitative study explored the influence of religious belief on experiences of stress.

As there is a growing number of Muslims in the UK, the researcher focused on Muslim women and asked (through semi-structured interviews) whether religious beliefs affected their help-seeking behaviour and experiences of psychological problems, such as stress. Despite the growing size of the Islamic community, most Western practitioners appear not to have been very well exposed to Islamic values and teachings. Thus, the study wanted to investigate whether religious individuals thought Western treatment approaches would be more effective if Islamic practices were implemented.

Methodology:

Design

Data was collected through semi-structured qualitative interviews. Semi-structured interviews allowed the researcher to prepare questions ahead of time, while making it easier to change them to suit individuals' experiences. Interviews gave informants freedom to express their views in their own terms, providing qualitative data that was rich in detail. This also allowed the researcher to have a focus, which decreased the risk of interviewees' answers becoming irrelevant to research aims (Cohen et al, 2006).

Participants

Six Muslim women were interviewed; aged between eighteen and forty-five. Interviewees shared the same religious beliefs, but were from a range of cultural backgrounds- Iran, Saudi Arabia, Somalia and Pakistan. Purposive volunteer sampling identified participants from the researcher's personal contacts (friends and family members), to ensure participants met the criteria of research aims. Using personal contacts made the method of collecting data strong, as it was essential for the aims of the study that participants had encountered relevant experiences. Purposive sampling allowed the researcher to focus on particular characteristics of individuals that were of interest, to ensure contribution of appropriate data-in terms of relevance and depth (Oliver, 2006). Initial contact was made face-to-face either in an interview room at the interviewees' University, or in the participants home, where they felt comfortable talking about their experiences. Pseudonyms were used to protect identities.

Materials:

Before conducting any interviews, participants were given invitation letters, information sheets, and consent forms. An interview schedule was developed to give the interviewer topics of discussion from which questions could arise. In terms of questions, only a brief literature review was conducted to give the researcher an idea of types of questions that would be relevant to the aims. Questions were mostly open-ended to enable participants to respond in depth. Voice recording was used on an iPhone 6 to ensure reliability in transcripts, which were typed up on a word document on a password-protected computer. A debriefing sheet, along with contact details of the researcher and supervisor were given to each participant on completion of the interview.

Data collection/ Procedure

Participants who met the criteria of research aims were required to sign and date consent forms. Any individual considered vulnerable was not allowed to take part.

Semi-structured interviews were used as a method of data collection. This ensured the researcher had a focus, while allowing interviewees to expand on answers. After being given information sheets, including all aims of the study, participants were briefed once again, before being asked to share their experiences of being Muslim, talk about their religious lifestyles and give their views on mental illness and stress management techniques from an Islamic perspective.

Interviews lasted approximately 30-40 minutes each and were conducted face-to-face in a setting of the participants' choice. Face-to-face interviews were beneficial to this study, as they provided rich data in terms of body language and verbal communication. They are the best way of gathering in-depth data (Maxwell, 1996). Voice recording was used on an iPhone 6 (after consent was gained from individuals), to ensure reliability in transcripts.

Interview questions were formed based on research aims and ranged from general (e.g. “What does Islam mean to you?”) to slightly more personal (e.g. “What are your personal views on the causation of mental illness?”). No participant was forced into answering questions they did not feel completely comfortable with.

Interviewees were handed debriefing sheets on completion, were thanked for their time and ensured all information would be kept confidential (limiting the accessing of personal information to the researcher and supervisor), in a password-protected computer. They were also informed that where names needed to be mentioned, pseudonyms would be used to guarantee anonymity. Interviews were then transcribed, taking approximately 15 hours. Volunteers wishing to be informed of any conclusions reached from the study were asked to leave email addresses with the researcher.

Ethical Considerations:

The current research followed ethical guidelines by the British Psychological Society and Manchester Metropolitan University. Individuals were reminded that there were no negative outcomes should they decline the invitation to take part. The signing and dating of consent forms was compulsory, as it was essential that interviewees had given full consent before any interviews were conducted. Each participant was informed of their right to withdraw from the study at any point should they wish to do so. This was also highlighted in the consent form. Information sheets were given to participants, as well as verbal briefs to avoid deception. Protection of participants was ensured at all times-physical and psychological-as interviews were conducted in a place of the interviewees’ choice. Also, anyone considered vulnerable was not invited to take part. Confidentiality was maintained throughout, as all information obtained from interviews was stored on a password-protected computer (using pseudonyms to protect identities). At the end of the interview, participants were verbally debriefed, as well as given a debrief sheet, again stating their right to withdraw.

Data analysis

'Thematic analysis' was conducted on transcripts (using principles outlined by Braun and Clark, 2006) to identify themes that emerged from the data. Thematic analysis is a poorly defined, rarely acknowledged, yet widely used qualitative analytic method within psychology (Tucket et al., 2005). It is a method for identifying, analysing, and reporting patterns (themes) within data.

The researcher began by preparing the data for analysis. Interviews were transcribed (from recordings) to text form (typed up on a word document). These were then formatted so that margins could be used for identifying individual bits of data (e.g. line numbers-making it easier to refer back to information in the Discussion/Analysis of the findings). The text was then read through to annotate any thoughts in the margin. Once this step was done, themes started to emerge. This step is also known as "Axial Coding" (Thomas et al., 2008), as data is now considered in terms of the categories developed through analysis. Each theme was then finalised with a description and illustration (with a few quotations from the original text) to help communicate its meaning to the reader.

Analysis and Discussion:

This study sought to gain further insight into the help-seeking behaviour of religious individuals. The researcher wanted to explore whether having a belief system influenced individuals' levels of psychological stress and ways in which they coped with issues. Semi-structured interviews asked individuals to talk about their experiences and share their methods of coping with psychological stress.

Thematic analysis of interview transcripts enabled the construction of five themes: 'The Qur'an, Prophet Muhammad and Positivity: Claims from Expert Sources', 'Cultural Differences: Not all Muslim Cultures' Approaches to Mental Illness are the same', 'Well-being, Mindfulness, Prayer and Meditation: The positive experience of performing religious practices', 'Lack of Faith, Spiritual Weakness and Tests of Patience: Difficulties of Belief as a way to maintain mental health', and 'Making sense of the 'weirder' teachings and experiences of Islam: Jinn, Practices and Experiences that are hard to explain rationally'.

The Qur'an, Prophet Muhammad and Positivity: Claims from Expert Sources

This theme discusses interviewees' views on mental illness from an Islamic perspective. Participants referred to themselves as "strong believers" and talked about treatments/methods of coping with illness (physical and psychological) that Prophet Muhammad recommended. All interviewees described the Prophet as a man who was perfect and talked about how following his lifestyle would mean that they were living a good life. In addition, they mentioned the Qur'an as a "book of cures" and suggested that it has "healing powers". Individuals talked about their belief in the Islamic faith, as though it gave them a positive life, and linked this to CBT:

"…(Prophet Muhammad) recommended…many different things…when you start to have negative thoughts… grab them...to be a good person…live a good life…filled with meaning and positivity…that will keep you physically and

mentally and emotionally strong…pray…keep faith in God…we can't really plan anything in life…knowing that you have no control over a lot of things…you think more positively…CBT has some links to Islam…" (Amelia, Lines 47-361)

"Islam…teaches not to judge…put faith and trust in God, then everything will be fine…turn towards prayer…get rid of negative thoughts and feelings…turn them into positive thoughts…think positively about life…be thankful for your blessings…" (Hadia, Lines 18-213)

"…Prophet Muhammad…the most perfect man…try to follow in his footsteps…do the things he did in the ways he did…try and live a moral…positive life…change negative thoughts to being more positive…" (Minnie, Lines 140-199)

"I constantly try and incorporate Islam into every aspect of my life…daily routine kind of thing…it enriches my life…makes me happy…constantly praying…staying close to God and keeping positive, it's a way of keeping everything in check…and the Qur'an is so powerful…" (Hanna, Lines 23-206)

"Islam comes from Prophet Muhammad…try to follow his ways…he was the most perfect man…Islam teaches moral things…the Prophet said…help create positive thoughts…" (Sarah, Lines 24-252)

"Islam…literally means everything to me. It's my life…my daily routine…you feel positive about life…the Qur'an and prayer help a lot and the Qur'an has a cure for most problems…if I wasn't praying as much, I would simply start thinking negatively…must just be some miracle of the Qur'an…" (Faz, Lines 25-261)

It can be proposed that all interviewees strongly believed in order to be a "good person" and live a life full of "meaning and positivity", they must follow the ways of Prophet Muhammad and attempt to do things the way he did. Both Minnie and Sarah referred to the Prophet as "the most perfect man",

which suggests that following how he led his life would take them one step closer to having a “perfect life”. Rogerson (2004) stated that Muslims attempt to follow all known sayings, advices and actions of Prophet Muhammad, because he is a “hero for all mankind”.

Interviewees suggested that the Qur’an has “healing powers”, which helps individuals maintain a healthy and moral life. Hanna and Faz both shared their experiences of how the Qur’an helped to get them out of stressful situations at different points of their lives. Hanna described the Qur’an as being “powerful”, and Faz talked about how getting out of a state of almost depression was a “miracle of the Qur’an.

Zumla et al. (1989) wanted to investigate “healing powers” of the Qur’an and whether there were any “cures” within. They found that ‘honey’ was mentioned in the Qur’an as a “healing substance”. When looking deeper into the benefits of honey, they discovered that it has many anti-bacterial properties, can be used to relieve pain, treat wounds, ulcers and skin conditions, and is even effective with acute fevers (when mixed with water). These findings suggest that the Qur’an may have within it, remedies for a range of different problems. A criticism of the study however, is that psychological problems were not mentioned, and the interviewees of this study referred to the Qur’an as a cure for psychological problems (such as stress and depression).

Cultural Differences: Not all Muslim Cultures’ Approaches to Mental Illness are the same

Attitudes towards mental illness can vary among individuals, families, ethnicities, cultures and countries (Stuart, 2005). This theme discusses the cultural differences in views on mental illness. Interviewees were from four different cultural backgrounds: Sarah was from Iran, Minnie from Saudi Arabia, Hanna’s parents were from Somalia, and Amelia, Hadia and Faz were all Pakistani.

A.) Shame:

“It’s…a shameful thing…going to a mental health professional… depression…it’s bad for your health…it’s a culture thing…people might judge…they’d be like…you’ve got all these blessings…” (Amelia, Lines 51-111)

“…in a lot of cultures they do (feel ashamed)…but I think…friends make you feel ashamed…people might keep asking about it…friends might not help with forgetting about certain events…” (Minnie, Lines 48-56)

“…women are made to feel ashamed…people make you think that it’s your fault…you’ve been lacking prayer…not keeping that connection with God…in Somali culture, most women would never go to a professional…they’d see it as, oh my God, that means I’m crazy…psychologists wouldn’t understand…” (Hanna, Lines 130-144)

“…every negative event that happens is God’s way of making you stronger…in Iran, people bring you gifts…so you feel better and see how much your friends and family love you…” (Sarah, Lines 63-65)

Amelia (along with Faz and Hadia) spoke about how mental illness was seen as a “shameful thing” in Pakistani culture. She mentioned that if an individual is mentally ill, people judge them and might say they are not being thankful for their blessings. Similarly, Hanna talked about how people from the Somali culture might make individuals who are mentally ill feel as though it is their fault. They may be told that they have been “lacking prayer” or not maintaining a strong connection with God.

Minnie and Sarah’s cultural views were different in terms of the information they shared. Minnie placed a bigger emphasis on social influences, suggesting that friends play more of a role in individuals feeling ashamed. Sarah’s views on mental illness and shame had nothing in common with interviewees from other cultures. In Iranian culture, family and friends visit individuals who are mentally ill, or are simply feeling low, taking gifts to show

their love. From the analysis of the data, and quotes above, it seems the Iranian culture is most accepting of mental illness.

B.) Seeking Help

When asked whether interviewees would rather seek help from a mental health professional or Islamic scholar, they replied:

"…I would rather turn to an Islamic scholar first. Not because they know more…they might be able to better understand…" (Amelia, Lines 368-374)

"…I rather would…might understand better…" (Hadia, Lines 198-200)

"…maybe they would give me some holy water…" (Minnie, Lines 132-133)

"…I don't really think mental illness has anything to do with religion…would rather go to a professional.." (Sarah, Lines 177-180)

Differences were again found with Sarah's interview in regards to seeking help. Sarah told the interviewer that she would rather seek help from a mental health professional, as mental illness has nothing to do with religion, and a professional would be able to treat her more effectively. However, it can be argued that this differing answer could be due to individual differences and not differences in cultural perceptions of mental health.

Well-being, Mindfulness, Prayer and Meditation: The Positive Experience of Performing Religious Practices

The third theme includes individuals' positive experiences of performing religious practices. Religious involvement prevents the occurrence of stressors, which reduces levels of depression in individuals (Nooney, 2005). Here, interviewees discuss religious acts (such as praying, reciting and listening to the Qur'an), as well as how these made them feel during stressful times in their lives.

"…positive…refreshed by prayer…it's (Qur'an) so peaceful and relaxing…the most spiritually beautiful feeling in the world…" (Amelia, Lines 206-237)

"…recitations of the Qur'an…bring me peace…make you feel calmer…I listened to a recitation of Surah Mulk…totally just touched my soul…" (Hadia, Lines 55-236)

"…breathe in and out deeply…focusing on your breathing helps you become more mindful…the Qur'an…makes you feel calm and positive…instantly makes you feel…more relaxed…" (Minnie, Lines 135-201)

"…makes me feel positive…energetic…Surah's from the Qur'an…on water…helps you feel fresh and energised…my non-Muslim friends…they've tried listening to the Qur'an…they're like…sound's amazing…" (Hanna, Lines 53-302)

"…immediately makes me feel calm…like the way meditation affects you…mindfulness…" (Sarah, Lines 227-229)

All interviewees said listening to recitations of the Qur'an made them feel "relaxed" and "peaceful". Minnie and Sarah both mentioned 'mindfulness'. Mackenzie et al. (2007) found that 'Mindfulness-based Stress Reduction' programmes can reduce mood disturbance and improve quality of life. Sayeed et al (2013) found many health benefits of being 'mindful' and said this is called 'Khushu' in Arabic, when an individual stands "in front of God" and fully directs their mind and heart towards him.

Individuals believed that the Qur'an reduced levels of stress and brought about feelings of positivity. Taghiloo (2009) investigated the effects of reading the Quran on levels of stress. He found that adolescents who read the Qur'an more had a significant reduction in levels of stress. Therefore, it could be suggested that the Arabic words in the Holy Qur'an have some influence on individuals' psychological states.

Prayer was one of the first things interviewees turned towards when they felt negatively about situations. The focus was on the words recited while praying to God, rather than the actions performed. However, research has looked into the physical postures as well as psychological aspects of praying to explore whether these have an effect on physical and psychological well-being.

Doufesh et al. (2012) found that even non-Muslim participants merely going through the physical movements of Salah (Islamic prayer) showed appreciable results from the exercise. Praying not only brings individuals' peace, but experiences of physical well-being (Al-Ghazal, 2006). There are multiple health benefits of Salah. In the most noteworthy movement of prostration, besides the limb muscles, the back is exercised repeatedly, and neck muscles are strengthened. Due to this, it is uncommon to find a person offering regular Salah to suffer from illnesses such as myalgias (Ayad et al., 2008). It has also been found that 'Sajdah' (when the head is placed on the ground), is the only position in which the head is lower than the heart and therefore, receives an increased blood supply. This increase has a positive effect on memory, concentration and other cognitive abilities (Doufesh et al., 2012).

Lack of Faith, Spiritual Weakness and Tests of Patience: Difficulties of Belief as a way to maintain Mental Health

Individuals talked about their experiences of stress and/or any times where they felt they had experienced symptoms of depression. They shared their views on why they thought they had felt that way and how they changed negative thoughts into becoming positive.

"…you've been lacking faith…not been praying regularly…that's what has made you weak spiritually…there may be tests of patience…but…there's never been no answer…" (Amelia, Lines 173-297)

"If…you've been lacking prayer…connection with God…will have no balance in life…no meaning…" (Hanna, Lines 132-150)

"…if I had severe depression…I would try and…remember God…ask him for help…" (Sarah, Lines 190-191)

Amelia, Hanna and Sarah all talked about their experiences of stress and shared times in their life where they felt really low. Amelia and Hanna suggest "lack of praying" is what caused them to feel that way about life, and is what made them feel "spiritually weak" and like their lives had "no meaning" without that constant connection with God. The fact that Sarah said she would try to remember God and "ask him for help" if she suffered from depression, suggests that she is also attributing psychological problems to a lack of faith. Bailey et al. (2007) found that 63% of individuals viewed depression as a "personal weakness".

Making Sense of the 'Weirder' Teachings and Experiences of Islam: Jinn, Practices and Experiences that are hard to explain rationally

The interviewer asked individuals about their beliefs in Jinn (spirits), and whether they thought these 'beings' could possibly influence mental illness through 'possession'. They were also asked to share any 'strange' or 'unexplainable' experiences they had encountered in their life.

"…some mental illnesses are more likely to be caused by jinn possession…schizophrenia…some of the symptoms…maybe you've been lacking faith…they can easily take control of your body…lead you astray…" (Amelia, Lines 169-195)

"…I think in some cases, depression could be caused by it (possession)…" (Hadia, Line 120)

"…Schizophrenia, I think in some cases caused by…jinn possession…" (Minnie, Line 65)

"…Schizophrenia…some of the symptoms…could be disturbance from jinn…" (Hanna, Lines 173-174)

"…Schizophrenia…can be caused by possession…" (Faz, Lines 163-165)

"…I believe in jinn…but I don't know whether I actually believe in them possessing people…" (Sarah, Lines 78-83)

All six interviewees agreed to the existence of 'Jinn', as there was a mention of them in the Qur'an. However, Sarah- although she believed in their existence- wasn't too sure whether she believed in them possessing humans, as she hadn't encountered any relevant experiences. Also, the majority of participants referred to Schizophrenia, when asked if they thought there were certain mental illnesses more likely than others to be caused by the possession of Jinn. This could be because of some of the 'odd' symptoms of Schizophrenia (DSM-IV, 1994).

Hanna and Faz spoke about some of the bizarre experiences they had previously encountered, where they felt there was sufficient evidence to believe in possession.

"…some really strange experiences in the past…felt the presence of evil spirits…" (Faz, Lines 161-162)

"…there was this lady that came to my house…mum was…feeling physically ill…mentally stressed out…and the woman began to hit my mum's back shouting for the jinn to leave…" (Hanna, Lines 180-194)

These quotes suggest that although belief in jinn comes from the mention of them in the Qur'an, belief in possession of the body by evil creatures comes with strange paranormal experiences, which everyone may not encounter in their lifetime.

Conclusion

Gaining insight into the help-seeking behaviour of religious individuals, as well as exploring the influence of belief systems on levels of psychological stress and methods of coping, was the aim of this study. This was achieved through semi-structured interviews, in which the interviewer asked individuals to share their experiences of psychological stress, the ways they coped with stressful situations, and their views on mental illness from an Islamic perspective.

Thematic analysis identified 5 themes, which were analysed and discussed above. The interviewer found that interviewees had learnt (through previous experiences) to cope with their problems mostly on their own. When asked if they would rather seek help from a mental health professional or an Islamic scholar, 5 out of 6 said they would rather go to an Islamic scholar if they had any serious problems, as Western mental health professionals may not understand their beliefs as much. Individuals talked about how they incorporated Islam into every aspect of their life and when in need of help, turned towards prayer and the Qur'an first, as these brought "positivity" and "peace" into their life and gave them a stronger connection with God.

Interviewees all agreed that if Islamic practices, such as the recitation of the Qur'an or physical postures involved in prayer, were incorporated into Western treatments like CBT, they would be more likely to seek medical help rather than "suffering in silence".

This study focused on women, due to the cultural shame that Muslim women often experience. In some cultures, women are made to feel ashamed for mental health problems they might have. They are blamed and told that their mental illnesses are due to "lack of prayer" and "spiritual weakness". Using women was part of the research aim, however a limitation could be the fact that only individuals who referred to themselves as "strong believers" were included. Also, most of the women were educated and in their final year of University. Therefore, findings could be criticised, as not all Muslims in the UK may turn towards Islamic traditions when stressed, as the Western society

may have influenced their beliefs and help-seeking behaviour. In addition, not all Muslims consider themselves “strong believers”, especially in the UK. Thus, these findings may not be applicable to all British Muslims.

Future research should focus on Muslim men as well as women from a range of cultural and educational backgrounds, to see if their views are different, or whether similar findings emerge. Western mental health professionals should take this research forward, because the rate of mental hospital admission for British Muslims is lower than the general population (Lubkin et al., 2013), therefore, familiarising professionals with Islamic traditions and practices may increase understanding, help-seeking behaviour, and could be extremely beneficial for individuals from one of the largest religious groups in the world.

Reflexive Analysis:

As this research adopts a qualitative approach, the researcher must recognise how subjectivity influences data collection and analysis (Finlay, 2002). Being reflexive allows researchers to become aware of the impact they have upon the research (Ritchie et al., 2003). Two types of reflexivity will be discussed below (personal and epistemological).

Personal Reflexivity

In terms of personal reflexivity, it is important to be reflexive, as researchers' assumptions, experiences, values and beliefs can shape the analysis and phenomenon being studied (Watt, 2007). One of the main reasons I decided to pursue research in my focal area is because I am a Muslim woman, like my participants. I consider myself a 'strong believer' and constantly look for ways to keep me feeling positive about life. I turn towards the Qur'an and pray regularly, more in times of stress. My past experiences (issues with friends/family) brought me closer to God and I talk to him about everything. Praying and reading/listening to the Qur'an helped me get out of negative situations. My interest in exploring the influence of religious beliefs on experiences of stress stemmed from my personal experiences and is the reason I decided to explore stress management in Muslim women in the Western world. I especially wanted to look at whether, like me, it is common for Muslim women in the UK to turn towards prayer in order to change negative thought patterns.

Reflecting back on data collection, my lack of experience in conducting qualitative interviews may have affected my ability to collect rich, in-depth data. Although participants were my family members and friends, I felt slightly nervous, and feel I may have rushed through. I asked a few "yes/no" questions, so participants might not have expanded on answers as much as they may have wanted to. Nevertheless, I feel I did capture individuals' experiences of stress and methods of coping as a Muslim in the Western world. On reflection, some of my questions could have been re-phrased into

open-ended questions, in order to gain a better understanding of how individuals felt.

Epistemological Reflexivity

Epistemological reflexivity suggests that assumptions the researcher has about the world, shapes the research (King et al., 2010). My epistemological position influenced my decisions on data collection. I felt the most appropriate way to explore religious beliefs on management of stress was through qualitative interviews. Interviews allow participants to talk about individual experiences of stress, expanding on answers.

It should be noted that as my participants were personal contacts, they might have felt comfortable opening up to me about their experiences. This is as an advantage, as answers were more detailed. However, it could mean that there was bias involved, as individuals may have changed answers to suit research aims.

My expectations of the findings were that participants would not be as likely to turn towards Islamic traditions to help with stress management, as living in the UK would increase the chance of seeking help from professionals. However, most of the interviewees said that they turned towards God and the Qur'an in times of stress. This may be because interviewees were all strong believers and a few of them came to the UK from Muslim-populated countries, where Islamic traditions/treatments are much more common.

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