

MUSLIM WOMEN'S VOICES: GENERATION, ACCULTURATION, AND
FAITH IN THE PERCEPTIONS OF MENTAL HEALTH AND
PSYCHOLOGICAL HELP

A DISSERTATION
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

BY
ASRA HAQUE-KHAN, M. A.

DENTON, TEXAS

MAY 1997

Copyright © Asra Haque-Khan, 1997
All rights reserved

Dedication

To my Muslim mothers,
my Muslim sisters,
and my future Muslim daughters.

Acknowledgments

All praise and thanks to Allah for giving me the health, patience, and faith to complete this project. Wa ma Taufiqi Illah Billah (My success is from Allah only).

Thank you, Dr. Stabb, for your insight, guidance, and most of all, friendship. This final project is the ultimate reflection of your consistent support and belief in me. Not only are you a great advisor, but you are the true essence of a scholar and a mentor.

Thank you, Dr. Phillips, for your inspiration and your dedication for this study. You have taught me so much about the importance of cultural sensitivity and have re-kindled my pride in being a Muslim woman.

Thank you, Dr. Nutt, for your encouragement, helpful comments, and kind words of support.

Thank you, Dr. Littlefield, for acknowledging my personal and professional growth throughout my years at Texas Woman's University.

I would also like to thank Ann Hopkins for reviewing/editing the final draft of this project. Not only is she a remarkable editor, she is a woman of infinite talents.

Thanks to all my participants. I pray that I have done justice with your precious voices.

Thanks to my husband and devoted companion, Atique, for giving me respect, confidence, and unending encouragement. I could not have done this without you by my side.

Fatima and Aunty, you gave me sustenance for both my body and my soul...thank you.

To my Uncle Basheer, I am grateful for your perpetual guidance.

Finally, thanks to my amazing mother; my cherished twin sisters, Hoosna and Moona; and my stellar brother, Shareque. I know you share the same feelings with me in acknowledging the spirit of our father, Mohammed Kaleem-ul Haque, as being an integral part of this honorable accomplishment.

MUSLIM WOMEN'S VOICES: GENERATION, ACCULTURATION, AND
FAITH IN THE PERCEPTIONS OF MENTAL HEALTH AND
PSYCHOLOGICAL HELP

Asra Haque-Khan

May 1997

ABSTRACT

This study explored acculturation, religiosity, gender role ideology, generational differences, explanations of mental health symptoms, coping mechanisms, and help-seeking behavior of a sample of Muslim women in America. A mixed methodology was implemented by using both quantitative instruments and qualitative exploration. Quantitative instruments consisted of demographic information, an Islamic religiosity scale (IRS), the American International Relations scale (AIRS), and the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH). Qualitative exploration was implemented via semi-structured interviews and a focused group session on case scenarios. Forty-two Muslim women (24 immigrant and 18 first generation) completed the quantitative measures (Phase I). From this sample of forty-two, eighteen Muslim women (nine immigrant and nine first generation) participated in the qualitative component of the study which included the semi-structured interview (Phase II), and seven (two immigrant and five first generation) from

these eighteen participated in the group discussion on case scenarios.

Participation was strictly voluntary.

Four 2 x 2 x 2 ANCOVAs and a Multiple Regression procedure were used in analyzing quantitative data. Qualitative analysis took place by reviewing verbatim transcripts, implementing coding, writing memos, thinking about possible hypotheses and their relationships, and asking generative questions allowing this researcher to develop detailed flow charts describing the data.

Although quantitative results showed no significant difference between immigrant and first generation Muslim women in their attitudes toward seeking professional help, qualitative results showed that both immigrant and first generation Muslim women revealed a stigma continuum which could be accounted for as a result of one's stage of Racial/Cultural Identity Development. Moreover, quantitative results revealed no significant difference between high religious women and low religious women in attitudes toward seeking professional psychological help. Nevertheless, qualitative analysis revealed that religious identity development was a process that helped in explaining aspects of religiosity for both immigrant and first generation Muslim women. Furthermore, Muslim women reported frustration over being judged by an external standard and a community image. Implications for theory, practice, and research are discussed.

TABLE OF CONTENTS

DEDICATION.....	iv
ACKNOWLEDGMENTS	v
ABSTRACT	vi
LIST OF TABLES.....	xii
I. INTRODUCTION	1
II. LITERATURE REVIEW.....	6
Multicultural Theories: Response to a Need.....	6
Immigration Issues /Psychological Factors	9
Cross-cultural Communication of Mental Health Symptoms and Help-seeking Behavior.....	15
Women of Color: Implications for Psychotherapy	17
Islam and women.....	21
Political Islam and Women.....	23
Muslim women, Life in America, and Psychological Concerns	25
Muslim Population of North America	31
Muslim Family /Muslim Youth in North America.....	35
Psychology in the Muslim World	37
Spirituality/Sufism.....	37
Communication of Mental Health Symptoms in the Islamic World.....	39
Traditional Problem Resolution within Islam.....	41
Current Trends in Psychology and Islam.....	43
Statement of the Problem.....	49
General Research Questions	51
Quantitative Hypotheses.....	51
Qualitative Questions.....	52

III. METHODOLOGY	54
Importance of Qualitative Inquiry in Multicultural Psychology	54
Rationale for Mixed Methodology.....	55
Participants/Sampling	56
Procedure and Data Collection techniques	57
Ethics.....	59
Credibility and Trustworthiness	60
Sample Size and Generalizability	60
Validity and Reliability.....	61
Time Commitment and Materials	62
Instruments	63
Demographic Information Form.....	63
Islamic Religiosity Scale (IRS)	63
American International Relations Survey (AIRS)	65
Attitudes Toward Seeking Professional Psychological Help (ATSPPH).....	66
Structured Interview	66
Case Scenarios	67
IV. DATA ANALYSIS	68
Quantitative Component.....	68
Quantitative Hypotheses	68
Quantitative Analyses.....	69
Qualitative Component.....	70
V. RESULTS	72
Description of Quantitative sample	72
Quantitative Results.....	74
Secondary exploratory analyses.....	85
Qualitative Results.....	89
Immigrant Muslim Women.....	89
Reasons for Immigration.....	90
Acculturation.....	91
Religiosity	97

Gender Role Ideology	106
Perceived Prejudice.....	110
Definitions of Emotional and Mental Health.....	113
Coping Mechanisms.....	117
Problems in Muslim Communities	119
Options for Seeking Help.....	123
Role of Counselor, Psychologist, and Psychiatrist	127
Problems Requiring Seeking Professional Help	132
Attitude toward Seeking Help (stigma)	133
 First Generation Muslim Women	 135
Reasons for Immigration.....	136
Acculturation.....	136
Religiosity	143
Gender Role Ideology	152
Perceived Prejudice.....	160
Definitions of Emotional and Mental Health.....	167
Coping Mechanisms.....	170
Problems in Muslim Communities	172
Options for Seeking Help.....	175
Role of Counselor, Psychologist, and Psychiatrist	180
Problems Requiring Seeking Professional Help	185
Attitude toward Seeking Help (stigma)	186
 Comparisons between immigrant and first generation Muslim Women	 189
 Focused Group Session.....	 207
Scenario One	208
Scenario Two	209
Scenario Three	213
Scenario Four	219
Scenario Five	222
 Convergence/Integration of Findings: Cross-Method Triangulation.....	 225
 VI. DISCUSSION	 230
Answering the qualitative research questions.....	230
Significance of Findings	238

Implications for Theory	240
Implications for Practice	250
Implications for Research	258
Limitations of the study	259
Closing comments.....	261
REFERENCES	263
APPENDICES	278
A. Demographic Information Form	279
B. Islamic Religiosity Scale.....	281
C. American International Relations Survey (AIRS)	286
D. Attitudes Toward Seeking Professional Psychological Help (ATSPPH)	287
E. Structured Interview	291
F. Case Scenarios	294
G. Informed Consent Form (1)	297
H. Informed Consent Form (2)	300
I. Initial Process of Coding (Emergent Themes).....	304
J. Detailed Flow Charts using generative qualitative questions.....	329
K. Memos.....	356
L. Reflexive Journal	365

LIST OF TABLES

Table 1.	Breakdown of Participants According to Country of Origin	72
Table 2.	Demographic Variables (Immigrant and First Generation Muslim Women)	73
Table 3.	Means and Standard Deviation of Age	74
Table 4.	Means and Standard Deviation for Scores on Attitude Toward Seeking Professional Psychological help Scale (ATSPPH)	75
Table 5.	Means and Standard Deviation of Perceived Prejudice, Acculturation, Language Usage, and Total AIRS.....	76
Table 6.	Means and Standard Deviation of Islamic Attitudes and Beliefs, Knowledge of Quran and Hadith, Overall Islamic Behavior, Islamic Behavior Within the Past Year, and Total IRS	77
Table 7.	Results of ANCOVA (Total AIRS)	79
Table 8.	Results of ANCOVA (Perceived Prejudice)	81
Table 9.	Results of ANCOVA (Language Usage)	82
Table 10.	Results of ANCOVA (Acculturation)	83
Table 11.	Multiple Regression Scores Predicting Attitude Toward Seeking Professional Psychological Help Using the Following Variables: Immigration status, Total AIRS, Language Usage, Perceived Prejudice, Acculturation, and Total IRS (Islamic religiosity)	85
Table 12.	Significant Correlation Matrix with Respective Probabilities	86

CHAPTER I

INTRODUCTION

Moving into the next decade, demographic studies confirm the increasingly multicultural and ethnically diverse nature of our society. Western perspectives of psychotherapy and counseling are limited in their use unless cultural variables are considered (Attneave, 1976; Ivey, 1995; Ponterotto & Casas, 1991; Sue & Sue, 1990). Providing counseling to culturally diverse populations is becoming a clear priority.

Since the inception of a formal discourse regarding the sociocultural foundations of mental health and/or psychopathology, Marsella (1993) identified a series of questions which have dominated the pursuit of this inquiry. These include: What is the role of sociocultural variables in the etiology of mental disorders? How do sociocultural variables interact with biological, psychological and environmental variables to influence psychopathology? What are the sociocultural variations in standards of normality and abnormality? What are the sociocultural variations in the classification and diagnosis of psychopathology? What are the sociocultural variations in the rates and distribution of psychopathology according to both indigenous and Western categories of psychopathology? What are the sociocultural variations in the experience, manifestation, course and outcome of psychopathology? While many in the field of mental health find it

imperative to answer such questions in order to design and provide appropriate therapeutic services for the multicultural community, more work is needed. Combating ethnocentric views which have led to diagnostic abuses and insufficient treatment models is a clear task for the future of mental health providers.

The purpose of this study was to explore the role that professional psychological help may play with Muslim women in America. Information regarding the Muslims of America remains inadequate (Haddad, 1991; Haddad & Lummis, 1987; Haines, 1991; Waugh, Abu-Laban, & Qureshi, 1991). In particular, Muslim women are the focus of misunderstanding and misrepresentation (Ahmed, 1992; A. Al-Hibri, personal communication, 1995; Goodwin, 1994; Tucker, 1993). This lack of understanding often promotes fear, resentment, and anger from non-Muslims toward a culture and religion that has existed for centuries (Iverson, 1995; Said, 1979).

In this comprehensive investigation, I have reviewed what I have determined as significant areas of research which have contributed in some way to the focus of this study. The first broad topic highlights important historical milestones illustrating the emergence and need for multicultural theories. Following this, I have explored issues pertaining to the process of immigration and related psychological factors including generational differences and acculturation. I have also reviewed topics concerning cross-cultural communication of mental health symptoms and cross-cultural help seeking

behavior. With these reviews, I hope to provide the reader with sufficient meaningful information to support gaining knowledge of cultural diversity.

The literature review then focuses on issues pertaining to Islam, Islamic culture, Muslim women in general, and Muslim women's adaptation to life in America. Given that family is paramount in Islamic culture, I have included topics geared toward Muslim youth and family. Acculturation, identity issues, and generational differences are explored as they are likely to be significant factors affecting the Muslim family in America. In addition, I have included the important topic of Islam and Psychology. Psychology as described from a "Western" paradigm goes largely unrecognized in the Islamic world. However, traditional, spiritual/religious forms of healing have been present for thousands of years. Muslim communities today face challenges that they never expected to deal with in their respective countries of origin. The literature in this area clearly supports a need to seek further knowledge.

In the present study, I have explored issues of acculturation, religiosity, gender role ideology, generational differences, explanations of mental health symptoms, coping mechanisms, and help-seeking behavior of a sample of Muslim women in America. Hearing their voices from their own context has provided important information to better understand issues and specific needs of Muslim women in America.

In the area of cultural diversity and psychotherapy, there is an increasing trend toward qualitative study (Phillion, 1995; Rennie, 1995). This trend is based upon the

argument that it only makes sense to find out how respective cultures construe circumstances in their respective world views and language if subsequent psychotherapy is to be helpful (Phillion, 1995). Open-ended questions are likely to elicit deeper, more contextual information. These questions permit a detailed phenomenological description that traditional quantitative measures and Western-normed instruments are likely to overlook. Comparative quantitative studies do not offer as much description as do qualitative studies. In general, the need for qualitative studies in cross-cultural research is apparent. Adhering to a process in which ethnic minority groups are compared to a white, middle-class, dominant group has been criticized (Ponterotto, 1988). In the case of Muslim women, the issue becomes especially pronounced. Comparative, quantitative studies have led to and continue to promote ethnocentric views of the position of Muslim women (Ahmed, 1992; Arebi 1991; Hoodfar, 1993).

Nevertheless, I acknowledge the well-established tradition of quantitative studies and believe in their potential to obtain and provide important information. The argument between the two traditions of research need not become adversarial; it becomes one of personal choice as to how the researcher desires answers for his/her specific research questions. Therefore, in this study, I have implemented a mixed methodological model (across method triangulation) to contribute to a better understanding of Muslim women's perspectives on professional psychological help. With this methodology, important quantifiable results are available. However, with the qualitative design component (semi-

structured interviews and focused group discussion), more meaningful, contextualized information is provided. Not only did the obtained information expose the cultural insensitivity often associated with many Western normed instruments, it created an opportunity for information to “converge” and be corroborated.

In addition to providing basic information on this important group, these findings will be used to promote understanding among international women’s organizations, and generate training models and workshops for psychologists and counselors as how to best serve this population.

CHAPTER II

LITERATURE REVIEW

Multicultural Theories: A Response to a Need.

Emil Kraepelin may have been one of the earliest pioneers to use terminology for what would be later coined as modern day “multicultural theory.” In 1904, he documented variations in psychopathology among Southeast Asian cultures. He coined the term “Vergleichende Psychiatrie” which is translated to “Comparative Psychiatry.” Since then, others followed in his footsteps and coined terms such as Culture and Psychopathology (Slotkin, 1955) and Cross-cultural Psychiatry (Murphy and Leighton, 1965). Marsella (1993) held the opinion that it was the pre-1970 period which constituted the formative years for the study of the sociocultural foundations of psychopathology. He noted that in the European Renaissance period (approximately 14th to 18th centuries), profound shifts in thinking were taking place. Philosophical ideas about human nature began to shift from theologism toward humanism. With this emphasis on humanism, it is understandable that an emphasis was placed upon the determinants of human behavior. Among these determinants, the sociocultural explanations of human behavior became an attractive focus. By the twentieth century, the stage had been set to explore the role of sociocultural factors in the etiology, distribution, diagnosis, expression, and course of outcome of psychopathology.

Rousseau, the visionary thinker, was one of the first to address the relationship between society and well-being. His revolt against a “civilized” culture has been translated by many subsequent medical theorists as a means to explain many psychiatric problems (Marsella, 1993).

Five important research directions that have helped shape the study of sociocultural aspects of psychopathology between 1900-1950 include: 1) the study of culture-bound syndromes; 2) the cross-cultural study of mental disorders using Western concepts; 3) the study of the relationship between normality and abnormality; 4) the emergence of epidemiological studies concerned with cultural differences in rates of disorders; and 5) the popularization of Freudian views of human nature (Marsella, 1993). The implicit message was that culture shaped the expression and the experience of psychopathology. Given that modern psychotherapy and psychiatry is a “child of Western culture” (Lin, 1982), it behooves us to gain a cross-cultural knowledge base of what deviations from normal behavior in respective cultures are.

Since 1970, Marsella (1993) reported a tremendous growth in the interest of cross cultural and/or ethnic minority psychology. His reasons for this growth include increasing collaborative studies (World Health Organization), growing dissatisfaction with a Western ethnocentric bias of psychological and psychiatric issues, increased social awareness of issues of racism, imperialism, and colonialism, and a growing awareness of the multiple and interactive determinants of psychopathology.

The disregard of multicultural issues was becoming more and more evident. Incidents of overt racism had risen throughout the country ranging from racial epithets, physical attacks, and even murder (Sue & Sue, 1990). Our established institutions of “help” including mental health counseling were indeed not helping. There have been and continue to be documented underutilization of services, premature termination, and unsatisfactory therapeutic relationships for ethnically diverse populations (Atkinson, Morten, & Sue 1989; Ivey, 1995; Pedersen, 1988). In our struggle to better understand the problems at hand, the concept of world view emerged.

A world view may be defined in its most basic level as a set of assumptions one holds about the world. Historical and current experiences of oppression and racism are intimately linked with one’s world view (Sue and Sue, 1990). One concept of world view as related to multicultural counseling was given by Sue (1978) which consisted of two dimensions: locus of control and locus of responsibility. This movement toward understanding different world views promoted an exploration of a person’s sociopolitical history, cultural, ethnic background and is seen as a major contribution to the advancement of multicultural counseling.

Ibrahim (1991) also emphasized the importance of understanding different world views as a critical element in multicultural counseling. Exploring the world views of culturally diverse persons provides us with an important multicultural theme: Many ethnically diverse individuals gain an identity through a web of family and community

connections which is similar to the collectivist/individualist distinction made by researchers such as Hofstede (1980). To relate to them without this social contextual information is often not beneficial.

Ivey (1995) stated that if we want to understand any individual, we need to see that person in “totality.” As a means to do this, Ivey (1995) developed a “community genogram” as a way to introduce a positive, strength-oriented view of self showing how we are all selves-in-relation to one another. The community genogram provides a frame of reference to help the client see self-in-context. With this culturally sensitive technique, clients are asked to generate narratives of major stories from the family and community in which they grew up. A visual reproduction is made in which the client places himself/herself in connection with significant community factors. This visual reproduction subsequently becomes part of the therapeutic process.

In response to multicultural diversity issues, the introduction of the concept of world views has been profoundly significant in assisting mental health researchers to pursue and develop culture-specific techniques applicable to ethnically diverse populations.

Immigration Issues /Psychological Factors.

Reasons for immigration are diverse. It is naive to entertain the widely held belief that the sole purpose for immigrants to come to the United States of America is to search for the “American dream.” Issues of political asylum and refugee status must be considered. Too often, newcomers are stigmatized for their immigrant status and feel

barred from mainstream society. Mental health concerns become exacerbated when additional risk factors including refugee status are combined with the stress of migration.

Migration has been referred to as a “risk factor” for developing a mental disorder (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988). However, researchers find it more useful to examine the conditions under which emotional distress occurs than to focus on immigration status per se. For example, differences in personal as well as social characteristics may contribute to the development of a mental disorder.

Persons are typically allowed entry into the United States under the Immigration Act predicated on economic, social, and humanitarian concerns (Immigration and Naturalization Services (INS), 1995). People may enter in one of three categories: Family class, convention refugees, and independent immigrants. Another category includes foreign students who arrive for the temporary purpose of study. Illegal immigration must also be acknowledged as it accounts for a significant amount of immigration (INS, 1995).

Under the terms of family class, a United States citizen or permanent resident who is at least eighteen years of age may sponsor a close relative by signing an undertaking to provide lodging, care and maintenance of his or her family member for up to a period of ten years (INS, 1995). The independent class of immigrants includes others applying on

their own initiatives giving priority to those who are better educated and demonstrate personal stability, and to those having relatives in the country.

Based upon the United Nations protocol, a convention refugee is “any person who by reason of a well founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group or political opinion a) is outside the country of his nationality and is unable or, by reason of such fear, is unwilling to avail himself of the protection of that country, or b) not having a country of nationality, is outside the country of his former habitual residence and is unable or by reason of such fear, is unwilling to return to that country” (INS, 1995). Many refugees have experienced the loss of possessions, family, friends, and in many cases, their personal and national identity. In understanding the relationship of mental health and immigration one must remember that people usually choose to become immigrants but they are forced to become refugees.

Many foreign students are here for a temporary period and likely experience difficulty in adjusting to Western society. However, after enjoying the freedom of expression and other economic opportunities that the U.S. has to offer, many find themselves contemplating whether or not to return to their country of origin. Some desperately wish to stay, yet have no legal and/or financial support to do so. Others face cultural pressures which beckon them to return home. These situations often create a period of “limbo” regarding cultural adjustment.

Immigration can be an extremely painstaking process. Stories of persons spending nights outside the U.S. embassies of their respective country of origin desperately waiting for a chance to apply for immigration are not unfamiliar. Families who sacrifice separation for years in order to establish citizenship are also common.

One of the strongest challenges to one's cultural distinctiveness occurs when one emigrates to a country with different cultural traditions (Glick, 1993; Marsella, 1993; Smith & Bond, 1993). Disorientation, feelings of isolation, alienation, nostalgic depression and a sense of powerlessness are likely to occur. Those whose home cultures are vastly different from that of the United States are likely to experience the greatest emotional, adjustment, and/or identity problems (Kleiner & Okeke, 1991). Moreover, immigrant groups who experience a positive reception by the majority population adjust more easily than those groups who experience prejudice and/or lack of familiarity from the majority population.

Research strongly emphasizes that the psychosocial support provided by family members is invaluable in the resettlement process as they are an important resource for promoting well-being and preventing emotional disorder (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988).

Discussing immigration issues is not complete without including cultural identity development, acculturation, and generational differences. The Racial/Cultural Identity Model (Atkinson, Morten, & Sue, 1989) presents a framework to assess the different

stages that a culturally different person may go through in understanding themselves in terms of their own culture in contrast to the dominant culture. Five distinct stages have been categorized, including Conformity, Dissonance, Resistance and Immersion, Introspection, and Integrative Awareness. These stages are not static and/or fixed nor do they necessarily indicate a linear developmental progression. Cultural identity development is a dynamic process allowing a person to shift to the Resistance and Immersion stage from the Integrative Awareness stage given a certain political and/or emotional crisis.

Minority persons in the Conformity stage are likely to have an unequivocal preference for dominant cultural values over their own cultural values. Lifestyles and value systems of the dominant society are highly valued and those from their own minority group are degraded. In the Dissonance stage, minority persons begin to question and challenge their attitudes and beliefs of the Conformity stage. In the Resistance and Immersion stage, the minority person tends to reject the dominant values of the society and this stage is likely coupled with feelings of anger and resentment of the beliefs they held while in the Conformity stage. In the Introspection stage, the minority person is likely to discover that the intensely negative feelings held toward the dominant culture is psychologically and emotionally draining and prevents them from a deeper understanding of themselves within their respective culture. In the Integrative Awareness stage,

minority persons are likely to develop an inner sense of security and are able to appreciate unique aspects of their own culture as well as those of the dominant culture.

Acculturation, how much a minority person has adopted majority culture's attitudes, values and belief systems, remains a highly important variable in relation to minority issues. Nevertheless, the process of acculturation remains ambiguous. For example, some minority groups tend to acculturate in domains of food, clothing, and work habits; yet not in the domains of language, socialization, and family values. Contributions to the exploration of the process as well as the measurement of acculturation have been made (Cuellar, Harris, and Jasso, 1980; Ghuman, 1991; Ibrahim, 1991; Mendoza, 1989; Ponterotto, 1988; Sadowsky & Plake, 1991; Suinn et.al., 1987).

Generational differences are of particular importance given the nature of the shifting demographics (Kurian, 1992; Vaidyanathan & Naidoo, 1990). Issues of acculturation, religious and social patterns of adaptation all become important factors in shaping subsequent attitudes and behaviors of previous cultural norms. First and second generations are likely to adapt differently to the customs of the majority society (Furnham & Sheikh, 1993). It is likely that immigrants or first generation populations migrated at times when their identities were well formed and they had a strong sense of belonging to their respective cultures. As for second generation immigrants, they are born and brought up in a society in which they are ultimately a minority group. It is likely that younger

generations will experience and cope with stressors in a different manner than older generations (Furnham & Sheikh, 1993; Stopes-Roe & Cochrane, 1991).

Cross-Cultural Communication of Mental Health Symptoms and Help Seeking Behavior.

Culture plays a role in the definition, cognitive meaning and management of whatever is interpreted as illness. Western-trained mental health professionals must understand the variations of communication of emotional distress (Kirmeyer, 1989; Parsons & Wakely, 1991). Given the established findings that psychological distress exists within culturally diverse populations (Alexander, Klein, Workneh, & Miller; 1981; Dyal & Somers, 1987; Pedersen, 1991), information regarding how this distress is communicated and thus alleviated remains incomplete.

For example, somatization, the tendency to express psychiatric disorder in physical symptoms, is most prominent in cultures in which psychological services are not common as well as negatively stigmatized (Alexander, et. al., 1981; Ebbin and Blankenship, 1986; Kirmeyer, 1984; Sue & Sue, 1977). Cultural variation exists in the symptomatology of schizophrenia and depression which in turn has profound implications for subsequent diagnosis and treatment (Marsella, 1993). Research revealed that American diagnosticians were more prone to overdiagnose schizophrenia and British diagnosticians tended to overdiagnose depression (Cooper, Kendell, Gurland, et al., 1972). The cultural background and training of the clinician had much to do with the error in diagnosis in that he/she was looking for symptoms within the patient that fit with

the respective cognitive schemas around the diagnosis. This example clearly illustrates how ethnocentric bias can result in numerous errors of diagnosis, therefore negatively impacting treatment plans and symptom relief.

In attempting to remedy these errors in diagnosis and to account for the variations in symptom manifestations, Marsella (1993) suggested that psychopathology represented exaggerations of existing normal psychological and interpersonal styles of culture. Although an important and culturally sensitive strategy at the time, understanding the “norms” of respective cultures continues to be a relentless challenge.

Cultural differences likely become barriers for help-seeking behavior (Sue and Sue, 1977) with defensive and/or negative feelings toward counseling strengthening the barriers (Atkinson, Ponterotto, & Sanchez, 1984; Fukuhara, 1986). Seeking assistance from outside sources may be perceived as bringing shame upon one’s family, and thus there may be a greater reliance upon extended family for emotional support (Pedersen, 1991; Root, 1985).

Attitudes and expectations about counseling consistently emerge as being important predictors of counseling attendance, attrition, effectiveness, and satisfaction (Garfield, 1994; Tinsley, et.al., 1984). Moreover, counseling services may also be predicted by amount of information, preference of problem solving techniques, stigma, lack of problem clarity, and previous counseling experience (Snyder, Hill, & Derksen, 1972; Yau, Sue, & Hayden, 1992).

Although significant, these findings appear to adhere to a basic premise that professional help-seeking is a necessity, if not a norm, for alleviating psychological distress. Perhaps questioning our thinking behind this expectation will be more fruitful for the mental health profession in the long run.

Counseling, as we know it today, has been nurtured by Western culture. However, individuals helping others in times of need (culture-specific natural helping styles) is a phenomenon that has likely existed since the inception of human kind (Nwachuku & Ivey, 1991). In many African cultures, as in many Eastern cultures, the extended family is central. Spirituality is a paramount concept for many traditional healing methods (Bakhtiar, 1994; Comas-Diaz, 1992). Other more well-known non-Western healing systems include acupuncture from Chinese culture, Ayurvedic medicine from Indian culture, Ho'oponopono from Hawaiian culture, and Naikan therapy from Japanese culture.

Women of Color: Implications for Psychotherapy.

In general, the mental health field has not been sensitive to the diverse voices from women of color. Neither has the field been sensitive to the various forms of racism and colonialism that psychologically affect many women of color. More devastating however, is the notion that many women defeat their own feminist tradition by de-emphasizing communication and promoting hierarchical relationships. This is done through imposing

ethnocentric bias and promoting a universal white, middle-class, and Western notion of women's rights.

Women of color's reality involves experiencing the phenomenon of being a "double minority" including the adverse effects of both racism and sexism (Pinderhughes, 1994). Understanding the mental health needs of women of color requires an appreciation of their respective psychological realities (Comas-Diaz & Greene, 1994). As a group, women of color share many things in common. Nevertheless, they differ with respect to many intricate factors. These factors may include differences ranging from racial features and skin color to histories of colonialism and oppression. It is imperative that we see each woman as unique, with her own psychological experiences. Cultural values and gender roles influence what clients talk about in psychotherapy. Expectations based on the sociocultural context will facilitate therapeutic change, and therapists must be able to engage clients in a therapeutic relationship (Chin, 1994).

The following sections explore how many therapeutic traditions of the West deal with gender and culture. It becomes evident that these therapeutic traditions have often failed to consider the uniqueness of the lives of many women of color.

Psychodynamic approaches are by far the least responsive to the lives of women of color. The theory's foundation has its roots in white, Western, and European culture. However, Chin (1994) pointed out that although unfair to label psychodynamic perspectives as nonusable for women of color, two things must occur for the subsequent

appropriate use of psychodynamic theory: 1) A reconceptualization of psychodynamic psychotherapy, and 2) a refinement of psychodynamic therapy to include manifestations of culture and gender differences.

The emphasis that psychodynamic theory places upon individualism, independence/individuation, and the release of affect for behavior change are major arguments against the theory from a woman of color's perspective. Inherent to many women, and especially women of color, is a psychological reality based upon a connection having to do with empathy and nurturance for others. An emphasis on the importance of the self over others is likely to cause intrapersonal conflict. Mutual interdependence for women of color is important and seen as "normal" in a developmental frame of reference. For example, a thirty-five year old single Arab woman living at home with her parents is simply adhering to the cultural norm of remaining under the protection of her family until she is married, maintaining honor and respect to her family name. Diagnosing her as having separation/individuation problems from a psychodynamic viewpoint would be culturally inappropriate. Moreover, the release of emotion (catharsis) is a necessary prerequisite for gaining insight in psychodynamic therapy (Chin, 1994). However, many women of color have been raised in cultural contexts in which an emotional release of affect is inconsistent with the positive attributions given to this process.

To advocate the advancement for women in general, feminist approaches to psychotherapy have emerged (Hare-Mustin, 1983; Smith & Siegel, 1985). Nevertheless, feminist theory has much ground to gain with respect to cultural diversity. No universal definition of feminism exists; however, time and again, a Western model of feminism has been propagated. Given this, there are often assumptions made that women of color are less evolved in their feminist identity as compared to their majority culture counterparts (Anzaldúa, 1990; Lorde, 1984).

Certain variations of Cognitive-Behavioral Therapy (CBT) are likely to offer a more encompassing framework for women of color. A basic tenet of CBT is that one's thinking influences one's behavior and affect. Therapists work to actively engage clients in understanding their own problems and the origin of their problems. Since the woman of color identifies her thought processes from her own cultural frame of reference, it is a more culturally respectful process. Lewis (1994) described a number of advantages with using cognitive-behavioral techniques with women of color. The collaborative therapeutic relationship gives respect and a sense of control to the woman of color. It allows for a condition in which the woman can gain credit for change and success. Since women of color must deal with the social realities of sexism, racism, and colonialism, CBT can be utilized to facilitate a woman of color's ability to deal with discrimination. CBT is in compliance with a multicultural perspective by allowing a forum for problem

solving in which directiveness and symptom relief are important factors. CBT also permits the use of one's own respective spirituality within the therapeutic process.

According to Comas-Diaz (1992), the current status of mental health services is in a "Revisionist stage." This stage signifies a move from the question of effectiveness of treatment to examining variables of race and culture as well as the interaction of gender, ethnicity and psychotherapy (Brown & Root, 1990).

Comas-Diaz and Greene (1994) made a special reference to missing information pertaining to Arab-American women. This is a group that is beginning to be recognized in the mental health literature and requires special attention (Budman, Lipson, & Meleis, 1992). Within the Arab population, Muslim women become an emphasis as they continue to be misunderstood. The following sections are intended to provide contextual information on women and Islam including the complex entanglement of politics, religion, and nationality. The reader may come to realize that misinterpretations of religion based on culture and politics have more to do with creating "confusion" for Muslim women than Islam itself.

Islam and Women.

For the reader who may need an introduction to Islam and its basic tenets, the following is presented. The central belief in Islam, as well as being the first pillar in Islam, is the declaration of Shahada: "There is only one God, and Prophet Mohammed (Peace Be Upon Him) is the final messenger." The second is prayer. A Muslim is

required to pray five times a day at designated times. The third is fasting throughout the month of Ramadan. The fourth is Zakat or charity in which a Muslim is required to give 2 ½ % of his/her annual earnings to someone in need, and the fifth includes performing Hajj, or the pilgrimage to Mecca, at least once in a lifetime given that they are physically and financially able (Haneef, 1993).

Prior to Islam, women did not have the right to own property. Rather, they were considered property themselves. Islam introduced concepts which guaranteed women the right to inherit and bequeath property, to exercise full possession and control over their own wealth, and to hold a noble status provided by motherhood.

The Holy Quran devotes an entire chapter (Sura An-Nisa) to women. Moreover, a plethora of verses exist dealing with issues particular to women and their rights. Among them, the following verses, appear significant: Marriage and status (Sura An-Nisa, 4:2-3; 4:12; 4:19; 4: 20-21; 4-129; Sura Ar-Rum, 30:21), divorce (Sura Al-Baqara, 2: 241; 2: 228; 4:35), witnessing (2: 282), clothing, public behavior, and segregation (Sura Al-Ahzab, 33: 33; 33:59; Sura An-Nur, 24: 31)¹.

A collection of the Prophet's sayings, called "Hadith," also exists which provides examples reflecting the treatment of women in Islam. For instance, the Prophet (Peace be Upon Him) has been known to say "Women are twin halves of men," and "Stay with

¹ The following example is read as (Sura An-Nur, 24:31) Sura An-Nur, #24, verse 31.

your mother, because paradise lies beneath her feet” (Sahih Al-Bukhari)². Together the Quran and Hadith provide evidence of the dignity and respect held toward women. However, the controversy becomes one of cultural misinterpretations in the justification of the maltreatment of women. For Muslims, the urge is to read the Quran with a spirit of kindness, toleration, and especially within the context of time, space, and cultural milieu.

Political Islam and Women.

The role of women has often been intertwined with the political and national stability of the respective Islamic country. Women have come to symbolize the transformation of society and yet they also bear the burden for maintaining cultural and religious values (Haddad, 1985). Colonialization across the majority of the Islamic world has left many Muslims with a confused identity. The superiority of Western values was advocated by way of creating new educational systems by the colonial governments. Western influences challenged Muslim society especially in regard to women and education, veiling, seclusion, and polygyny. Colonial governments promoted social change, and the “liberation of women” became top priority (Haddad, 1985). Revolutionary thought within the Arab world has been thought to have developed around the following three ideologies: the nationalist, the socialist, and the Islamist (Haddad, 1985). The primary focus for nationalist revolutionary thought was the transformation of

² Sahih Al-Bukhari is recognized as a legitimate source among Muslim scholars for the collection of the Prophet’s actions and sayings known as “Hadith.”

the political institutions of society. For socialist thought, the primary focus was economic development and the welfare of the society. For Islamists, the primary focus was the transformation of the social order into an Islamic system that adheres to the tenets of the Quran. Despite the different foci, all such ideologies agreed that prevailing conditions for Muslim women were unacceptable and that their role was pivotal in transformations of societies. More significantly, they agreed that the liberation of women was a reflection upon the liberation of the entire society. They disagreed, however, in their respective visions of the symbolic role that women played in actualizing their visions. Nevertheless, early leaders of the Arab feminist movement, regardless of their ideological positions, disavowed any effort to pit females against males. The goal was the liberation of an entire society, male and female. For Muslim women today, the goal may be similar, yet more complex.

Basic to the conflict of the liberation of women is a cultural relationship of men's honor, pride, and dignity that is intertwined with the morality, chastity and modesty of Muslim women. Therefore, many Muslim leaders may not object to the idea of educating Muslim women. It is their public exposure inviting a "threat" to modesty that heightens anxiety.

It is within the Islamist position that Muslim women become both more recognized as well as stigmatized. Therefore, it is important to further emphasize the diversity within this group. Ghadbian (1995) characterized three trends comprising the range of

Islamist positions on gender roles: Conservative, extremist, and reformist. Gender is treated differently within each of these groups. For example, conservatives are not likely to place seeking justice for all women as a priority. With the extremist position, members are likely to have a narrow understanding of Islamic texts and see rigid separate spheres of life for men and women. Unfortunately, it is this position that becomes the highlight of media attention and thus gets translated as the “norm” for Muslim social/religious and political life. Reformists believe that including women in all facets of life is consistent with the teachings of Islam. With the presence of such differing attitudes within the Islamist position, it is understandable that a situation filled with confusion and ambiguity is created.

Muslim Women, Life in America, and Psychological Concerns.

Muslim women in America are forced to confront a new cultural/religious context and to choose in which domains to adapt and in which not to adapt. Oftentimes, this process becomes associated with guilt, confusion, and loss of a perceived Muslim identity. Many Muslims have freely chosen to come to America, thereby creating a situation in which they are forced to rationalize their choice of being in a place where many norms and laws of Islam cannot be applied (Hermansen, 1991). Acculturation and assimilation to American culture become important issues for Muslim women and are likely to be related to the time and place of immigration. The pressure to acculturate is greater in places where the Muslim community is small or even non-existent (for

example, small Midwestern rural towns). However, this pressure becomes reduced in areas where the Muslim population is significant and ethnic diversity exists.

Generational differences between immigrant and first generation Muslim women are significant (Hermansen, 1991; Knott & Khokher, 1993). Further exploration of the cultural, social, and religious adaptation patterns will provide important information for the future of Islam in the West. For example, inquiries such as, “What makes someone Muslim?” and “How does one’s sectarian allegiance affect one’s claim to be part of the global family of Islam?” may provide a better understanding of Muslim identity for the present as well as for the future (Knott & Khokher, 1993).

In the few studies of young Muslim women in the West, the historical trend has progressed from seeing these women as being powerless and in conflict to seeing their position as one of strength and reconciliation. In the beginning (1970’s), these women were often seen as struggling between two diametrically opposite worlds, “between two cultures.” However, now the trend promotes a “best of both worlds” theme in which these Muslim women are able to draw from both their outside experiences and home life to forge personal integrity (Knott & Khokher, 1993). In fact, switching “identities” according to the appropriate setting was seen and in many ways continues to be seen as a graceful strength.

First generation Muslim women are likely to differ from their immigrant mothers in how Islamic religiosity and cultural traditions are combined. For immigrant women, a

clear distinction between religion and custom are not likely to exist. However, first generation Muslim women appear to be differentiating between ethnic cultural tradition and religious practices (Knott & Khokher, 1993). In making sense of their identity, first generation Muslim women are returning to the religious scriptures of the Quran for an understanding of their rights as Muslim women. Defining themselves as “Muslim American” rather than “Pakistani Muslim” or “Arab Muslim” reinforces the link with other Muslims and asserts a Muslim identity (Mirza, 1989).

In an attempt to explore the relationship between religious and ethnic issues, Knott and Khokher (1993) employed the use of a typological tool to present a diagrammatical representation of religious and ethnic concerns. By using an in-depth interview strategy, these researchers categorized participants’ responses into one of four dimensions: 1) Not religiously oriented/ethnically oriented; 2) Religiously oriented/ethnically oriented; 3) Religiously oriented/not ethnically oriented; and 4) Not religiously oriented/not ethnically oriented. Their most significant finding was the extensive amount of diversity and complexity within these young Muslim women. The use of a perceptual map allowed for a distinction between the relationship of commitment to religious and ethnic factors which went beyond descriptive models that tend to be either reductive (between two cultures) or all-embracing (best of two worlds).

Supporting previous findings of the complex intertwining of religion and culture, a sample of Pakistani Muslim females repeatedly conveyed that cultural interpretations and

male patriarchy were the main reasons for women's subjugation - not Islam (Haque-Khan & Phillips, 1997, under review). For example, one woman responded:

Cultural background has much to do with projecting wrongful images rather than Islam. If we lived our lives according to the rules of Islam, non-Muslim women would envy us rather than degrade us. Islam teaches its followers to respect women.

Linked to the process of acculturation, a sample of Pakistani immigrant Muslim women identified raising teenagers as presenting the greatest challenge for them whereas first generation Pakistani women identified "choosing a spouse of own liking" and "having a career and family which she chooses herself" as most challenging (Haque-Khan & Phillips, 1997, under review). An observable move toward "independence" for these first generation Muslim women appeared, a transition which created a frightening prospect for the previous generation.

Muslim women in America often find themselves living in multiple worlds as pertaining to the Islamic concept of dress. When a sample of Muslim women was asked what they felt was the aspect of Muslim women's life that Americans had the most difficult time understanding, the concept of modesty in Islamic dress and the "veil" was the unanimous response (Haque-Khan & Phillips, 1997, under review). The issue of "dress" is an important factor as it is a readily identifiable variable of a Muslim woman's Islamic identity. Muslim women have described feeling "schizophrenic" as they dress in

typical Western style of clothing for employment and then in an Islamically conservative way for going to the mosque and other Islamic social interactions (Hermansen, 1991).

Hoodfar (1993), a university professor in the West, confirms:

Without any doubt I can also assert that the issue of the veil and the oppression of Muslim women have been the most frequent topics of discussion I have been engaged in, often reluctantly, during some 20 years of my life in the Western world (p.5).

Westerners continue to associate the veil with ignorance, oppression, and backwardness, leaving Muslim women to invest energy in rationalizing their choice to affirm what is their rightful Muslim identity. During colonization, Arabs and Muslims were depicted as inferior and backward and the Muslim woman and the harem became a source of fascination, fantasy, and frustration for Western writers (Hoodfar, 1993). It is from much of these writings that “commonsense” knowledge of Muslim women seeped into the Western world (Iverson, 1995; Said, 1979). Unfortunately, colonial images of Muslim women have persisted. Ethnocentric bias has created a major obstacle which prevents the understanding of the significance of wearing the veil from the Muslim woman’s perspective. More detrimental however, is that many Western feminists refuse to accept the veil as being a symbol of strength. A universal/ethnocentric version of feminism and women’s rights continues to be professed often leaving Muslim feminists contemplating, “Why is it that we must promote racism in order to fight sexism?” Some

Muslim women cannot decide if it is harder to cope with sexism and patriarchy in the Muslim community, or to tolerate the patronizing and often unkind behavior of Western feminists (Hoodfar, 1993). Muslim women who are intelligent and assertive are often classified as non-stereotypical Muslim women. For example, “She with her love of learning, assertive ideas, independent behavior, good fashion sense...she does not act like a Muslim woman” (Hoodfar, 1993, p. 14).

The presence of psychological concerns among Muslim women has been established (Ahmed, 1996; Ahmed, Salim & Bakhach, 1995; A. Al-Hibri, personal communication, 1995; Bowes & Domokos, 1993; Furnham & Sheikh, 1993). For example, in the case of Pakistani women, many came to the West as wives accompanying their husbands which exacerbated feelings of inadequacy, hopelessness, negativism, and depression (Furnham & Sheikh, 1993). Concerns with raising families in the West, lack of social support, marital problems, and domestic violence are a few documented areas concerning Muslim women (Ahmed, Salim & Bakhach, 1995). Racism has been shown to affect psychological well-being for these women, as well as acting as a deterrent for seeking help (Bowes & Domokos, 1993; Hoodfar, 1993). The issue now becomes one of exploring the descriptions, prevalence, and coping mechanisms in handling psychological distress that these women are likely to use.

The process of immigration appears to have impacted the lives of Muslim women most significantly (Nanji, 1993). A fundamental change for Muslim women in America

is the transition of women from the sphere within the house to the realm of public space in the American workplace. Many traditional roles have been challenged including the need to work outside the home, the social interactions with non-relative males, and the removal of traditional dress codes.

Muslim Population of North America.

Estimates of the Muslim population of America vary between three and four million. Growing at its present rate, Islam will be the second largest religion in the U.S. by the year 2015 (Haddad & Lummis, 1987; Stone, 1991), a frightening prospective given the continued misunderstanding of its basic premises. Islam has received unfavorable attention from the Western media. Linked to Middle-East conflict and terrorism, Islam and Muslims are engulfed in a reputation that hammers against their personal identities.

The Muslims of North America can be divided into two groups: Immigrant Muslims and indigenous Muslims (Haddad & Lummis, 1987). Immigrant Muslims come from Islamic communities representing more than sixty nations including Afghanistan, Pakistan, the Arab Middle-East, Indonesia, and Eastern Europe. Indigenous Muslims comprise a large number of African American and Anglo converts.

According to some estimates, as much as a fifth of all slaves brought to America in the eighteenth and nineteenth centuries may have been Muslims, speaking Arabic, believing in Allah and Mohammed, and eating no pork. However, they were rapidly converted to Christianity.

The first wave of Muslim immigrants are believed to have come from Syria in 1875 (Haddad & Lummis, 1987), later divided by colonial powers into Syria, Lebanon and Palestine. The majority were uneducated migrant laborers searching for financial prosperity. The second wave peaked in the 1930's. However, with immigration laws becoming much stricter, many hopeful immigrants were turned back. The third wave of immigration occurred between 1947 and 1960 with many Muslims attempting to escape political oppression. The majority were Palestinians displaced by the emergence of Israel, but also included Muslims from Syria, Egypt, and Eastern Europe (Yugoslavia, Albania, & the former Soviet Union). These immigrants, unlike earlier immigrants, were highly educated. The fourth wave of immigrants represent the current immigrants of today, and may be referred to as an "elite group." Immigration laws determine who is permitted to enter the country; therefore those who do enter legally are likely to be more educated, fluent in English, and Westernized. Most of these immigrants come with ideas to settle down in the West. Unlike earlier immigrants, they are less likely to have plans to make money and return home.

For the most part, immigrant Muslims in America have adapted their religious life in varying ways to fit the requirements of American society. However, practicing Islam in America presents some practical problems. For example, substantial discrepancies exist between American civil law and Islamic law on matters of divorce, alimony, child support and custody, marriage, and abortion. Conflicts between Islamic religious

conscience and obeying the law of the land are often not readily resolved. The following is a quote from a conversation with a prominent professional from a Muslim community in the Northeast:

These issues are becoming staggering difficulties. The complexity of issues becomes sometimes overwhelming. At least once every other week, I am faced with examples in which Muslim immigrants bring forth challenging problems in which Islamic ideology comes face to face with the law of the land (R. Khan, personal communication, 1996).

Offering the obligatory daily prayers at the designated times creates another problem. Muslims who lack job flexibility have difficulty, in particular, offering the noon and late afternoon prayers. Ritual ablution which is required before offering prayers also poses difficulty. Conservative Muslim dress code for women is often stigmatized and challenged leaving many Muslim women feeling “out of place.” Those who choose not to adhere to the Muslim dress code out of embarrassment are conflicted with feelings of shame and guilt for not adhering to their religious dress code.

In a society which promotes social intermingling in conjunction with alcohol, Muslims often find themselves in compromising positions. On the one hand, they want to be friendly in taking advantage of an opportunity to move up the social ladder, but doing so often means challenging one’s religious norms. On the other hand, they are

placed in binding situations often risking a reputation of being “asocial” and even “backward.”

On an even more psychologically devastating note, reports of Muslim children having nightmares due to classmates harassing them on the playground exist. Mosques have been stoned, veiled women have been harassed, and derogatory name calling such as “sand-nigger,” “terrorist,” and “camel jockey” are prevalent (Y. Haddad, personal communication, 1996). Nevertheless, there is no effort above a local level to deal with anti-Muslim prejudice.

In order for an American Muslim to effectively maintain an identity, he or she must realize that he or she lives in a variety of different, sometimes overlapping circles (Nyang, 1991). First, the American Muslim is a U.S citizen whose political loyalty lies with the U.S. Carrying an American passport distinguishes him or her from other nationals from the Islamic world. Nevertheless, the American Muslim is looked on by other fellow Americans as a member of a racially, ethnically, culturally, and religiously different group in America. Identity confusion, and even a loss of identity, become factors for many Muslims in America.

Muslims in America are diverse in cultural attitudes, behavior and religiosity. Haddad and Lummis (1987) illustrated the complexity within Muslims of America by illuminating the presence of five major world views (liberal, conservative, evangelical, neonormative, and Sufis). “Liberals” are the most “Americanized” of the Islamic

community and are not likely to adhere to any recognized religious leadership.

“Conservatives” are Westernized, but adhere to the minimum requirements of Islam including personal piety, dietary restrictions, and other morally prescribed behaviors.

“Evangelical” Muslims place great emphasis on scripture and pay great attention to the minute details of the Islamic law, tending to be isolationist and congregating around

others with similar world views. “Neonormative” Muslims are similar to “evangelical” Muslims, however, having the need to alter society toward an Islamic way of life.

“Sufis” tend to focus on the mystical dimensions of Islam. Uncovering the existence of these world views profoundly contributes to understanding diversity within the Muslim population. Perhaps an in-depth qualitative analysis may have been the only method to gather such detailed information.

Muslim Family/Muslim Youth in North America.

Based upon kinship and respect for elders, family life is the cornerstone for Muslims. Spirituality and connection with the community are inherent aspects of Muslim identity and family, thereby making Islam and daily life inseparable.

A loss of a complete Islamic environment is a major change creating disruption for the Muslim family in North America (Nanji, 1993). Intergenerational conflict is evident as a result of situations never dealt with before in respective Islamic country of origins. For example, young Muslim women involving themselves with potential non-Muslim marriages presents an ominous threat for immigrant Muslim families in America.

Moreover, the American educational system poses a threat in placing many Muslim families in a double bind. On the one hand, they encourage their children to become mainstream, yet on the other, they fear the erosion of cultural, traditional, and religious value systems.

Muslim youth face immense pressure in assimilating within American culture. The concern lies in how much assimilation will take place. In an educational system which promotes self-reliance, independent decision making, and self-sufficiency, values which are often contradictory to Muslim family culture, it creates a gravely difficult task to maintain the Muslim family honor code. Conflict, frustration, family tension, low self esteem, and identity confusion are but a few of the evident symptoms (Nanji, 1993; Nasr, 1994).

Generational differences have profound implications for the future stability of Muslim families in America (Barazangi, 1991). For example, a constant negotiation of identity has been seen to occur among the Arab Muslim youth of North America. Varying social group contexts have much to do with how they identify themselves. For example, when among non-Muslims, they tend to identify themselves as "Muslims." In the mosque, they may tend to identify themselves as "Arabs," and among other Arab nationals, they may identify themselves as "Palestinian" or "Lebanese."

Muslim youth in America have adopted a new language of expression. Interaction with American culture has bombarded them with ideas, images, and language that are

inescapable. For example, “Madonna is cool,” “My friend is taking Prozac because he’s depressed”, and “Me, M.J. and Mo are going to go hangout at Cool Beans and shoot some pool, wanna go?” are all very real, expressed comments reflecting situations that many Muslim youth in America are experiencing. Where communication of certain issues between parents and adolescents in their respective countries of origin were often not necessary, Muslim parents are now having to learn to communicate with and understand their children’s difficulties.

Psychology in the Muslim World

Spirituality / Sufism.

In much of the Islamic world, Western psychology goes largely unrecognized (Abou-Hatab, 1989; Ahmed, 1992). Nevertheless, spiritual healing and a type of “psychology” was spoken about as early as the period between 1058-1111 A.C.E. (After Christian Era) by the respected Muslim philosopher/scholar, Imam Ghazzali.

Imam Ghazzali spoke of “psychology” as a combination of “Rooh” (spirit), “Al Nafs” (mind) and “Jism” (body). Ghazzali’s concepts have been seen as analogous to the concepts of id, ego, and superego which were developed centuries later and credited to Freud (Nasr, 1995).

Sufism, Islamic mysticism, is one of the major mystical traditions of the East (Shafii, 1985) significantly contributing to early Islamic psychology. Sufis believe that emotional suffering comes about when there is a separation between nature and reality.

Sufis believe that human evolution progresses through the following forms: inorganic matter, organic, vegetative, animal, human, spiritual, nonbeing, and finally, universal being. The Sufi is on a journey toward personality integration and existential communion with a goal of “freeing the self from the self” (fana). “Freedom from the self” is a gradual quiescence of one’s wishes and desires and is an important process for integration and development. The emphasis is placed upon interdependence rather than individuality, and the goal is to gain the essence and spirit of all beings (Shafii, 1985). During the last 1000 years, the Sufis have written in detail about basic personality structures which also have similarities with psychoanalysis and ego psychology. As mentioned earlier, understanding the concept of “Nafs” is essential in comprehending basic structures of personality in Sufi psychology. Shafii (1985) describes the closest English translations for this Arabic word “Nafs” as being “personality,” “self,” or “levels of personality development.” Hierarchical levels of “Nafs” that one moves through in order to reach the goal of personality integration have been delineated. The lowest level is the “Vegetative Nafs” which exist in plants, animals, humans, and all living things. Moreover, animals and humans have “Animal Nafs” which consist of two major forces: the driving force and the perceptual force. Driving forces consist of sensual force (impulse to pursue and experience pleasure) and rage force (force of rage, anger, and aggression) and perhaps can be compared to “id” in psychodynamic terms. Perceptual forces refer to external sensory perceptions, consciousness, and internal perceptions.

The objective becomes gaining control over the driving forces and being in a state of spiritual harmony. Some therapeutic methods used to enhance this personality integration for a Sufi include: Silent meditation, group meditation, chanting verses from the Quran, reciting poetry, dance and music, and seclusion (chilla). This seclusion involves spending days and nights in a Mosque devoting one's energies in prayer, fasting and spiritual harmony in order to rid him/herself from all "materialistic" desires, activities, and thoughts.

Communication of Mental Health Symptoms in the Islamic World.

In many Middle-Eastern and Eastern cultures, persons suffering from emotional distress may describe a "sinking heart" phenomenon (El-Islam & Abu-Dagga, 1992; Marsella, 1993). To ignore this physical bodily expression as being "nothing wrong" with the person does not help with symptom relief. El-Islam and Abu-Dagga (1992) revealed that "breathlessness" and "tightness of the chest" were the most common expressions of emotional disturbance and tension by Arab-speaking patients. More important, however, was the interaction of cultural and religious norms including the presence of supernatural forces and the belief in God's will as a fatalistic determinant of many events. For example, many Muslims gain psychological strength by relinquishing power in important health related decision-making to the will of God (Allah). Believing that they have acted against Islamic values may incite extreme feelings of guilt and

shame, therefore making it important to assess one's personal adherence to Islamic beliefs and values.

Rapid social changes within the Islamic world are affecting the daily lives and emotional experiences of its people. Ammar, et al. (1981) found increases in admission rates for suicide, schizophrenia, and depression in Tunisia. Specific to women, conflicts between traditional and modern lifestyles created stress, much similar to what Muslim women may experience with life in the West. However, most studies of mental health with Muslim women have been based primarily upon psychiatric patients, and thus the need to understand Muslim women's non-clinical, non-psychiatric mental health concerns in their own voices has been promoted (Hays & Zouari, 1995). An emphasis is placed upon the meaning of stressors and coping strategies based upon the differential perception of individual values and experiences. By using semi-structured questionnaires to obtain information, Hays and Zouari found that for Bedouin (rural) Muslim women, poverty and continual pregnancies were chief stressors. They often used traditional remedies for healing. For example, for headaches, small cuts on the forehead would be made in order to "bleed out" pain. For village Muslim women, the chief stressors were more interpersonal in nature including marital and family problems. Due to stricter social norms, coping strategies were more limited but included adherence to the daily Muslim prayers. Conflicts with husbands and burdensome workloads were chief stressors for urban Muslim women. Nevertheless, coping strategies took on a wider spectrum as they

were less physically and socially restricted. Urban women mentioned communication with their husbands and taking a walk in the park as additional coping strategies. Clearly, the more restricted the coping strategies and options for healing, the greater the number of depressive symptoms.

Traditional Problem Resolution Within Islam.

Many Muslims hesitate to seek assistance from Western counselors for fear of being misunderstood (Badri, 1989; Nasr, 1995). After initially seeking help from family members, relatives and/or friends, seeking help from an Imam, a Muslim religious leader, is a subsequent option. However, these options often provide unsatisfactory results, especially for the younger generations who may adhere to a more liberal world view compared to that of their immigrant parents (Islamic Society of North America (ISNA), 1995).

As with early traditional Islamic healing practices, the trend remains that Muslims can and do psychologically benefit from following the five pillars in Islam (El Azayem & Hedayat-Diba, 1994).

These pillars of Islam have paved a way for Muslims to live a responsible communal life and have provided them with external structures that help regulate their emotional states, thus protecting them from undue anxiety or other ailments (p. 46).

Ablution, a pre-requisite to praying, is a condition symbolizing purity and surrender to God. The cleansing five times a day before offering prayers guarantees a refreshing psychological effect on believers. Praying is seen as a preventive and important psychological guard against anxiety and depression. Moreover, the physical motions associated with offering prayers provide a form of cardiovascular exercise combined with meditation. Fasting creates a situation in which the believer is able to channel all his/her energies in submission to God by practicing discipline and will power. Giving up food, water, and other basic human necessities that are often taken for granted provides a powerful means to remember one's "purpose in life."

Islamic teachings concerning the care for family are explicit in the Quran. Regarding marital problems, the Quran recommends that a representative from each family intervene to promote reconciliation. This indigenous form of divorce mediation has the purpose of maintaining family stability, keeping in mind that marriages are not solely between individuals, but between families and communities making the pressure to remain together significant.

From its inception, Islam has provided clear and precise methods in avoiding emotional disturbance, and therefore should not be discarded as a viable means to provide Muslims with psychological relief. However, the modern world has created new and unique challenges for Muslims leaving them with a need to find new ways of coping. The emergence of new situations often makes following the teachings of Islam for

immediate psychological relief impractical and often times, unrealistic. For example, an adolescent Muslim male who has dropped out of school, is depressed, and estranged from his parents and community, is not likely to get immediate symptom relief from “turning toward Islamic teachings.” Certainly, this may be an eventual avenue; however, trying to understand this person by engaging him in dialogue and allowing him to feel comfortable as an initial intervention is likely to be more helpful. Perhaps this is an example in which the importance of the combination of Western paradigms, i.e. the Racial/Cultural Identity Development model, (Atkinson, Morten, & Sue, 1989) and Muslim culture becomes apparent for subsequent effective therapy and symptom relief. To illustrate, given that this Muslim adolescent is in a “conformity” stage in which he rejects aspects of his own cultural/religious heritage and appreciates aspects of the dominant culture, not acknowledging his current identity development, to a point of rejecting it, will likely result in pushing the adolescent farther away. However, acknowledging this conformity stage is likely to aid the adolescent in an eventual move toward “integrative awareness,” a stage in which it becomes possible to move flexibly between incorporating Islamic values in combination with living in the West.

Current Trends in Psychology and Islam.

In the last few years, Muslim scholars are returning to the tradition of relating psychology and Islam (Ahmed, 1992; Badri, 1989; Bakhtiar, 1993; Nasr, 1995).

Mohamed (1995) introduced the Islamic concept of “fitrah,” a God-given innate state of

“original purity” or “primordial faith,” and an inclination to believe in and to worship God. Psychological abnormality is operationally defined as a deviation from “fitrah” and thus the treatment consists of restoring one to the innate state as a “believer” to worship God. However, Mohamed (1995) left room to incorporate this important Islamic concept with variables of what he called “contemporary reality.”

Evidence indicates that mental health problems are widespread in much of the Arab Islamic world (Ibrahim & Ibrahim, 1993). Symptoms associated with neuroticism and psychoticism have been reported. In addition, symptoms including lack of concentration, self-blaming, and shivering and shaking when “somebody gets on their nerves” have been documented. Nevertheless, ambiguity remains as to how these symptoms have been reported as well as classified. The use of Western normed mental health instruments often presents interpretive bias unless contextual information is accounted for. Ibrahim and Ibrahim (1993) reported Arab Muslim women experiencing more symptoms of anxiety likely related to elevated levels of pressure. Subsequently, the most common intervention is made by psychiatrists in prescribing medication. Psychotherapy is usually not an option nor, for all practical purposes, a recommendation. Mental health professionals trained in any form of psychotherapy are rare, thus making the need for research on psychological health and training a high priority.

Suspicion in connecting “Western” counseling techniques to an Islamic framework continues. Jafari (1993) questioned whether adding the term “Islamic” to the available

discipline of counseling carries any legitimacy at this stage. She was skeptical of associating a Western counseling paradigm with an Islamic perspective due to the belief that the former has an emphasis on secularism, empiricism, and parochialism, while the latter emphasizes an integration of God consciousness, divine revelations, and ideological beliefs. She further argued that Western counseling is value-laden and runs the risk of imposing these values onto Muslims. These values include an emphasis upon a self-fulfilling lifestyle which contradicts the Islamic value of "righteous benevolence."

Another value contradiction includes the West's focus on a materialistic outlook vs. an Islamic focus on a holistic outlook. A third value contradiction is unlimited freedom vs. bounded freedom. A fourth includes the Western value of guilt rationalization vs. the Islamic value of repentance. Perhaps the clearest contradiction is the notion that Islamic values are not geared toward the welfare and satisfaction for an individual; rather they emphasize the well-being for the entire society achieved by promoting selflessness, altruism, and perfection of oneself. The ultimate objective becomes seeking the pleasure of God. "Self actualization" occurs when there is an alignment between thought, action, and God's will, thereby making mental and spiritual well-being inseparable. Freedom for Muslims is bound within Islamic law prescribing limits for both public and private behavior. There is a system of accountability for one's actions making "unconditional positive regard" in certain delinquent situations inconceivable. Within an Islamic paradigm, sin and sinful conduct are not condoned and must be repented. The therapy of

repentance (Tawbah) consists of three conditions and is a means of correcting and modifying behavior (Jafari, 1993). First, one must acknowledge sinful conduct. Second, one must ask for forgiveness from Allah by repeating “Tawbah Astagh-firuallah” (Allah forgive my sins). Third, one must promise never to commit the sin again. Forgiveness is rendered only by Allah and is dependent upon the earnestness and sincerity of the request. Sinful conduct is not taken lightly according to the Islamic faith. In summary:

While Western counseling aims at achieving individual well-being within the confines of this world, Islam defines well-being from an entirely different viewpoint. A Muslim is directed to seek this well-being as stated in the Quran: Our Lord, give us good in this world and good in the hereafter (2:201). This is the primary difference in the world view between Muslims and non-Muslims. The concepts of well-being, satisfaction, salvation, self-realization, and achievement are linked with the belief that an individual’s performance in this life determines the ultimate outcome in the hereafter:

What is cultivated in this world is to be harvested in the hereafter. This basic assumption determines the fundamental goals of any therapeutic program (Jafari, 1993, p. 335).

If Islam is suited to human nature, then it must be the basis for a healthy fulfilling life in all dimensions and further, a preventer of mental illness. In addition, deviation from Islam implies deviation from fitrah, which results in

the individual becoming prone to mental and spiritual sicknesses (Mohamed, 1995, p.15).

The contribution to an Islamic psychological foundation made by Mohamed (1995) consists of metaphysical, epistemological, ethical, psychological, volitional, legal, and therapeutic principles. The metaphysical principle permits the incorporation of a spiritual dimension which is often ignored in Western psychology, as the latter is likely to emphasize the biological and psychical dimensions of the individual. The epistemological principle recognizes the sensory, intellectual, and spiritual levels of perception whereas Western psychology is likely to emphasize only sensory and intellectual perception. The ethical principle stresses ethical and moral conduct. The volitional principle emphasizes responsibility and accountability, and the legal principle incorporates Islamic law. The therapeutic principle thus considers a comprehensive system for the treatment of Muslims and expects a certain degree of responsibility from the patient.

Jafari (1993) contended that at present, there is no discipline or practice known as “Islamic counseling.” However, the question becomes whether there is a fundamental difference between “Islamic counseling” and “counseling with Muslims.” More specifically, “Is Islamic psychology the best and/or the only way to offer help to all Muslims in need?”

Mohamed (1995) has provided a strong theoretical foundation for an Islamic psychological paradigm with subsequent treatment recommendations. Nevertheless, he left room for the potential contribution that Western therapeutic principles may provide in enriching Islamic psychology by stating the following:

We have contributed to that foundation upon which the structure of Islamic psychology can rest. What remains to be done is to uncover the rich contents of Islamic psychology that are embedded in the Islamic legacy and to develop the basis of Islamic psychotherapy. Once this is achieved, there is no reason why western psychological findings and therapeutic techniques cannot play a role in enriching Islamic psychology and bringing it up-to-date with contemporary reality. Such a synthesis would bridge a gap between Islamic and western psychology and would constitute a genuine Islamization of psychology (p.16).

Acculturation, religiosity, and Western education may all be components of "the contemporary reality" to which Mohamed referred to. Moreover, these variables likely contribute to the fundamental difference between "Islamic counseling" and "counseling with Muslims." The former must incorporate the Islamic principles mentioned, while the latter must make room for those who cling to a Muslim cultural identity and practice their religiosity with differing intensities.

Anticipating appropriate modes of therapy with continuing lack of clarity regarding the nature of problems that Muslims experience in America incites concern. Generational differences and religiosity among Muslims in America must be explored as they become intimately intertwined with the concept of “contemporary psychological reality.”

Statement of the Problem.

Research pertaining to Muslim women in general and American Muslim women in particular is scarce. The few studies available are usually quantitative, comparative studies which fail to capture the contextual information necessary to make any substantial, culturally valid findings.

Nevertheless, previous literature supports the presence of psychological factors associated with immigration. Moreover, acculturation, perceived prejudice, generational differences, language barriers, and the communication of mental health symptoms are significant variables affecting help-seeking behavior.

The emphasis on Islamic culture in this literature review illustrates important issues that affect Muslims in general and Muslim women in particular. The description of the diversity of ideologies within Islam and within the Islamist position is of particular importance. Given that world view is identified as an important factor for multicultural populations, the existence of major world views operating within Muslim culture becomes significant.

Although modern psychology as described from a “Western” paradigm goes largely unrecognized in the Islamic world, traditional, spiritual/religious forms of healing have been present for thousands of years. In fact, a return to Islamic forms of healing and psychotherapy is evident. Muslim communities in the West face challenges never expected in their respective countries of origin and need to be better understood.

For many Muslims, Western professional psychological help is ambiguously defined, carries negative stigma, and is likely to represent a threat of imposing different cultural norms and belief systems. These factors likely contribute to an underutilization of services, and professional psychological help is thus avoided until it becomes a last resort. It is unclear, however, whether underutilization of services among the Muslim community represents a lack of knowledge, negative stigma, different coping mechanisms, or some combination of these or other factors.

In this study, I have explored acculturation, religiosity, gender role ideology, generational differences, explanations of mental health symptoms, coping mechanisms, and help-seeking behavior of a sample of Muslim women in America. Hearing their voices from their own context has provided important information to better understand issues and specific needs of Muslim women in America.

This process of exploration took place by using quantitative instruments measuring demographics (see Appendix A), Islamic religiosity (see Appendix B), acculturation (see Appendix C), and Attitudes Toward Seeking Professional Psychological Help (ATSPPH)

(see Appendix D); and qualitative measures including a semi-structured interview based on the Attitude Toward Seeking Professional Psychological Help Scale (see Appendix E), and focused group discussions of case scenarios (see Appendix F).

General Research Questions.

Quantitative Hypotheses:

1) First generation Muslim women will have a more positive attitude toward seeking professional psychological help than will immigrant Muslim women.

2) Low Religious Muslim women will have a more positive attitude toward seeking professional psychological help than will High Religious women.

Note: The following hypotheses respectively use a Total acculturation score, and the three subscales (Perceived Prejudice, Language Usage, and Acculturation) that make up the Total acculturation score.

3a) Highly acculturated Muslim women (Total acculturation score) will have a more positive attitude toward seeking professional psychological help than will low acculturated Muslim women.

3b) Muslim women with a low level of Perceived Prejudice will have a more positive attitude toward seeking professional psychological help than will Muslim women with a high level of Perceived Prejudice.

3c) Muslim women who predominantly use English as their language will have a more positive attitude toward seeking professional psychological help than will Muslim women who predominantly use their respective native language.

3d) Muslim women with high Acculturation will have a more positive attitude toward seeking professional psychological help than will Muslim women with low Acculturation (one of three subscales of the Total acculturation score, named Acculturation).

4) Religiosity, Acculturation, Perceived Prejudice, Language Usage, and Generational status will significantly predict attitude toward counseling.

Qualitative Questions:

- 1) How does reason for immigration play a role in help-seeking behavior for Muslim women?
- 2) How does perceived level of prejudice play a role in help-seeking behavior for Muslim women?
- 3) How does acculturation play a differential role in help-seeking behavior for first generation Muslim and immigrant Muslim women?
- 4) How does religiosity play a differential role in help-seeking behavior for first generation Muslim and immigrant Muslim women?
- 5) How does stigma play a differential role in help-seeking behavior for first generation Muslim women and immigrant Muslim women?

6) Are psychological symptoms described differently and/or communicated differently by first generation Muslim women and immigrant Muslim women; and if so, how?

7) Do different coping mechanisms exist between first generation Muslim women and immigrant Muslim women?

CHAPTER III

METHODOLOGY

Importance of Qualitative Inquiry in Multicultural Psychology.

Qualitative research methods provide richer and deeper layers of information for any given research question, aspects that traditional (quantitative) research methods often fail to encompass. Erlandson, Harris, Skipper, and Allen (1993) reported the importance of constructing a comprehensive, holistic portrayal of the social and cultural dimensions of a particular context. Represented without relevant context, individual pieces of information make little sense.

In studies with Muslim women, a qualitative methodology becomes paramount. First, traditional quantitative research has not been sufficient in accounting for diversity within Muslim women. More significant, however, is that traditional quantitative designs have bordered on the “unethical” in promoting ethnocentric bias (Arebi, 1991; Goodwin, 1994). Comparative designs are not useful in understanding the depth and complexities of Muslim women’s issues. Wilson (1977) stated that research must be conducted in settings in which crucial contextual variables are operating. These include communication styles, internalized traditions and norms, language barriers, and non-verbal gestures. Brown and Gilligan (1991) supported qualitative research by asserting the following:

In a psychology understood as a relational practice, the process of listening to, interpreting, and speaking about the stories of others is a relational act; such a psychology demands a method that is responsive to different voices and sensitive to the way body, relationships, and culture affect the psyche (p.43).

It is likely that many Muslim women would be unable to fully articulate their feelings using Western based instruments. Qualitative methodology allows for the exploration of processes and meanings of events.

Rationale for Mixed Methodology.

In acknowledging the well-established tradition of quantitative studies, I believe in their potential to obtain and provide important information. In this study, I implemented a mixed methodology with the belief that the two traditions of research need not become adversarial. With this methodology, important quantifiable results were provided.

However, the addition of the qualitative component gave a context to this information. A mixed methodology is a good choice as it has the potential to provide a combination of both empirical as well as contextual information (Rudestam & Newton, 1992).

Moreover, it has the potential to strengthen the study by using multiple sources of data, a process commonly referred to as triangulation (Erlandson et al., 1993). Triangulation is a process in which one is able to cross-check information ensuring that acquired knowledge has not been influenced by the researcher's personal beliefs, values, and or misperceptions. Erlandson, et al., (1993) stated:

The best way to elicit the various and divergent constructions of reality that exist within the context of a study is to collect information about different events and relationships from different points of view...different questions, different sources, different methods should be used to focus on equivalent sets of data (p. 31).

This study incorporated the three following methods in the process of triangulation:

- 1) Administration and analysis of test instruments measuring Attitude Toward Seeking Professional Psychological Help (ATSPPH), Acculturation, Perceived prejudice, and Language use (AIRS), and an Islamic religiosity scale, 2) Structured interviews, and 3) Focused group discussions (observations of group dynamics).

Information found in the quantitative measures may be elaborated upon as well as corroborated with the qualitative measures. Erlandson et al. (1993) supported the use of quantitative measures “as a preliminary tool to obtain a quick picture of typical and atypical cases and as a map of where the outliers may be found in order to facilitate further in-depth investigation,” (p.36). Furthermore, using a mixed methodology may encourage the subsequent use of qualitative contextual information in supplementing important established quantitative instruments.

Participants/Sampling.

Purposive sampling was implemented in that the “major concern was in maximizing discovery of the heterogeneous patterns and problems that occur and not in generalizing

findings to a broad population” (Erlandson, et al., 1993). Fifty-five Muslim women were requested to complete the quantitative packets. From this sample, a total of forty-two Muslim women (24 immigrant and 18 first generation) completed the quantitative measures (Phase I). Due to the personal geographical mobility of the researcher during the study, one sample of Muslim women was taken from the Northeast United States and the other from the Southern U.S. From this sample of forty-two, eighteen Muslim women participated in the qualitative component of the study which included the semi-structured interview (Phase II), and seven of these eighteen participated in the group discussion on case scenarios. From this sample of eighteen, nine were immigrant Muslim women and nine were first generation Muslim-American women. Participants were recruited through local Muslim organizations, Muslim women’s meetings, universities, and social contacts. Participation was strictly voluntary.

Procedure and Data Collection Techniques.

Respondents completed the packets which contained the following instruments: a demographic information questionnaire, the Islamic religiosity questionnaire, the American-International Relations survey (AIRS), and the Attitude Toward Seeking Professional Psychological Help scale (ATSPPH). Upon completion of the quantitative measures, eighteen volunteers were asked to participate in the semi-structured interview and group discussion on case scenarios and were scheduled accordingly. Among the eighteen participants, nine were first generation Muslim women (American born or living

in the U.S. since age 5 or less), and nine were immigrant Muslim women. The structured interview was predominantly done in English; however, some immigrant women chose to use their native language for certain situations in which they felt more comfortable.

Immigrant women from Pakistan at times used their native language of Urdu to convey their responses and since this researcher is fluent in the Urdu language, this allowed for a comfortable exchange of ideas. Rationale for using English as the primary language included the importance in uncovering and understanding meaning given to traditional English psychological terminology. Moreover, this information can be used by the majority of mental health professionals in the West.

After signing consent forms for participation in all phases of the study as well as for the permission to audio-tape, signatures were kept on file. All interviews were audio-tape recorded and transcribed into a computer file. Data were stored on floppy disks as well as on a hard disk drive. In addition, back-up disks were made as a means to protect the data. As a supplement, I wrote detailed notes and memos as both processes aid in contextualizing information. My memos consisted of written elaborations of ideas about codes and their relationships throughout the process of coding (Bogdan & Biklen, 1992; Glaser, 1978). Moreover, I recorded my personal thoughts and feelings about anything related to my research (Bogdan & Biklen, 1992), similar to a process referred to as keeping a “reflexive journal” (Lincoln & Guba, 1985).

I held one focused group discussion which was, with signed consent, both audio tape-recorded and video tape-recorded. The entire session, which lasted for approximately two hours and thirty minutes, was transcribed into a computer file.

Although I planned for a more evenly distributed sample, two immigrant women and five first generation Muslim women participated. Given my professional experience with group process, this group discussion provided invaluable information on the process as well as content as to how a group of Muslim women discussed important issues facing the Muslim community in America.

Ethics.

As a Muslim woman, I found entree, rapport, and acceptance among the participating Muslim women for this study to be both unique and ideal. Managing an "insider" and "outsider" role was an added advantage in that it appeared to elicit a feeling of openness, trust, understanding, and cooperation.

Maintaining confidentiality and anonymity was my highest priority. Participants were informed about the nature of the study and were required to sign a consent form acknowledging participation as well as confidentiality. Being sensitive to time limitations and privacy, I explained the expected length of interviews and group discussion up-front. For the majority of the interviews, I went to the interviewees' homes upon their requests. However, a few participants wished to have their interviews at my office.

All data was kept and will be kept confidential, for research purposes only, and for a maximum of five years. After this time period, all transcripts will be destroyed and data from the computer disks will be erased. Participants reviewed their individual transcriptions for accuracy and were invited to make any amendments. In qualitative research terminology, this process is referred to as a member check (Lincoln & Guba, 1985). This not only ensured participants' access to the data, but allowed them to review the information and judge if their phenomenology was being accurately reported by the researcher.

Credibility and Trustworthiness.

Sample Size and Generalizability.

Forty-two Muslim women participating in this study may not be representative of all Muslim women in America, making generalizability difficult. Nevertheless, the emphasis of this study was on "thick description" of a sample of Muslim women allowing for a strong knowledge base in which information may be transferred in future studies.

Qualitative research calls for an in-depth analysis of the phenomena under study. The process is lengthy consisting of detailed interviews, verbatim transcriptions, memo writing, organization and interpretation of data. A manageable sample size is the only way to ensure quality analysis and cannot assume the same requirement as does sample size for traditional quantitative studies. Furthermore, a major distinction between

quantitative and qualitative paradigms exists in the goal of generalizability for the former, and transferability for the latter. Nevertheless, Hycner (1985) suggested that a small sample size does not preclude generalizability and that the results of qualitative research can be phenomenologically informative about human beings in general. Similarly, Erlandson et al. (1993) stated:

No true generalization is really possible as all observations are defined by the specific contexts in which they occur...rather than attempting to select isolated variables that are equivalent across contexts, the naturalistic researcher attempts to describe in great detail the interrelationship and intricacies of the context being studied...the “thick description” that has been generated, however, enables observers of other contexts to make tentative judgments about applicability of certain observations for their contexts and to form working hypotheses to guide empirical inquiry in those contexts (p.32).

Validity and Reliability.

In traditional quantitative research paradigms, internal and external validity are of great importance. In qualitative research; the importance remains, however, the terminology differs. Reliability is assured via an audit trail in which a detailed record of the research process is made, ensuring that other researchers may accurately follow the process (Lincoln & Guba, 1985). I created a system in which all documents are filed under specific subheadings: raw data, inquiry notes, methodological notes, memos, and

reflexive journal (observer's comments). Each step taken in this research study along with all methodological decisions were recorded in an effort to lay down a solid groundwork for future researchers to follow.

In asking colleagues and other professionals to review the data and give their own impressions, a process referred to as structural corroboration was implemented (Rudestam & Newton, 1992). It is a process promoting internal validity in providing a convergence of ideas and is also referred to as referential adequacy (Lincoln & Guba, 1985). In addition, I requested a colleague outside the specific research context to listen to my ideas and concerns and to comment upon the emerging themes, a process known as peer debriefing (Lincoln & Guba, 1985). Upon transcribing the interviews, participants reviewed their transcripts for accuracy, and I attended to any comments or errors.

Time Commitment and Materials.

An intense time commitment is involved in doing qualitative research. I initiated data collection in March 1996 and completed it in September 1996 by completing an average of two interviews per week. Initially, the process began slowly until my comfort level had improved in becoming more flexible with the interview process itself. Interviews ranged from one to two hours and required approximately eight hours each for verbatim transcription. The focused group discussion lasted for approximately two and a half hours requiring approximately sixteen hours for transcription. In addition, I spent three hours per week in writing memos and observing emergent themes and two hours per

week for pre-interview arrangements and social/professional networking. In managing this type of emotional and physical commitment, I remained in close contact with my research mentors and made use of support networks.

Practical “hardware” materials needed to complete this study included a personal computer with word-processing software, an audio tape-recorder, transcribing machine, a supply of tapes and computer disks, filing system equipment, batteries, selected books and journal articles.

Instruments.

Demographic Information Form. This instrument was created by this researcher in order to obtain information regarding country of origin, nationality, immigration status, reason for immigration, first spoken language, plans of returning home, and level of education (see Appendix A).

Islamic Religiosity Scale. This scale is based upon the qualitative findings determining Islamic religiosity (Haddad & Lummis, 1987). It was pilot tested at a national convention of Pakistani Muslims (August, 1994) and subsequent revisions were made via focused group discussions. The overriding consensus was a need to base the questions upon the five pillars of Islam. This instrument was reviewed as well as refined by Dr. Yvonne Haddad and Dr. Adair Lummis who not only corroborated the non-existence of a comprehensive Islamic religiosity questionnaire, but supported its use in the present study. In its current version, the Islamic religiosity scale consists of four

sections totaling 44 items. The first section consists of 24 items and taps into areas of Islamic attitudes and beliefs. For example, “It is important to pray five times a day,” and “Fasting during Ramadan is too difficult to do consistently in a non-Muslim environment.” Likert scales range from 1 (Agree Strongly) to 5 (Disagree Strongly) making possible scores ranging from 24-120. The second section consists of two items and taps into knowledge and understanding of the Quran and the Hadith (collection of the Prophet’s sayings). Likert scales range from 1 (Great) to 5 (None) making possible scores ranging from 2-10. The third section consists of 11 items and taps into overall Islamic behavior. Each question stem is preceded by “I do this.” For example, “Pray five times daily,” and “Wear the Hijab in all settings.” Likert scales ranges from 1 (Always) to 5 (Rarely or Never) making possible scores ranging from 11-55. The fourth section consists of 7 items and taps into Islamic behavior within the past year. For example, “Went to a party or dance where both young men and women were present,” and “Paid Zakat directly to a person.” Likert scales range from 0 (Never) to 4 (6+times) making possible scores ranging from 0-28. In total, across all four sections of the instrument, scores may range from 37 - 213 with low scores representing “High Islamic Religiosity” and high scores representing “Low Islamic Religiosity.” To ensure appropriate test validity, certain items have been reversed. This instrument was used cautiously in the present study and was supported with additional qualitative information (see Appendix B).

AIRS (American International Relations Survey). The AIRS is a 34-item instrument which purports to measure acculturation to white dominant society. Factor analysis using varimax rotation, yields three factors: Perceived Prejudice (20 items: scores range from 20 -120), Acculturation (11 items: scores range from 11 - 61), and Language Usage (3 items: scores range from 3 - 15) (Sodowsky & Plake, 1991). Examples of items include: “The language(s) I speak well: 1) English only, 2) Mostly English, some my first language (mother tongue), 3) English and my first language equally well, 4) Mostly my first language, some English, and 5) My first language only; and “I prefer American music, films, dances, and entertainment to those of my country of origin.” Likert scales range from 1 through 5 for items 1 to 8, and 1 (Disagree strongly) through 6 (Agree strongly) for items 9 to 34. Total possible scores range from 34-196 with low scores indicating “High Acculturation,” “Low Perceived Prejudice,” and “Predominant use of English Language;” and high scores indicating “Low Acculturation,” “High Perceived Prejudice,” and “Predominant use of native language.” The internal consistency reliabilities of the full scale and subscales were .89, .88, .79, and .82. Phrasing of the items on the AIRS permits persons from different nationalities to reply in a meaningful fashion, whereas other acculturation scales are used for specific ethnic groups. This specific acculturation instrument was chosen for this study due to the importance of tapping into Perceived Prejudice, as supported by previous literature, an important variable to consider within the Muslim population (see Appendix C).

Attitude Toward Seeking Professional Psychological Help (ATSPPH). This scale consists of four subscales (Need, Stigma, Openness, and Confidence) and yields an overall attitude score (Fischer & Turner, 1970). “Need” is recognition of personal need for psychological help. “Stigma” is the tolerance of stigma associated with receiving psychological help. “Openness” is interpersonal openness regarding one’s problems, and “Confidence” is confidence in the ability of the mental health professional to be of assistance. There are a total of 29 items. For the purpose of this study, only the overall attitude score was analyzed. Examples of items include, “I would feel uneasy going to a counselor because of what people would think;” “There are times when I have felt completely lost and would have welcomed professional help for a personal or emotional problem;” and “The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.” Each statement is rated on a Likert scale ranging from “strongly disagree” (0) to “strongly agree” (3). Possible scores range from 0-87. Low scores indicate a negative attitude, while high scores indicate a positive attitude toward counseling. The internal reliability of the scale is .86. The ATSPPH has been found to distinguish users and non-users of mental health facilities and has a test-retest reliability of .83. For the purpose of the present study, the word “counselor” was substituted for the word “psychiatrist” (see Appendix D).

Structured Interview. This interview was created to tap into issues of acculturation, religiosity, gender role ideology, generational differences, explanations of mental health

symptoms, coping mechanisms, and help-seeking behavior for a sample of Muslim women in America. Before finalizing this interview, pilot studies were performed with three separate groups of three to four Muslim women and revisions were made accordingly. Alterations were made to correct for choice of words and potential language barriers (see Appendix E).

Case Scenarios. These scenarios were taken from actual experiences within the Islamic communities of North America. However, they have been slightly distorted as a means of protecting identity. Pilot studies were also performed with the same three separate groups of three to four Muslim women as mentioned above. They unanimously responded that these were "very typical" situations and needed to be addressed within the Muslim community. In addition, these scenarios were discussed among a group setting of doctoral counseling psychology students and a distinguished professor of multicultural counseling, Dr. Allen Ivey. Feedback stressed the importance of accounting for a contextual, systemic perspective rather than a focus on the individual. This feedback was incorporated in the refinement of the scenarios as well as the open-ended questions (see Appendix F).

CHAPTER IV

DATA ANALYSIS

Quantitative Component.

Descriptive information is presented, including means and standard deviations on all demographic information and quantitative measures.

Quantitative Hypotheses:

- 1) First generation Muslim women will have a more positive attitude toward seeking professional psychological help than will immigrant Muslim women.
- 2) Low Religious Muslim women will have a more positive attitude toward seeking professional psychological help than will High Religious women.
- 3a) Highly acculturated Muslim women (Total Acculturation score) will have a more positive attitude toward seeking professional psychological help than will low acculturated Muslim women.
- 3b) Muslim women with a low level of Perceived Prejudice will have a more positive attitude toward seeking professional psychological help than will Muslim women with a high level of Perceived Prejudice.
- 3c) Muslim women who predominantly use English as their language will have a more positive attitude toward seeking professional psychological help than will Muslim women who predominantly use their respective native language.

3d) Muslim women with high Acculturation will have a more positive attitude toward seeking professional psychological help than will Muslim women with low Acculturation (one of three subscales of the Total acculturation score, named Acculturation).

4) Religiosity, Acculturation, Perceived Prejudice, Language Usage, and Generational status will significantly predict attitude toward counseling.

Quantitative Analyses.

Four 2 x 2 x 2 Factorial Analyses of Co-Variance were used in analyzing the quantitative hypotheses. All analyses included Generational Status (immigrant and first-generation) and Religiosity (high and low) as independent variables. The ATSPPH (Attitude Toward Seeking Professional Psychological Help) is the dependent variable. In addition to generational status and religiosity, the first ANCOVA included the Total AIRS score (high and low). The subsequent analyses included the three subscales that constitute the Total AIRS score, respectively. Therefore, the second included the subscale, Perceived Prejudice (high and low). The third included the subscale, Language Usage (high and low), and the fourth included the subscale, Acculturation (high and low).

Since a potential for an artificial dichotomization of the sample (high scores vs. low scores) was recognized, multiple regression procedures were used to determine whether religiosity, Acculturation, Perceived Prejudice, Language Usage, and Generation significantly predicted attitude toward seeking professional psychological help.

Qualitative Component.

In providing important focus to this study, I structured some of the analysis up front by generating categories to collect data (Bogdan & Biklen, 1992; Marshall & Rossman, 1989). The categories were largely based upon the qualitative questions and included: Reasons for immigration, acculturation, religiosity, perceived discrimination/prejudice, gender role ideology, explanations of emotional and mental health, sources of help, coping mechanisms, utilization of professional psychological help, role of psychologist, and problems requiring seeking professional psychological help. This structuring aided my goal in systematically organizing, managing, and synthesizing information into meaningful units.

Reading through my data, I looked for certain words, phrases, patterns of behavior, participants' ways of thinking, and events that were repeated and stood out. I began the process of data analysis upon completion of the first semi-structured interview (Bogdan & Biklen, 1992), then proceeded further with cross-case analysis (Patton, 1990) in which I grouped together the answers from different women to common questions. I developed further coding categories as they emerged. I also incorporated the use of subcodes which broke major codes into smaller units, and provided further meaningful analysis (Strauss & Corbin, 1990). Similar to the process of open, axial, and selective coding in grounded theory (Glaser & Strauss, 1967), I implemented the use of major codes, subcodes, and further subcodes if necessary. The major codes were more sweeping and general. They

tended to include a wide range of activity, attitudes and behavior. Subcodes further broke down the major codes into more meaningful units (see Appendix I).

Perhaps the most significant aspect of this study is that throughout data analysis, I asked generative questions such as “What is happening here?” which forced me to think about possible hypotheses and their relationships (Strauss & Corbin, 1990). This allowed me to develop detailed flow charts of what I observed happening throughout the data which greatly assisted me in observing relationships among specific variables (see Appendix J). Moreover, I wrote notes and memos to assist me in contextualizing information and thinking through my ideas (see Appendix K). In addition, I recorded my personal thoughts and feelings about anything related to my research (see Appendix L).

CHAPTER V

RESULTS

Description of Quantitative Sample.

A total of forty-two Muslim women, twenty four immigrant and eighteen first generation, completed the quantitative instruments. A breakdown of the participants according to their respective country of origin is presented in Table 1.

Table 1.

Breakdown of Participants According to Country of Origin.

COUNTRY OF ORIGIN	NUMBER OF PARTICIPANTS
Bangladesh	1
Jordan	1
Pakistan	12
Palestine	2
Iran	2
Afghanistan	4
Turkey	2
India	5
Egypt	2
Lebanon	4
Canada	1
United States	5
South Africa	1

Table 2 presents frequencies and percentages of demographic variables for both immigrant and first generation Muslim women.

Table 2.

Demographic Variables: Immigrant (IMM) and First Generation (F.G.) Muslim Women.

VARIABLE	DESCRIPTION	IMM	%	F.G.	%
Reason for immigration	Personal choice	12	50.0	8	44.4
	Family Obligation	6	25.0	5	27.8
	Political Oppression	1	4.2	1	5.5
	Refugee Status	2	8.3	1	5.5
	Education	3	12.5	3	16.7
First Spoken Language	Bengali	0	0.0	1	5.5
	Arabic	4	16.7	2	11.1
	Urdu	13	54.2	3	16.7
	Farsi	4	16.7	1	5.5
	English	3	12.5	8	44.4
	Turkish	0	0.0	2	11.1
	Gujrati	0	0.0	1	5.5
Level of Education	High School	2	8.3	5	27.8
	Currently in University	0	0.0	9	50.0
	Bachelors	11	45.8	4	22.2
	Masters	4	16.7	0	0.0
	Ph.D.	3	12.5	0	0.0
	Doctor of Medicine	4	16.7	0	0.0
Occupation	Student	5	20.8	12	66.7
	Educator	3	12.5	0	0.0
	Counselor	1	4.2	1	5.5
	Mother	1	4.2	1	5.5
	Homemaker	8	33.3	3	16.7
	Chemist	1	4.2	0	0.0
	Jeweler	1	4.2	0	0.0
	Hair Dresser	1	4.2	0	0.0
	Physician	2	8.3	0	0.0
	Banker	0	0.0	1	5.5
	Business	1	4.2	0	0.0

table 2 continues

VARIABLE	DESCRIPTION	IMM	%	F.G.	%
Number of times					
Visit Country of Origin	Never	4	16.7	3	16.7
	1 X Year	3	12.5	2	11.1
	1 X 4 Months	0	0.0	2	11.1
	2 X 10 Years	1	4.2	1	5.5
	1 X 2 Years	10	41.7	7	38.9
	1 X 4 Years	3	12.5	0	0.0
	1 X 8 Years	1	4.2	2	11.1
	1 X 19 Years	2	8.3	1	5.5

Quantitative Results.

Table 3 displays the means and standard deviations for immigrant and first generation Muslim women's ages.

Table 3.

Means and Standard Deviation of Age.

VARIABLE	IM STATUS	N	MEAN	S. D.
	Immigrant	24	40.4	8.8
AGE	First Generation	18	22.2	4.4
	Total	42	32.6	11.6

Note: IM Status refers to immigration status.

Table 4 displays means and standard deviations for scores on ATSPPH (Attitude Toward Seeking professional Psychological help Scale). Possible scores range from 0 - 87 with low scores representing a negative attitude and high scores representing a positive attitude.

Table 4.

Means and Standard Deviation for Scores on ATSPPH.

VARIABLE	IM STATUS	N	MEAN	S. D.
	Immigrant	24	54.2	11.4
ATSPPH	First Generation	18	56.3	12.6
	Total	42	55.0	11.9

Note: ATSPPH (Attitude Toward Seeking Professional Psychological Help).

The AIRS (American International Relations scale) is made up of three subscales and a Total score: Perceived Prejudice (possible scores range from 0-20), Acculturation (possible scores range from 11-61), Language Usage (possible scores range from 3-15), and the Total AIRS score (possible scores range from 34-196). Low scores represent low Perceived Prejudice, high acculturation, and predominant use of the English language rather than one's native language. Likewise, high scores represent high Perceived Prejudice, low acculturation, and predominant use of one's native language as compared to the English language. As a total measure of acculturation, low scores on the Total AIRS scale represent high acculturation and high scores represent low acculturation. Table 5 displays the means and standard deviations for immigrant, first generation, and total sample scores.

Table 5.

Means and Standard Deviation of Perceived Prejudice, Acculturation, Language Usage, and Total AIRS.

VARIABLE	IM STATUS	N	MEAN	S. D.
Perceived Prejudice	Immigrant	24	67.5	9.4
	First Generation	18	57.3	14.4
	Total	42	63.0	12.7
Acculturation	Immigrant	24	48.6	4.5
	First Generation	18	43.2	9.5
	Total	42	46.3	7.5
Language Usage	Immigrant	24	9.9	1.9
	First Generation	18	6.5	2.6
	Total	42	8.4	2.8
Total AIRS	Immigrant	24	125.9	11.7
	First Generation	18	107.0	18.8
	Total	42	117.8	17.7

Note: AIRS (American International Relations scale).

The IRS (Islamic Religiosity scale) consists of four subscales and a Total Islamic Religiosity score: Islamic Attitudes and Beliefs (possible scores range from 24-120), Knowledge of Quran and Hadith (possible scores range from 2-10), Islamic behavior [Overall](possible scores range form 11-55), Islamic behavior [within the past year]

(possible scores range from 0-28), and Total IRS (possible scores range from 37-213).

Table 6 presents the means and standard deviations for these scores. Low scores represent high religiosity and high scores represent low religiosity.

Table 6.

Means and Standard Deviation of Islamic Attitudes and Beliefs, Knowledge of Quran and Hadith, Overall Islamic Behavior, Islamic Behavior Within the Past Year, and Total IRS.

VARIABLE	IM STATUS	N	MEAN	S. D.
	Immigrant	24	54.5	9.9
Islamic Attitudes and Beliefs	First Generation	18	53.6	14.0
	Total	42	54.1	11.7
	Immigrant	24	5.4	1.4
Knowledge of Quran and Hadith	First Generation	18	6.0	1.2
	Total	42	5.7	1.3
	Immigrant	24	25.9	5.5
Islamic Behavior (Overall)	First Generation	18	27.2	9.8
	Total	42	26.5	7.6
	Immigrant	24	9.8	4.0
Islamic Behavior (within past year)	First Generation	18	12.2	6.3
	Total	42	10.8	5.2

table 6 continues

VARIABLE	IM STATUS	N	MEAN	S. D.
	Immigrant	24	95.2	17.5
Total IRS	First Generation	18	99.0	28.8
	Total	42	96.8	22.8

Note: IRS (Islamic Religiosity Scale).

As principle quantitative analyses of this study, the main concern was to investigate the relationship between immigration status, religiosity, acculturation and the attitude toward seeking professional psychological help. A 2 x 2 x 2 Analysis of Co-variance was used to analyze quantitative hypotheses #1, #2, and #3a. The Independent variables were Generational status (Immigrant and First generation), Acculturation [Total AIRS] (High and Low), and Islamic Religiosity [Total IRS] (High and Low). Age was held as the co-variate given that a t-test between independent samples demonstrated a significant difference between age and immigration status, $t = 35.4$, $p = .000$. The dependent variable was ATSPPH (Attitude Toward Seeking Professional Psychological Help). Results of the ANCOVA are shown in Table 7.

As determined by the Kolomogorov-Smirnov Goodness of Fit test, all distributions of test scores appeared normal. Therefore the means of respective tests were used to differentiate between high and low scores. For example, the mean score of Total AIRS (acculturation) for the total sample was 117.8 with a S.D. of 17.7. Accordingly, those who scored greater than 117 were designated as “low acculturated” and those who scored less than or equal to 117 were designated as “highly acculturated.” Similarly, the mean

score of Total IRS (Islamic religiosity) was 96.8 with a S.D. of 22.8. Those who scored greater than 96 were designated as having “low religiosity” and those who scored less than or equal to 96 were designated as having “high religiosity.”

Table 7.

Results of ANCOVA (Total AIRS).

SOURCE	SS	df	MS	F	p
IM STATUS (A)	72.30	1	72.30	.55	.461
Total AIRS (B)	863.50	1	863.50	6.64	.015*
Total IRS (C)	2.10	1	2.10	.02	.899
A x B	7.30	1	7.30	.06	.813
A x C	.03	1	.03	.00	.987
B x C	295.70	1	295.70	2.30	.141
A x B x C	103.50	1	103.50	.80	.380
AGE	.57	1	.57	.004	.950
Error	4290.9	33	130.03		

*Significant

Results from this analysis suggest no significant difference between immigrant and first generation Muslim in their attitudes toward seeking professional help. In addition, there was no significant difference between high religious women and low religious women in attitudes toward seeking professional psychological help. Nevertheless, a significant difference was found between level of acculturation and attitude toward

seeking professional psychological help in that highly acculturated Muslim women had more positive attitudes toward seeking professional psychological help than low acculturated Muslim women.

The initial 2 x 2 x 2 Analysis of Co-variance was run using the Total Acculturation score. Given that three subscales make up the Total Acculturation score and in response to answering the remaining hypothesis, subsequent analyses were performed using the three subscales that make up the Total Acculturation score (Perceived Prejudice, Language Usage, and Acculturation).

A second 2 x 2 x 2 Analysis of Co-variance was used to analyze hypothesis # 3b. With the assumption of normality, the mean was again used to differentiate between high and low scores on the subscale “Perceived Prejudice.” Those who scored greater than 63 were designated as experiencing “high perceived prejudice” and those who scored less than or equal to 63 were designated as experiencing “low perceived prejudice.” Results are presented in Table 8.

Table 8.

Results of ANCOVA (Perceived Prejudice).

SOURCE		SS	df	MS	F	p
IM STATUS	(A)	92.8	1	92.8	.74	.396
Total IRS	(B)	13.7	1	13.7	.11	.743
Perceived Prej	(C)	1058.9	1	1058.9	8.43	.007*
A x B		229.0	1	229.0	1.82	.186
A x C		97.9	1	97.9	.78	.384
B x C		3.1	1	3.1	.02	.876
A x B x C		22.6	1	22.6	.18	.674
AGE		65.3	1	65.3	.52	.480
Error		4142.8	33	125.5		

*Significant

Findings revealed a significant difference between the amount of perceived prejudice and attitude toward seeking professional psychological help. Muslim women who had a low level of perceived prejudice had a more positive attitude toward seeking help than those who had a high level of perceived prejudice.

A third Analysis of Co-variance was used to analyze hypothesis # 3c. Those who scored greater than 8 on the subscale "Language Usage" were designated as "predominant

use of native language” and those who scored less than or equal to 8 were designated as “predominant use of English language.” Results of the ANCOVA are shown in Table 9.

Table 9.

Results of ANCOVA (Language Usage).

SOURCE		SS	df	MS	F	p
IM STATUS	(A)	43.5	1	43.5	.29	.590
Total IRS	(B)	31.3	1	31.3	.21	.647
Language Usage	(C)	2.8	1	2.8	.02	.891
A x B		194.4	1	194.4	1.32	.258
A x C		461.5	1	461.5	3.14	.080
B x C		6.5	1	6.5	.04	.835
A x B x C		13.5	1	13.5	.09	.764
AGE		.6	1	.6	.00	.950
Error		4842.2	33	146.7		

Results indicated no significant difference between Language Usage and attitude toward seeking help. Muslim women who predominantly used English as their language did not have a more positive attitude toward seeking professional psychological help than Muslim women who predominantly used their respective native language.

A fourth Analysis of Co-variance was used to analyze hypothesis # 3d. Those who scored greater than 46 on the subscale “Acculturation” were designated as “low

acculturated” and those who scored less than or equal to 46 were designated as “high acculturated.” Results of the ANCOVA are presented in Table 10.

Table 10.

Results of ANCOVA (Acculturation).

SOURCE		SS	df	MS	F	p
IM STATUS	(A)	9.0	1	9.0	.06	.802
Total IRS	(B)	91.8	1	91.8	.65	.425
Acculturation	(C)	.9	1	.9	.00	.935
A x B		442.7	1	442.7	3.15	.085
A x C		534.8	1	534.8	3.80	.060
B x C		196.6	1	196.6	1.40	.246
A x B x C		1.7	1	1.7	.01	.912
AGE		.0	1	.0	.00	.990
Error		4642.9	33	140.7		

Results indicate no significant difference in the subscale of “acculturation” and attitude toward seeking professional psychological help. Muslim women with high acculturation (subscale of acculturation) did not have a more positive attitude toward seeking professional psychological help than Muslim women with low acculturation.

Since a potential for an artificial dichotomization of the sample (high scores vs. low scores) was recognized, multiple regression procedures were used in determining whether

religiosity, generation, Acculturation, Language Usage, and Perceived Prejudice significantly predicted attitude toward seeking professional psychological help. Analysis of this sample indicated that neither religiosity, nor generation status, nor Total AIRS (acculturation) significantly predicted attitude toward seeking professional psychological help. Moreover, the subscales of Language Usage and Acculturation did not significantly predict attitude toward seeking professional psychological help. However, the subscale Perceived Prejudice did significantly predict attitude toward seeking professional psychological help. Results are presented in Table 11.

Table 11.

Multiple Regression Scores Predicting Attitude Toward Seeking ProfessionalPsychological Help Using the Following Variables: Immigration Status, Total AIRS(acculturation), Language Usage, Perceived Prejudice, Acculturation, and Total IRS(Islamic religiosity).

VARIABLE	coefficient	std. error	std. coefficient	tolerance	F	p
Constant	83.40	8.30	.00		10.10	.000
Perceived Prejudice	-.45	.13	-.48	1.000	12.05	.001*
Acculturation	.17			.964	1.14	.290
Language Usage	.20			.843	1.62	.210
Total AIRS	.19			.265	1.40	.231
IM Status	.00			.342	1.50	.220
Total IRS	.09			.888	.33	.567

* Significant

Note: Multiple R = .481; squared multiple R = .232; adjusted squared multiple R = .212; SE = 10.58.

Secondary exploratory analyses.

To better understand existing relationships between specific variables, correlations were performed between all the following variables: ATSPPH, Perceived Prejudice, Acculturation, Language Usage, Total AIRS, Islamic Attitudes and Beliefs, Knowledge of Quran and Hadith, Islamic Behavior (overall), Islamic Behavior (within past year), and

Total IRS. Table 12 presents only the significant correlations with their respective probabilities.

Table 12.

Significant Correlation Matrix with Respective Probabilities.

	ATSPPH	PERPREJ	ACCULT	LANGUSAGE	Tot AIRS
PERPREJ	-.481 (.001)				
LANGUSAGE		.396(.010)	.63 (.000)		
Total AIRS	-.326 (.035)	.857(.000)	.65 (.000)	.70 (.000)	
Quran		-.381(.013)			-.30 (.055)
ISLAMBEH. (O)	-.353 (.022)				-.35 (.023)
ISLAMBEH.(WPY)	-.315 (.042)				
Total IRS	-.334 (.031)				-.32 (.040)

table 12 continues

	ISLAMATT	ISLAMBEH. (O)	ISLAMBEH. (WPY)
ISLAMBEH. (O)	.815 (.000)		
ISLAMBEH. (WPY)	.706 (.000)	.698 (.000)	
Total IRS	.951 (.000)	.922 (.000)	.829 (.000)

Note: ATSPPH (Attitude Toward Seeking Professional Psychological Help).
 PERPREJ (Perceived Prejudice; one of three subscales of Total AIRS).
 ACCULT (Acculturation; one of three subscales of Total AIRS).
 LANGUSAGE (Language Usage; one of three subscales of Total AIRS).
 Tot AIRS (Total acculturation score).
 ISLAMATT (Islamic Attitudes and Beliefs)
 QURAN (Knowledge of Quran and Hadith).
 ISLAMBEH (O) (Islamic Behavior Overall).
 ISLAMBEH (WPY) (Islamic Behavior Within the Past Year).

Findings suggest that the lower the amount of Perceived Prejudice, the more positive the attitude toward seeking professional psychological help. Moreover, the higher the level of Acculturation, the more positive the attitude toward seeking help.

Significant correlation within subscales is generally expected. In this study, findings confirmed that the more predominant the use of English as compared to one's native language, the lower the amount of Perceived Prejudice. Of greater significance, the lower the amount of Perceived Prejudice, the higher the level of Acculturation.

Moreover, the amount of Perceived Prejudice was found to significantly correlate with knowledge of Quran and Hadith, Islamic Behavior (overall), Islamic Behavior (within the past year), and Total Islamic religiosity. More specifically, the greater the amount of Perceived Prejudice, the greater the knowledge of Quran and Hadith, the higher the level of Islamic behavior overall and within the past year, and the higher the level of religiosity.

The subscale of Acculturation correlated with Language Usage and with the total AIRS score. The higher the level of Acculturation, the more predominant the use of English rather than one's native language, and the higher the level of Acculturation the greater the amount of Total acculturation. In addition, the more predominant the use of English as compared to one's native language, the greater the amount of total acculturation.

Total acculturation was found to significantly correlate with knowledge of Quran and Hadith, Islamic Behavior (overall), and Total Islamic religiosity. The greater the amount of Total acculturation, the less knowledge of Quran and Hadith, the lower the level of Islamic behavior (overall), and the lower the level of Total Islamic religiosity.

Confirming within subscale correlation, Islamic attitudes and beliefs significantly correlated with Islamic behavior (overall), Islamic behavior (within past year), and Total Islamic religiosity. Intuitively, the greater the level of Islamic attitudes and beliefs, the higher the level of Islamic behavior (overall and within the past year), and the higher the level of Total Islamic religiosity. The greater the level of Islamic behavior (overall), the greater the level of Islamic behavior (within the past year), and the greater the level of Total Islamic religiosity. Last but not least, the greater the level of Islamic behavior (within the past year), the greater the level of Total Islamic religiosity.

Given the importance of generational differences throughout this study, T-tests were implemented to explore the relationship of generational status in conjunction with attitude toward seeking professional psychological help, religiosity, and acculturation. No significant difference was found between immigrant and first generation Muslim women in their attitude toward seeking professional psychological help, $t = 34.6$, $p = .581$. Moreover, immigrant and first generation Muslim women did not differ in their Islamic attitudes and beliefs, $t = 29.2$, $p = .821$; in their knowledge of Quran and Hadith, $t = 39.2$,

$p = .123$, in their Islamic behavior (overall), $t = 24.9$, $p = .628$; in their Islamic behavior (within past year), $t = 27.3$, $p = .172$, or in their Total Islamic religiosity, $t = 26.2$, $p = .624$. Nevertheless, Acculturation differed across generations. First generation Muslim women expressed a lower level of Perceived Prejudice than immigrant Muslim women, $t = 27.6$, $p = .014$. First generation Muslim women were more highly acculturated than immigrant Muslim women, $t = 22.7$, $p = .036$. First generation Muslim women tended to use English more as compared to their native language than immigrant Muslim women, $t = 30.5$, $p = .000$. In general, according to the Total acculturation scores, first generation Muslim women were more highly acculturated than immigrant Muslim women, $t = 26.7$, $p = .001$.

Qualitative Results.

In this section of the study, I attempt to assist the reader in gaining a contextual understanding of these Muslim women's lives by introducing their voices. The broad categories that I have mentioned previously will function as a framework for presenting information.

Immigrant Muslim Women

This sample of nine immigrant Muslim women represented diverse historical, educational, and cultural backgrounds. Four immigrant Muslim women were from the Northeast U.S. and five were from the Southern U.S. Their ages ranged from 35 - 65

years, and they have all been in the U.S. for a minimum of twenty years. Seven of the nine women were married and had children. The ages of their children ranged from 17 - 35 years old. Four women were of Pakistani origin, two were Lebanese, one Iranian, one Indian, and one Turkish. All the women had at least a Bachelors degree from their countries of origin. The average family income ranged from \$35,000 - 200,000 per year. Four women held the Ph.D. degree (two in Education and two in Social Sciences). Three had received their Doctoral degrees in the West and one from her country of origin. One woman had a degree in Medicine from her country of origin but had chosen to stay home in order to raise her family. Likewise, among those who held the Ph.D. degree, only one was working in her field. This immigrant woman was divorced and her daughter was a college graduate. From the three remaining, one woman chose to work in a position for which she was over-qualified, her rationale being that she wanted to do something she really enjoyed, with less stress, that allowed her to be a devoted mother. Another woman chose to do community work beside her husband, and the fourth was pursuing an academic position.

Reasons for Immigration.

Among the nine immigrant women interviewed, five indicated that the reason they had come to America was largely due to the fact that their husbands had employment in the U.S. and so they followed them here. Prior to marriage, these husbands had been in the U.S. or the West for a few years before returning home, getting married, and bringing

their wives to the U.S. Among these four husbands, two were physicians looking to further their medical training in the West by doing internships. The other two had plans for furthering education and starting a business. All in all, these women had talked about gaining better opportunities and a better life for their future families. They openly talked about the excitement of being newly married and traveling abroad with their husbands.

It was not my decision to come to America. I got married and my husband was living here and I just came with him. I was very excited about coming. Initially I had thought that I was going to come for just a short period of time and we would just go around and have fun...have a big vacation and then just go back but things turned out that we decided to stay back longer so we could be financially a bit better...then go back, and then one thing led to another and we have been here for 24 years.

Among the remaining four immigrant women, three women talked about their own desires for studying abroad and so they came to America to pursue higher education. The final woman came as the result of a joint decision with her husband to flee from her country that was afflicted by war. All in all, these women all held dreams and desires for better opportunities in their lives and for the lives of their future children.

Acculturation.

In asking this sample of immigrant Muslim women what it meant to be “Americanized,” their responses were categorized under the following two broad themes: 1) Distinction between religion and culture and 2) cultural relevance. However, upon reviewing their responses, these women spoke of their respective experiences in a manner strikingly similar to the stages of Racial/Cultural Identity Development (Atkinson,

Morten, & Sue, 1989). Racial/Cultural Identity Development is a well established phenomenon that many minorities may experience while living in a dominant culture that is different from their own. More importantly, it refutes the erroneous belief that all persons from a similar ethnic minority group are the same. More specific to this study, Racial/Cultural Identity Development illustrates that Muslim women in America differ in their attitudes, beliefs, and behavior as they struggle to understand themselves in terms of their own culture in contrast to the dominant culture. Moreover, this development model accounts for the socio-political influences in shaping minority identity. As I have talked about this model in an earlier section of this paper, I will take this opportunity to re-fresh the reader's memory. The model defines five stages of development which include: conformity, dissonance, resistance and immersion, introspection, and integrative awareness. In general, each stage of identity carries corresponding attitudes and beliefs about oneself, others of the same minority, and those of the dominant majority.

Minority persons in the Conformity stage are likely to have an unequivocal preference for dominant cultural values over their own cultural values. Lifestyles and value systems of the dominant society are highly valued and those from their own minority group are degraded. In the Dissonance stage, minority persons begin to question and challenge their attitudes and beliefs held in the conformity stage. This stage could be triggered by a variety of events including, but not limited to, a personal experience or a socio-political influence. Therefore, they are likely to experience conflict between a self-

depreciating or appreciating attitude and a dominant group-appreciating or depreciating attitude. In the Resistance and Immersion stage, the minority person tends to hold the attitude of self-appreciation and is likely to reject the dominant values of the society. This stage is likely to be coupled with feelings of anger and resentment for the beliefs they held while in the conformity stage. An Introspection stage brings with it the discovery that the intensely negative feelings held toward the dominant culture are psychologically and emotionally draining and prevent them from a deeper understanding of themselves within their respective culture. In the Integrative Awareness stage, minority persons are likely to develop an inner sense of security and are able to appreciate unique aspects of their own culture as well as those in the dominant culture. One final comment regarding Racial/Cultural Identity Development: for the purpose of the present paper, it is used merely as a conceptual framework to allow the reader to make some sense of the diversity and experiences of this sample of Muslim women in America.

As these immigrant women spoke of their experiences of what it meant to be “Americanized,” it became evident that according to the stage that each was in, the concept of “Americanization” was different. For example, this immigrant woman summarizes her experience of her life in America. Clearly, she describes stages of racial/cultural identity development. I have indicated what I believe to be the respective stages of development:

To be honest...when I came here...I felt I wanted to be American in a sense...to do whatever I felt like doing or whatever appealed to me [Conformity]...I didn't

come as a young girl...I came married and I tried a few things and I didn't like them...actually I hated them...as a Muslim drinking...as a Muslim going out for parties...I tried that and I didn't feel good about it...I'm talking honestly now...and my children were growing and were at an age where first of all, I didn't want my children to see these things and so I sat down and thought about it...if I'm feeling so ashamed about it...if I feel so uncomfortable with my child seeing me doing all this ...I started thinking more about living in America and what it's all about [Dissonance]...I said that there are many good things like freedom and education [Introspection] but I came to the conclusion that also the values and morals are very important...and then I started to think about them more...then I started looking more into my background and found that culture was something that I really valued very much. Actually some cultural stuff was really...I didn't fall back to my culture as much as my religion and I started going into my religion...began re-educating myself ...although I learned all these things in school, I was young and they didn't really have such meaning to me at that time as a teenager...but I had the information stored there and the values from there and I started looking into them again. That period which I talked about earlier only lasted for a short time and you know deep inside I knew that something was not right ...but I wanted to do like other friends who came with me from that part of country and I thought that's all about being American...I used to copy but I wasn't feeling good myself...that's my personal view...now I feel happy about this change [Integrative Awareness] it helped the kids a lot because they have identity...they have moral values and solid things to fall back upon.

In addition, the majority of these women talked elaborately about having initial feelings of sadness and loneliness as they tried to adjust themselves within Western society. Nevertheless, when sitting alone and crying about missing one's family and friends became tiresome and provided no relief, they armed themselves with new equipment - most importantly this included a driver's license. Immigrant women talked about the new freedom and opportunity that this small but official card unlocked for them.

As these immigrant women talked about their experiences of re-educating themselves about their own values and cultures, they spoke of the importance of having a “religious identity” as compared to a “cultural identity.” For many of them, the mosque was a place to gain support and to meet with fellow country women. As a way of building stronger support for each other, it was important for them that cultural distinctions be eroded and a re-education of religious values take place.

As expected, when immigrant women were asked what it meant to be “Americanized,” they mentioned issues of dress, lifestyle, language, and interaction. I have chosen to group these terms together under the broad heading of “cultural relevance.”

I found it important that in one way or another the concept of “freedom” was associated with the process of Americanization but carried a “double meaning” for many of these women. One respondent was clearly distraught as she spoke about the internal struggle she holds when she conceptualizes “freedom” in the West:

I think the thing that had really the double edge is the freedom over here...it is really so valuable and so beautiful...freedom of thinking...we don't have this freedom back home...we have conservative values and everybody thinks for you...helps you think...here you are on your own...it's beautiful and I really like it...and I value it very much and at the same time, if you give it to a child early or without any supervision or Alhamdulillah³, it didn't happen with me because I am very protective...but I see what happens to others...and so I take more protection.

³ Alhamdulillah is an Arabic word which means “Praise be to Allah.” It is a phrase generally used by Muslims thanking Allah [God] for everything bestowed upon them.

Another immigrant women contemplates this issue depicting a similar tone of internal conflict:

It's too much of freedom in America...freedom is what you say...some place you have to stop...freedom is wonderful but you can't do everything...if you do everything all the way free...you will be just like an animal...that's my opinion.

For these immigrant women, it became clear that the word "Americanized" carried an assumption of negativity. For example, the majority of these women began their responses with a qualifier that being Americanized was not "all negative" and that they felt some very positive things about being "Americanized."

To me...it is when you accept a lot of their way of living is what being Americanized is...usually it comes as a negative but I would like to have a little bit positive to go with it because there is a lot positive about this culture here too...and I don't want it to be negative...it should not mean bad all the time.

Qualification appeared to be a trend with these immigrant women. This opportunity to talk about their personal experiences perhaps allowed them a chance to reflect upon the positive aspects and the benefits of living their life in the West. Clear distinctions between positive and negative spheres of American culture were made. They demonstrated a sense of confidence as they spoke about having the ability to choose and to adopt the positive aspects of American life yet avoid the negatives.

Among the positives, the themes of freedom, independence, and employment opportunities were repeated. In addition, immigrant women expressed earnestly that they

liked the American value system of “hard work.” They felt that their American counterparts were hard-working, honest, and were good neighbors.

Among the negatives, free social mixing of sexes, drinking, drugs, open sex, unlimited freedom for kids, and lack of parental time with kids were discussed.

In addition to the other issues of being “Americanized,” immigrant women contemplated individuation and separation dilemmas. It was an issue that seemed to overlap between both the positive and negative aspects of American life and thus provoked immigrant Muslim women to take their own personal stand.

I think what I like about this place or being Americanized is...I think it gives a woman...especially a woman coming from the Eastern culture a lot more self confidence...a lot more...you start discovering yourself...you stop sacrificing...or you stop putting your own personal needs or your own personal desires and umm benefit to...for the family...or for your spouse or for friends...in terms of sacrifice...and I remember a therapist friend of mine saying...if you make a sacrifice...then you are putting a burden on the recipient and that's not fair...and that has stuck on me...that is something that we back home in Pakistan has been stressed a lot...you know to sacrifice for the family...for your husband...for the good of others at the expense of yourself and that basically is I think...personal development has been greatest here...and on the other hand the way that I look at it...I don't want to have any regrets in terms of my obligations to my relatives and family members or my friends...and so it is a balance of where...you know I project in the future and say...if I don't fulfill this...will I have any regrets when the time is gone and if I say yes, I will have regrets...then I go ahead and do it and if I see that I won't have any regrets...because the alternative is too great...then I do what I have to do... instead.

Religiosity.

When I asked immigrant Muslim women what it meant to be a Muslim, they provided a diverse set of responses which were captured in a theme called “ritual vs.

spiritual.” It became apparent that these women made distinctions between the “rituals” of Islam and the “spirituality” of Islam. Some aligned themselves as staunch believers in the “rituals” of Islam while others proclaimed “spirituality” as being most important.

Representing “ritual” Islam, one immigrant woman responded:

Muslim is not only calling by name...no...it is how much you practice...it is a submission to Allah...it is praying the five times a day...the Muslim’s behavior...and then you have to understand...I mean the only thing being a Muslim is not reading five times prayers or reading Quran...it’s not just that...I mean how much you practice your religion...how much you devote your time and if you’re reading Quran...yes you do get reward for that...but how much do you understand and practice it.

At the other end of a continuum, this immigrant woman perhaps represents

“spiritual” Islam:

You know...I don’t follow the rituals as a good Muslim is supposed to do...but I feel that if I am a good person...to me I am not a hypocrite...not a back-biter...and do not have bad intentions dealing with people. I feel to me that that is more important to me than saying my namaaz (prayers)⁴ or...because I feel that you know...shouldn’t I be respectful of my fellow human beings or the creations in this world?...if I take care of that...that is paying more respect than saying my namaaz and not caring two hoots about ecology or re-cycling or about uhh animals or...you know that part of life.

This discussion of “spirituality” in Islam is a concept that should not be taken lightly. It continuously re-emerged as a significant theme upon asking what it meant to be religious. In rewinding the interactions with these women in my mind, they expressed difficulty in differentiating between the issues of “ritual” and “spiritual” Islam. It was as

⁴ Namaaz means prayers in the Urdu language. This language is commonly spoken by Indian Muslims and Pakistanis.

if they were hesitant to interfere with the basic foundation of Islamic principles. Rather than making a dichotomy, they expressed an urgent need to re-emphasize the moral system in Islam. Engaging in the “rote” rituals of Islam while lacking morals, and “good intention” was strongly disapproved.

This philosophy contributed toward immigrant Muslim women strongly arguing against the existence of an external standard/measure of religiosity. In general, this concept of an “external standard of religiosity,” includes physical appearance and observed religious behavior. More specifically, physical appearance likely includes clothing in general - how liberal or how conservative one dresses. Moreover, another aspect of physical appearance may include wearing the hijab⁵ for women and growing a beard for men. Observed religious behavior is likely to include the adherence to daily prayers, fasting during the month of Ramadan⁶, and the involvement in Mosque⁷ activities. This argument against an external measure of religiosity was contextualized with a theme that Muslims differed in their perceptions regarding the level of one’s religiosity. This theme will come to life through hearing this immigrant Muslim woman’s voice. She begins by exploring her respective level of religiosity and

⁵ Hijab is most commonly referred to as the head scarf worn by Muslim women.

⁶ Ramadan is the holy month for all Muslims. It is the time of the revelation of the Holy Quran and is determined by the Islamic lunar calendar. During the month, Muslims fast from sunrise to sunset and are asked to abstain from “Worldly” desires.

⁷ A Mosque is the designated place for worship for Muslims. Although prayers may be offered from any place, the mosque offers a place for Muslims to gather and offer prayers together. Another name for a Mosque is “Al- Masjid.” They are often used interchangeably.

subsequently addresses the fact that how she views her religiosity may be very different from how others may view it:

I would define myself as a moderately religious person...I'm not too fanatically religious like some people will say and I'm not too liberal...I like to at least follow the five basic pillars of Islam...pray regularly...to fast...to give charity or zakat⁸...I've already been to Saudi Arabia for Hajj⁹...in fact I go every year for Umra¹⁰...for the last 8-10 years, I've been going regularly and try to be basically...before everything else...be a good person to be able to help others in whatever way I can and...I cannot say I am the most religious person...I'm basically all right.

Intrigued with the distinctions among liberal, moderate, and fanatic levels of religiosity, I inquired further. She responded:

Well like for instance somebody who is liberal and he's Muslim will tell you, "well I believe in Islam and I believe in one God and I believe in the Prophet," but they don't always practice...they don't always say, "I pray my five times a day or I fast," but in their hearts they believe in the belief ...they may not be practicing as far as I'm concerned. If you want to really call yourself a moderately religious person you will at least do the five things prescribed for you. Somebody who is fanatically religious will be very very strict...follow everything to the dot...which is very good...commendable...but I don't think that I am one of those.

It is through her next response that she uncovers that she perhaps like other immigrant Muslim women may be re-negotiating religious principles, something not needed to be done in their countries of origin. Furthermore, she captures the idea that the

⁸ The Arabic word Zakat is one of the five basic pillars of Islam. Muslims are required to give 2 1/2 % of their annual earnings toward charity or needy persons.

⁹ Hajj is another basic pillar of Islam. It is the pilgrimage to Mecca that a Muslim is obligated to make at least once in his or her lifetime, if they are financially and physically able to do so.

¹⁰ Umra may be conceptualized as a "mini Hajj." It is a shorter procedure of the actual Hajj, however is not an obligation. Because one can perform Umra at any time of the year, Muslims may go at their convenience and desire to perform the rituals of the pilgrimage.

level of one's religiosity depends upon who is doing the perceiving, not upon an externally imposed standard of religiosity:

Well I think in our countries of origin we don't sit and analyze whether we are moderately religious...we just accept that we are Muslim and it is taken for granted that we are Muslims...we don't even question each other and in our behavior of how religious we are...but when we are abroad we are living in a foreign country and in a predominantly Christian society we look at ourselves more critically and we try to think where do we stand as far as religion goes and then we see what we are doing...how others look at us...like for instance someone who is very very liberal...who is a Muslim but is really not practicing may look at me...who I myself think I'm moderately religious may think I am very very religious...you know and on the other hand...somebody who is very very strictly religious...doing everything according to Sunnah¹¹ and the Quran¹² might think I am liberal...in their eyes I may be too liberal...so that's how I look at it.

In removing themselves from this idea of an external standard of religiosity, these immigrant women reflected upon ideas that religiosity should be measured by internal personal satisfaction and that one should strive toward gaining their own personal "ideal" of religiosity.

To me...to be a Muslim doesn't mean to be...that I have to do certain things which are required constantly like going to the Masjid¹³, you know, I could be praying in my own home. I don't believe in putting on hijab because I think again it makes me look different in this culture which I don't want to look different, I want to be...have my values, have my practices...at the same time I want to be in the main stream, I don't want to stick out anywhere I go and attract more attention, and I think this is a personal choice...so I don't want to be confined to any set of things. I want to have my independence to say, to do things with in the confines of you know values...God's values...and I always

¹¹ Sunnah means "according to the actions, behaviors, and thoughts of the Prophet Mohammed (Peace be Upon Him)."

¹² Quran is the holy book for Muslims.

¹³ Masjid is another term that is equivalent to the meaning of a Mosque, a designated place of worship for Muslims.

look for the equality between men and women. We have to update ourselves according to times and not just live exactly the same way as people lived, you know hundreds of years back in those countries. That's my opinion. I think religion is a personal matter and the way I think I'm religious is in my own way...because for instance any where when I'm walking or driving...I'm going to the car and talking to God and praising him and admiring things...and it's all to me religious because this is the way I'm giving my thanks and my concerns and my feelings...and I'm reciting from Arabic, you know I mean from the Quran. People may not think this is anything important...I mean you know, in the most conservative way I'm just walking, or I'm driving, or I'm sitting in my office, but these things are always on my mind and I'm always praying or saying something, you know, and not necessarily asking for anything but just saying things that you know how great God is and you know...so that's my very personal idea. It's probably not acceptable unless I go to the Masjid and say I pray all the time you know, nobody will recognize it because they won't see me in the Masjid praying five times. I care more about the little things...like if Islam says not to talk at the back of somebody, you know, I mean I'm very careful of that, not to do that. Not to malign anybody's reputation, not to say awful things about others. I feel these are...these things are much more important than praying, you know, in the morning and then sit down with people and talk about how awful other people are...and these are little things...but they do count.

The preceding immigrant Muslim woman's voice describes a process which can perhaps be best described as "religious ritualistic evolution" and can be aligned with a similar concept which I have termed "religious identity development." For example, immigrant Muslim women revealed a need to re-educate themselves about Islam because what they received back in their country of origin taught more about cultural values and less about religious doctrine per se. Moreover, I found stages that appeared to parallel those in the Racial Cultural Identity Development model (Atkinson, Morten, & Sue, 1989). It became apparent that women were at different levels of their religious identity development.

Similar to the latter model, stages of religious identity development are not necessarily progressively linear. Rather, they are likely to be systemic and/or interrelated in nature. As a conceptual framework, adherence to either exclusively “ritual” or “spiritual” Islam occupies separate as well as incomplete dimensions of Islamic religiosity. A person with an evolved religious identity, after having gone through a stage of personal contemplation, is one who is able to integrate both the ritual and spiritual aspects of Islam in a stage similar to the “integrative awareness” stage of Racial/Cultural Identity Development.

Upon reviewing the experiences of this sample of immigrant Muslim women, in particular, it appears that the religious education they received in their countries of origin were more geared toward “rituals” perhaps intertwined with respective cultural traditions. As these women have reported, minimal meaning behind the rituals was provided, thereby often promoting ritualistic Islamic behavior lacking any ideological and/or philosophical foundation. Moreover, immigration to a non-Islamic country likely created an opportunity for them to confront their religious identity. With the voices of these immigrant Muslim women as my data, I have found a variety of scenarios that may possibly occur. At the stage of confronting their religious identity, contemplation may provoke two general themes: 1) to move away from ritualistic behavior and strengthen one’s Islamic spiritual and moral system; 2) to strictly adhere to the Islamic rituals as a way to strengthen one’s Islamic identity within a non-Islamic environment. Both themes

likely carry the emotional themes of anger and resentment and perhaps a subjective sense of being “incomplete.” Furthermore, both overlap the psychological dimensions associated with the processes of acculturation. This subjective sense challenges them to another stage of contemplation which may subsequently lead to the integration of both the “ritual” and “spiritual” dimensions of Islam.

The following example illustrates a contemplation stage after which this immigrant Muslim woman appears to be moving away from ritualistic behavior and strengthening her Islamic spiritual system. However, at the closing of her report, she speaks about experiencing a “dilemma.” Perhaps this is indicative of a subjective feeling of “incompleteness” which may be the impetus for a subsequent contemplation stage.

Muslim...to me a Muslim is basically an honest person...down to earth, basic good points in a person is Muslim...not necessarily someone who is following all the religious you know...the religious things and not being a good person...being a Muslim is basically a good person...honest person and believing in other human beings. The way we were brought up...when I was growing up...religious was a person who read namaaz (prayers) five times and doing roza ¹⁴(fasting) and giving zakat and reading Quran...that was religious...but as I grew up and started thinking myself...to me a religious person is basically a very honest person and a humble person... people who are very caring about other human beings...giving and being tolerant to me...all of these things are more religious. I think the major things that has always been very, very important to me is and that has helped me tremendously is that God is...Allah is a friend of mine...I mean I consider him...and I use the word him because that is what I am used to...it sort of is without any sex to me...it's just an identity...to me...I consider him as a friend and umm...I try to communicate as directly as I can and ask for guidance and if I'm asking for something that he has provided...if it's good for me.. I may not see it now and umm...not have this fear of him...fear of the religion. I don't follow the rituals...I mean I would do

¹⁴ Roza means “fasting” in the Urdu language.

it...I want to be able to follow the rituals and perform it if...I really mean it...not just actions...and till such time it doesn't become meaningful to me if I'm thinking its just rituals...it's just actions and you know...then I'm trying to fool God and I'm not sure if I ...what I'm thinking and what I'm practicing is right...is correct...but...I don't know...I mean it's a dilemma and I fluctuate back and forth and I think I'm religious not in the rituals but in its philosophy and its beliefs...I mean I have very strong...I wouldn't say dependency...but strong faith.

This next response is from a woman who prays five times a day, wears the hijab and is very active in the Muslim community. Different from the experience of the immigrant Muslim women just presented, the "ritual" dimension of Islam is emphasized. Although she reports personal satisfaction, it appears as if she also is in a contemplation stage.

Still I'm not perfect...no...I'm not even half way...I can say...I should be doing more...but I can say...I am satisfied with my life...what I am doing...I should have done more...but the time I have got...I am satisfied.

Immigrant Muslim women spoke of a variety of variables that likely influenced one's level of religiosity. Included were family background, education, upbringing, and friends. Nevertheless, in each of their voices, there remained continued anguish about the difficulty in measuring one's level of religiosity. They contemplated their ideas of what it meant to be an "ideal Muslim" and whether this concept even existed. They expressed strong negativism regarding the concept of judging one another's level of religiosity based on external perceptions and challenged the existence of a "perfect Muslim."

There is no way you can say that this is a perfect Muslim...he might be at a better level or has more devotion and practice...so that's good for him...that doesn't mean I look down to other people...so it's hard to say that this person is a Muslim and this is not...this is a better Muslim...he might be better in his relation with God...excellent...but with people, he is not a perfect Muslim in

that...you see because there are relations between you and God which you have to fulfill and then there are relations between you and others...family and friends...all this is part of Islam...so some are excellent in relations with other people but with God and duties...they neglect it very much...so how can you tell?

As a closing question geared toward the meaning of religiosity, I asked these women what they believed needed to be included for a better understanding of Islamic religiosity. The majority expressed a need for the inclusion of a new category that involved Muslim women working for the community. Many of them were involved in cleaning the mosque, preparing luncheons, collecting donations for the needy families, and discussing teaching facilities for children. All were deemed as actions of faith and religiosity. They did not want to be neglected in this area.

Gender Role Ideology.

The significance of family to a Muslim woman is timeless and boundless. For this sample of immigrant Muslim woman their responses echoed a similar theme: family is paramount. They spoke of the devotion they had toward their family up to the point of it being an obligation. This theme provoked many of them to express their regret over the loss of extended family for their children as a result of immigration to the U.S. Nevertheless, they described a process in which their Muslim community members had evolved into an extended family.

Within this discussion of family, I asked these women to describe the role of a Muslim mother. Two prominent themes emerged through this conversation: 1) A

universal role of all mothers; and 2) the role negotiation associated with living life in the West. These women began their responses by emphatically stating that the role of all mothers was the same regardless of culture and religion and this was to be a nurturer, care-taker, and to show love and kindness toward their children. More particular to their role as a Muslim mother, these women expressed internal conflict and ambiguity about specific roles that have evolved through living in the West. For example, three interrelated domains stood out distinctly that likely contributed to their dilemma: 1) how much/less to teach Islam, 2) how much/less to teach culture, and 3) how much self-responsibility to take for decision-making and solving problems.

Me as mother...it's very hard...I think I am doing my best...but I know that I am not...I know that there are so many things that I may be saying or doing or not doing that may have consequences that I will see or my son will see when he grows up...and as a Muslim mother, I am not teaching him the rituals which he should see to be able to develop an understanding...to develop the faith...but I try to talk to him about... conceptually I try to teach him rather than the ritual part of it and I am trying to place the emphasis on teaching him values and morals and how to behave with people and how to behave in this world and be a good person...you know how to just be kind and sensitive...rather than saying his namaaz (prayers) or and not teach those things. It's a dilemma again...it's not easy and this is where I wish I had family that was closer but my concern is that I don't want him...you know...he has to live here and I don't want him to isolate himself ...he has to try. ..I mean basically I am trying to catch two fish with one fishing line and I may not succeed... but I am trying.

This woman's last thought summarized the conflict for the majority of this sample of immigrant Muslim women. They reflected the idea that one of the positive aspects of living in this new country was the chance to raise their children in the way that they saw fit. Moreover, it allowed them an opportunity to move away from binding cultural

traditions and rigid dependence upon family approval. However, it was one thing to verbalize these positive aspects and yet another to live it in reality.

Accompanying the question of the role of a mother, I asked immigrant women to describe the role of a Muslim daughter. Unique to the experiences of these immigrant Muslim women was the opportunity to reflect on both their role as a Muslim mother to their Muslim daughters and their own the role as Muslim daughters. With this backdrop, it became apparent that for immigrant Muslim women, respect and obedience were timeless variables. Not only was it demanded from them as daughters, but they too expected it from their Muslim daughters. As these women spoke, it brought up their own resentment of the fact that when they were daughters, they were not given any opportunity to “talk back,” or express their own opinion. They stated that to this day, even as adult women, they do not “talk back” to their mothers. They resented that they were unable to talk to their own mothers about certain topics and they often felt left out of family decisions. With this experience of resentment, clearly they wished to “make it right for their daughters.” However, “making it right” often meant confronting traditional communication styles and introducing non-traditional topics of conversation. They wished to empower their daughters in all aspects of life, but to do so in Western society created ambivalence for them.

I see the difference between the American culture...the effect of American culture on my daughter...and my own teachings in Islam and Pakistan to my behavior to my mother...for instance my mother is now 71 yrs. old and to this day, I cannot argue with her...I cannot talk back to her ...“No you’re

wrong"...things like that...I mean I cannot do that to this day and I am 51 yrs. old...I cannot do that to her...whereas I think my daughters...they are easily able to argue with me and tell me that. I am wrong and I think that comes from the culture more than Islam...and that has been the hardest part for me in raising them...because that's the American way...in fact they have to be honest...they have to be able to speak out their mind and they feel they need to tell me how they feel whereas I have not had to do that...I have been raised in a way that you do not argue with your mother so even if my mother is wrong I would stay quiet and not tell her "You're wrong." (laughs)...I just kind of keep silent and let it ride. Now with my own daughters, it used to be upsetting when they would talk back to me...not rudely...but in a nice way...they will talk back to me "no I don't agree with you and mom you can't ..." and it used to upset me...how come I never did that? I never could until this day...my mother is living here...I could never question her and tell that she was wrong...and my daughters...all three of them will tell me "no mommy that's not the way and umm...I have learnt...in a way...I see the benefits and the negativity in both...I see the benefit in the way that I know what my children are going through...how they see things differently from the way I look at it...you know that they are very honest ...they will tell me exactly the way they think it is...even if they are wrong they will...you know I know what they think and I think that is positive but at the same time I don't think that they have the same amount of respect I had for my mother...that even though she was wrong I would never be able to tell her and I kind of...you know live with it...so I think we've lost that in this culture...we have lost it ever since they were children...it's always been...that's all they have seen around them...at least I am grateful that they don't misbehave with me...won't talk rudely with me...they still respect me and that is still good.

A similar theme of childhood resentment is echoed in this next woman's voice. Her resentment has lead her to make changes regarding her views of a Muslim mother and daughter's role. She directly identifies this role change as an outcome of living in the West:

I felt that when I am in that position...I have a daughter...I am going to make sure that they have a say in whatever is going on, and I have really tried to make a lot of effort in trying to include my daughters into what is going on. I want to have a very open relationship with the daughters and I have tried to do that...they should be able to come and talk to me and I think they do...most of

the time they do talk it is pretty open. I was not able to talk to my mother about so many things and I used to feel left out and I used to feel lonely because I didn't have any sister to go to either...so I feel that my daughter should be able to come and talk to me about whatever. We do spend a lot of time talking but I had to make a conscious effort to do that because in every day living time goes by. I don't think that this would be the same style of communication if we were back in Pakistan because being away from that situation...I had to do a lot of my own growing up and my own thinking to solve some problems for certain situations and improve things and go against what I was taught...I had to go against a couple of things because I felt that that is the way to do it...like I talk to my daughters about boys some times and certain things that I don't think would be proper back home.

Perceived Prejudice.

I asked immigrant Muslim women to talk about any issue, positive and/or negative, that affected them as a Muslim woman living in America. Interestingly, qualification appeared to be a trend, similar to what was given in response to what it meant to be "Americanized." Clearly, an underlying assumption that life in America should inherently be negative existed. For example, the majority of women introduced their responses by stating such opinions: "I don't think I have had any negatives...as much as I have had positives," or:

I didn't have any problem as a positive...I came from a very modern country as you know...from Lebanon and the same like I lived there...I live here...I didn't change anything...anything at all...and I never have any difficulty living in the U.S. A positive thing for a Muslim living here is you have your freedom to practice your religion wherever you want... nobody will look at you differently...if you wear a long dress or put a veil on your face...this is a good thing about living here...I didn't have any problem.

Nevertheless, as their conversation flowed, they revealed both the positive and negative experiences of life in America. Some women emphasized the positives and

minimized the negatives and vice versa. As a possible reason for this distinct emphasis, perhaps a correlation existed between one's experience and their respective stage of Racial/Cultural Identity Development (Atkinson, Morten, & Sue, 1989). For example, immigrant Muslim women who appeared to have positively negotiated their identity within American culture (integrative awareness stage) stressed their positive experiences and reported minimal perceived prejudice. Immigrant Muslim women who reported "just not fitting in" with American society (Resistance and Immersion stage) reported more negativism and stressed perceived prejudice.

Freedom to practice their religion, independence in all spheres of life including child rearing and decision-making, and experiencing a higher level of religiosity were among the reported positives. However, as these immigrant Muslim woman spoke of the positives of their newly found independence and freedom, they clearly expressed ambiguity. The image of a "double-edged sword" became apparent. For example, freedom in the U.S. offered unlimited opportunity on the one hand. On the other, it promoted deviance. Likewise, independence encouraged a sense of self-confidence and privacy but by the same token, it nurtured a sense of insecurity and frustration. With these novel experiences of freedom and independence within the context of American life, ambiguity seemed inevitable.

Among the negative experiences, these immigrant Muslim women were affected by the following prominent themes: compromising between two cultures, dressing

differently, and being the target of negative media. This immigrant woman captures all three themes with her response. It is a scenario which captures the process for many immigrant Muslim women in this sample.

When it is Ramadan or during the Eid¹⁵ holidays...that's when I miss the cultural aspects...being a minority and I try...that's where I wish I had the closeness of the community. The thing what affects me negatively is the media that is always trying to undermine and present Islam as a whole population of terrorists. I think this is the worst thing we are faced with and with my own example...and with my own conversations and sharing, I try to counteract that and I think that that is the hardest thing...and then of course...if I dress differently, then I am sort of keeping or creating that distance or that barrier which I sometimes think is an excuse for not dressing in my own traditional clothes...so I'm not sure whether it is an excuse or how strongly I feel about it ...but I think living here, I've become a lot closer to my religion ...to my culture and understanding it conceptually rather than just living it and performing the rituals. I think it's...you know...I ask questions a lot more...I challenge it a lot more...it's not just blind acceptance and I think that this has led to my understanding much deeper...and I think that I would not have done as much if I was back home where it is just a given ...you don't have to work towards retaining it...it's not as if you make as much effort.

Other negative experiences that affected Muslim women living in America included experiencing new and difficult challenges to which they were not exposed in their countries of origin. For example, one immigrant woman spoke of the challenge that Muslim women faced in being exposed to non-Muslim men. As her daughters approached the “marriageable” age, feelings of anxiety and concern emerged. Clearly, this issue not only posed a challenge for her daughters, it carried direct consequences for

¹⁵ Eid is an Islamic holiday. There are two Eid celebrations within the Islamic year. One is called “Eid-ul-Fitr, which is the celebration after the month of fasting during Ramadan. The other is called “Eid-ul-Adha” which is the celebration after the completion of the pilgrimage during Hajj.

the entire family system.

Well, I can talk about how it affects my daughters more than how it affects me because as a Muslim woman when I came to America I was already married and that is the most difficult part for our girls growing up here. Islam does not allow a Muslim woman to marry outside her religion and these girls growing up here...they have...they're out in the colleges they're out in this world surrounded by numerous non-Muslim men and boys and I think for them this is really hard because they have to always keep in mind that they cannot...like for instance if they fall in love...get close to non-Muslim men because they are not allowed to marry them, and I think for them that it's a real struggle because they don't have the choice that we had when we were in back home. Islam does allow you to marry someone that you choose...it is not forced...like culturally maybe...but that's not Islam...Islam gives you the right to choose your mate...and for me that was no problem when I came here because I was already a married young woman and I went on from there...but I see that for the young Muslim women in this country...it's really difficult to find Muslim men and then...because Islam does allow men to marry Christian and Jewish women they have a more broader scope to choose from...and our daughters have this difficulty as a young Muslim woman to find the right person...and also for them it's very difficult because they are not allowed to date and it's not something that you're...free intermixing of sexes with the opposite sex in Islam is not allowed and so much is going on around that for them to stay in their own culture and religion...it's difficult...but I think the girls do all right...they manage not to get into that situation

Knowing the difficulty in bringing forth this issue within the context of orthodox Islam and women, this immigrant woman obviously felt its importance. Nevertheless, with her closing statement, perhaps discounting the significance of the problem becomes a coping mechanism.

Definitions of Emotional and Mental Health.

In attempting to gain a clearer picture of how immigrant Muslim women described mental health symptoms, I asked them the following question: "Describe your idea of

someone having a mental breakdown...what would this look like?" The essence of their responses were captured within the following four broad categories: 1) physical symptoms, 2) facial expressions, 3) unpredictable behavior, 4) and vague physio-emotional manifestations. Physical symptoms included "shortness of breath," "hyper-ventilation," and "headache." Examples of facial expressions include "retonic eye expression," "blank stare," and "lack of eye-contact." Under the umbrella of unpredictable behavior, immigrant women talked about having "erratic thought process," "acting in ways that were not normal," and "being totally off track." It was evident that they had difficulty in describing what they thought was "normal" and "predictable" behavior, but they knew that a mental breakdown represented some deviation from an expected norm. Within the broad category of "vague physio-emotional manifestations," immigrant Muslim women repeatedly described symptoms such as "breaking down," "falling apart," and a "lack of love." Again, these women expressed difficulty in providing a clear description of what a person experiencing a mental breakdown might look like. However, their responses were captured along a symptom continuum ranging from non-responsiveness to severe agitation.

Direct experience as compared to indirect experience influenced the description of mental health symptoms by immigrant Muslim women. For example, immigrant women who had a direct experience of mental health symptoms via a family member or close friend reported symptoms including memory loss, aggression, insomnia, unpredictable

behavior, and having no limits. Those who had only indirect experience, predominantly via media portrayal, reported symptoms including “breaking down,” “falling apart ,” “screaming loudly,” and “going out of control.” In general, the latter reflected uncertainty regarding the symptoms of a mental breakdown.

Moreover, it became clear that the women who had direct experience adopted a type of Western cultural language of expression. The following example comes from an immigrant Muslim woman who, for the most part, adheres to her traditional respective culture in terms of dress, physical appearance, and cultural language. It is difficult to imagine that this was a response indicative of her respective native language.

I knew he remained sick because he was negligent in taking his “meds.” It was very very disturbing and very anxiety provoking and you know my having sleepless nights ...not knowing how to help...feeling very very sorry and sad and just being very sympathetic...and then over the years I realized that possibly I was “enabling” him in his “self-destructive” behavior. I’ve reached the stage where I resent it...I resent it because the breakdown occurred because of being negligent in taking meds and...to me...I think you know...all right I can understand your state of being...but you can at least take your meds and control it ...you’re responsible for that...you may not be responsible for anything else...so it is about dealing with resentment and dealing with trying to be more objective rather than subjective in my response to this situation. I have been putting my life on hold and talking...and doing family therapy and talking to the doctors...his case managers and his team...with the hope that...you know ...he would get all his...get the best treatment and best understanding for his problems...Regarding the responsibility of the patient taking his meds...it dawned on me through the therapist that you know...why should the person take them...when the person has a breakdown...the family is there to pick him up and take care of him and take care of all the you know...consequences... Why? I mean that’s taken eight years to figure out and to detach and to let the person pick up his own pieces when necessary.

In addition, one immigrant Muslim woman spoke of a phenomenon which perhaps reflected a religious/cultural scenario of a “mental breakdown.” She referred to it as a “jinn¹⁶ problem.” Her descriptions revealed examples of abnormal behavior which were explained by “being taken over by a jinn,” or in practical terms, “being spiritually possessed.” Methods of treatment included a sort of exorcism in which the Imam, a Muslim religious leader, would read verses from the Quran as a means to rid the person from the “jinn.”

I asked these women what their first reaction to a person whom they thought was having a mental breakdown might be. Unanimously, they reported that their first inclination would be to personally offer help which usually took the form of going above and beyond the call of duty by spending time, making the person feel comfortable, and assessing the situation. Beyond this first inclination in offering help, direct experience compared to indirect experience influenced subsequent steps.

Having a direct experience with a mentally ill person provoked immigrant women to distinguish between their first reaction and their long-standing reaction. These women revealed holding initial resentment toward the person’s behavior, but after having gone through the process of learning more about mental illness, reflecting on both their subjective and objective reactions. More specifically, the resentment appeared to revolve

¹⁶ The Quran states that men are not the only intelligent beings created by God. Another species of intelligent beings are Jinn. Perhaps they can be described as “human spirits.” The Quran states that like man, they possess freedom of choice, some being good and some being evil.

around a lack of understanding, fear, concern, anger, and helplessness. Their lives had been turned upside down. Awareness regarding the specifics of mental illness helped them to deal with their emotions and the person's behavior more effectively.

For those women having indirect experience, after initially offering help, they spoke of involving someone in the person's family or within the community. However, within this group of women, some were able to specify help and some were not. The former specified help by identifying persons who were either mental health professionals, or "wise" and "reputable" members within the community, and/or making referrals outside the community. The latter subjectively knew that the person needed help and wanted to assist but made no specification.

Following the question of first reactions, I asked these women what they thought would eventually happen to a person whom they felt was experiencing a "mental breakdown." Unanimously, they made it known that it depended upon the severity of the problem. Moreover, they asserted that the problem must be dealt with, otherwise one may experience severe consequences. Nevertheless, "dealing with the problem" remained largely unspecified.

Coping Mechanisms.

In response to asking what they thought was the best way to avoid emotional problems and concerns, immigrant Muslim women demonstrated difficulty with defining "avoid" and "emotional problem." Perhaps this difficulty came about as a result of the

difference in the cultural language of expression. For example, a typical response is illustrated by the following: “well just don’t talk about it and you will avoid it.” Some women were able to define emotional distress for themselves and some were not. The latter group were more likely to give a generalized description of emotional instability. The former group mentioned talking to someone as a means of coping. However, this “someone” referred to either friends or family. More significantly, each woman who suggested “talking to someone” emphasized the importance of having trust in that person. Clearly, having trust was a premise for talking.

Those women who were less clear about specified emotional distress spoke of the benefit of having religion and faith as a stabilizing force in their life.

The emotional problems could be due to so many different reasons...like in this country, there is a high incidence of divorce and so it could be brought out by divorce...or it could be brought out by death in the family...or it could be that sometimes the children can cause you a lot of emotional problems...so at least there are two ways I really think...I mean personally I think for me...there’s a lot of solace in prayer...in prayer... and faith in God...and that’s how I would seek help...is to put my faith in God and to rely on my inner strength as a Muslim...but I know there are times when you may need some help from outside physicians but basically I always believe if you’re strong in your faith you can overcome the emotional distress...I try to tell my children the same thing...but they are too young maybe...they don’t understand.

Religious Identity Development is likely to be another important concept illustrated with the preceding example. In comparison to her children, this immigrant woman is in a different stage of development. It is a familiar scenario that often promotes a barrier toward effective cross-generational communication.

When I talk to my children about the benefit of faith and religion, they just kind of side-track it...they are not as strong as they will be eventually because looking back at their age...maybe I was the same way or I was not that mature in my faith and my readings of Islam or my understanding of Islam as I am today...so hopefully with maturity it will come to them...but we always...my husband and I...stress the importance of faith and how it can help you override your difficulties in life...because there is no person who will not face some difficulty...some difficult situation...some emotional situation in their life...we will all have to go through one...and if we have this strong faith of prayer and our belief in God it helps a lot...I think it will reduce your visits to the psychiatrist (laughs)...I really believe in that.

Problems in Muslim Communities.

Responding to the question of “what, if any, are problems that you hear about in the Muslim communities?” immigrant women provided information which fell within five broad categories. These included 1) generational problems, 2) negotiating biculturalism, 3) marital problems, 4) abuse, and 5) miscellaneous. Generational problems were unanimously discussed and found to overlap within the categories of negotiating biculturalism, and marital problems. In particular, many of these immigrant women spoke of their own difficulty in negotiating bi-culturalism and its direct effect on the current generational problems. In general, they blamed parents and not children for the problems.

Many parents don't know how to take care of their kids...many...and I think that this is mostly the adult's fault...there is no reason that I'm going to blame any kids...maybe one or two percent the kids may be wrong...but the majority of the kids are fine...it is the adult's problem...adult problem is that after coming to America, they think that they should forget their own values...I mean a person should always have their own values...no matter where we are...I mean that shouldn't change...if you have a better life...it's ok...but having all this should not change your values...your morals...your principles...that has been

taught to you before you go to school...that shouldn't change just because you have changed the country ...or just because you became rich...it should not change your values... and the people who have come here have changed their values...for example...I mean like some people who don't talk in their native language because they think that their child won't be good in school...to me, it makes no sense. The kid...he or she is spending all their life in America but you're changing your values because that is your own language...I mean do you think that in America, you have to wear shorts to go out because you're in America? You say, "oh what will people think if I wear my national dress...people will talk about me"...nobody is going to talk about that...you are changing yourself and your own values and that is affecting your kids...as the time passes my kids have watched me all these years and so if they see me or my friends doing things, they say...oh aunty is doing this so it's ok...so how can I blame the children? I mean in America...it is the only country you can lead your life the way you want ...nobody talks about you...even if I was covering myself (wearing hijab) in my country of origin, everybody is going to talk about it saying "oh look at her...she is so young to cover." Here everybody is going to respect me and appreciate me...certain people want to adopt a Westernized life and yes, there are many good things here which you can ...like honesty...but you don't have to change your value system.

Another immigrant woman echoes a similar concern. Likewise, she emphasizes the generational problem attributing it to the parent's struggle in negotiating their bi-culturality:

I see those people when they come to America...what I went through in the beginning...they come and think everything American is good...there are certain families that the mere fact that the child speaks good English...they are very proud of it and they think he is excellent and anything else he is doing is not as good as speaking English...we have this in our culture...so I don't know what is their background or how they were raised with their standards...everything American...technical...mechanical is good...they don't differentiate between values and morals...that's what makes them fall into all these problems because they think if their kid speaks English...the girl dances ballet, etc. there's nothing wrong going to happen to her...this is where the problems in the families are...it's fine for kids to have education, sports and ballet...I know from a religious point of view, people will argue about it...but I'm talking about my point of view...the families that have problems...they give this impression to

kids that this is it...this is all what life is about...this is the best that can happen to us in America...this is not it...and also there is a lot of repression in some families...everything no-no-no- those also with daughters especially have problems. Back home if you could say no, it might work because everyone around you does the same thing like you...but here when you go to school, there is nothing wrong with it...there is no why? or value system...kids take the easy way when it is available and they pay later as adults...but some people...you have to blame the parents...especially the mother...some mothers here just don't understand the importance of maintaining their own religious and cultural value system.

Immigrant Muslim women believed that the majority of problems in the Muslim communities came about as a result of a lack of experience and a lack of education. To complicate matters further, they spoke of the community distancing themselves from certain issues. For example, with problems involving traditional shame-invoking situations (i.e., sexual abuse, physical abuse, and divorce), the community was non-supportive.

The discussion of marital conflict traversed into the realm of generational problems. Not only did immigrant Muslim women admit that couples in their generation were trapped in "loveless and unhappy marriages," they expressed concern that for the younger generation, a "quick exit" was a way for them to deal with unhappy marriages.

Marriages breaking up...that's the most common problem I hear about these days...married six months break up...married three months break up...in fact I have some friends now whose daughter has been married for seven years and has two children...and are breaking up...and these are the biggest concerns with boys and girls getting married...not staying in the marriage and giving it enough time and then taking a quick exit...you know which we didn't have when we were growing up.

Within the same breath, this immigrant woman provides her analysis of a generational shift regarding the role of marriage and family for Muslim women.

I think the biggest problem is I think the children...especially girls...they are getting into marriages at a very young age without having full maturity and looking into the pros and cons...and I think they are learning this from the American society...that if it doesn't work then we will get out of it...it's an easy way in and out...whereas they need to sit down and think that marriage is a serious thing and it's a life-long commitment and if they understand that and they don't get married at a very young age and then they mature and they get self-confidence...and they get enough education...then when they get into marriage...they know that this is something that they have to work on together and then maybe it will help...but also a lot of parents I have noticed are anxious for their daughters to get married early...because if they feel like the daughters are not inclined to go to college and study...they are better off being married and personally I don't agree with that...I think every girl regardless of what their faith is should get a solid education before they get into marriage...so they are quite independent...they build their own self-confidence...then when they get married, they are more mature and are better partners...that's why...I have two girls, 23 and 20, and I'm not pushing them...I mean the older girl I'm usually hinting to her to find somebody because I feel that it usually takes you a while to know somebody before you get married...and that's what I want her to do before she gets married is to know somebody for a couple of years...so she knows about the person.

Within the "miscellaneous" category, one immigrant woman verbalized a problem that can best be explained within a cultural context:

There is some people living in fear...they need to talk to somebody about their fear...there is somebody living in jealousy...jealousy is a big big problem in this society...everybody is jealous from everybody and jealousy make a lot of uhhhh...what you call it...problem in your mind...how it stops you from being nice when you're jealous...you cannot be nice...so jealousy is very very important in psychology...not to consider it...I believe a jealous person...he cannot go anywhere because he has a black mind and black heart...so it make him busy. I feel I have a perfect family because I use my head a lot and my heart too...I am a very emotional person and at the same time, I am very strong

and I use my head ...I kill my love sometimes to do something against my heart because it's better...so I use my mind a lot.

Options for Seeking Help.

The most striking response regarding options for seeking help was the unanimous indication that the sources of help were problem dependent. For problems that were of a less serious nature including some family problems or problems with friends, immigrant Muslim women included the option of talking to family, friends, and/or other members of the community. For problems of a more serious nature, they suggested seeking professional help. Nevertheless, two significant issues pertaining to their responses stood clear. First, they provided no clear description of what constituted a less serious or more serious problem. Second, they gave no clear description of what constituted "professional help."

Upon reviewing these immigrant women's responses, a general level of pessimism over-shadowed their voices. Perhaps they were forced to realize the lack of options available for them as well as for the Muslim community in general. Immigrant woman spoke of having a "lack of trust" in seeking professional help. This largely came about through concern over a "Westerner's non-understanding," and a "fear of the story getting out." In an attempt to resolve these concerns, they revealed the existence of informal indigenous support groups in which women shared their life stresses. However, this informal method was also hindered by their "fear of the story getting out." As a result of frustration, some women entertained ideas involving drastic solutions. These included

“packing up everything and leaving the country,” and/or “sending the daughter back home and getting her married.”

The hope that community education would open up options for seeking help existed. These women discussed that education was a way to help build self-esteem and self-confidence. Moreover, it would allow for an opportunity to gain support and to gain advice without the attached stigma.

Some immigrant Muslim women strongly emphasized the Mosque as an important place to seek help. However, the degree to which it was emphasized appeared to be correlated with, among other variables, one's respective stage of religious identity development. This woman is at a stage in which she sees no better option than seeking help from the Mosque.

I think for our situation now since we don't have anything, the Masjid is the best place...we have to have a strong Masjid and a strong community that will help us...and because it is the ultimate moral system...you take it from your religion...and in Islam we have a great one...the Masjid should attract families...it is not just for men to pray on Fridays...that's a very big mistake...like some Masjids do...and if the wife and husband just came from back home and still have these cultural things...I call them cultural things not religious...they are going by it...but the second generation is not...and we are seeing it everywhere...they are not going by what their mother and father went by in Pakistan or Lebanon...we don't have any alternative...so the Masjid is the place...social clubs didn't work...we tried it...I tried it for ten years...it doesn't work.

Her final sentence is particularly relevant in that it contradicts another immigrant Muslim woman's option for seeking help.

Having a lot of activity for the Muslims...like Muslim social clubs...to go play sports...Muslim girls scouts...what you call it...scout girl...scout boy? I don't know how to say it...for the Muslim...they can have this...it's good...some activity center...library, tennis, videos from back home...stuff like that...it would help a lot and families can bring their children there and leave them for a couple of hours...they practice their language with other people...or see some good movie and play some sport...the thing they love or like...I think this is what we miss here...we don't have it.

The two preceding voices illustrate the diversity of attitudes within this sample of immigrant Muslim women, possibly emphasizing the existence of intervening and/or other moderator variables (i.e., religious identity development and acculturation). Moreover, it likely represents a familiar scenario in which communication and problem resolution becomes difficult.

In response to the following question: "If you thought you were having an emotional problem, who would be your first choice to seek help from?" immigrant women unanimously stated that it was problem dependent. However, they did not provide any further clarification regarding specific problems. In spite of that, for their first choice, they named their husbands. As their second choice, they would consult a family member which generally included one of their children, a designated "wise person" in the family, and/or a respected elder. For their third choice, they mentioned seeking help from an Imam, but specifically for religious matters. In facing the prospect of a non-resolution of their problems through their first, second, or third choice, they experienced fear and concern. Although a few women mentioned seeking professional help, the idea raised intense anxiety for them.

If I needed help with an emotional problem...I don't know...I really don't know what I would do and that concerns me. God forbid if I really did need help I don't know what I'll do because I don't feel confident enough to go to a psychologist. It feels as if you are going to be totally exposed and your inner feelings will be out and I don't know if I could handle that...as long as they are inside then you are safe and nobody knows about it (laughs) but once you voice them...then everybody else will...maybe it won't be all over the place...you know.. it will still be confidential...but you have still voiced it.

In addition, I asked what they might recommend if a good friend asked their advice for an emotional problem. They unanimously declared that they would personally try to offer help. In the process of offering help, an emphasis was placed upon calming the person down, understanding the problem, and making the person feel comfortable. These may possibly be traditional/cultural expressions of what is typically referred to as “joining” and “rapport building” in a Western counseling context. The following example illustrates the importance of both these concepts within a traditional/cultural context. This immigrant woman's presence as an “elder” or “woman of experience and respect” perhaps creates a pre-condition for engendering trust.

I'll give him the best...uhh...shoulder to cry on first... and I give him the best opinion...and I'll try to help them...and I am in this situation...if you know...everybody comes to me when they have some problem...they call me and ask me my opinion and so whatever I tell them...they listen...all my friends always ask me my opinion if they have some problem...whether it be at home or with another friend...or stuff like that.

In response to this question: “what's your strategy that you give them a good shoulder to cry on?” she answered:

I don't know...I am a good listener...I'm a very good listener and I'm strong...maybe I give some of my energy...and they feel better every time they

come to me and talk to me...they feel much better...just by letting it out and having a good listener and having a good opinion...and I never tell them go and do this...(emphatic)...I calm them down first...talk to them..."do it this way...maybe you take it differently...maybe he or she didn't mean it that way...he meant it another way."

Following the initial offering of help and assessing the situation, immigrant women stated that their advice depended on the nature of the problem. Although a distinction between a major and minor problem existed, ambiguity in describing the problem remained. Nonetheless, it was clear that for a "minor" problem, one could seek help from friends, and for a "major" problem, one could seek help from a professional.

Role of Counselor, Psychologist, and Psychiatrist.

Immigrant Muslim women frequently used the term "professional help." Although, in retrospect, it may have been better to inquire what they meant by "professional help itself," I asked what came to their mind when I said the word "counselor?" Their responses appeared to be based upon their respective sources of knowledge: Direct experience, indirect experience, media knowledge, and general knowledge. Those who had interacted with a counselor themselves had "direct experience." Those who gained their knowledge via friends had "indirect knowledge." Those who received their information via television, radio, and/or magazines had "media knowledge", and those who gained knowledge from any other non-specific resource (i.e., hearsay) had "general knowledge." Despite the sources of knowledge, nonetheless, professional role ambiguity remained.

Immigrant women whose source of knowledge fit within the “general knowledge” category, unanimously reported that a counselor was “someone who listens.” Moreover, they said that a counselor probably provided advice, guidance, and support. When the source of knowledge was either from a direct experience or an indirect experience, immigrant women stressed that a counselor played an “objective and/or neutral” role. Immigrant Muslim women who identified the source of their knowledge as coming from media provided a rather negative description of the role of a counselor. They believed that a counselor would give the advice “to do what one wishes and feels like...even though it is wrong.”

I don't know much...I know what I hear on TV to be honest...this idea of a counselor is not back home and I learned about it here... and sometimes it sounds good...sometimes it sounds very complicated...sometimes the problem is so easy...like some emotional problem, I can go to my friend and it doesn't need a counselor and I think...I haven't been to a counselor... but sometimes I think if you go to a counselor, you complicate the matter more...but sometimes when I see problems on TV...things like American problems...what they face here and deal with it in America...some counseling is good...like I had that experience in one thing...not emotional...but yes it is emotional...you know my daughter has a handicap...she has a problem with her right hand...I used to take her for physical therapy and they used to have these groups...support groups kind of...and I went to a few of them...I didn't feel like I needed to go and really weep and complain...I thought I could talk about it...but I did not feel the necessity to go and feel sorry for myself...taking emotions out and all this...I felt I didn't need it...I said I face it and deal with it and whatever happens, I have to accept it...so I had all this in my mind without going to the support group...so I wasn't comfortable with people sitting and talking and dragging into it and feeling sorry for themselves and being pity about it...do you understand? And I wasn't comfortable and I thought it was a waste of time and because I was talking about it...not in a support group...this problem is not something you hide...I don't have hang-ups on it...I thought I could deal with it with my family or by myself...so some people may need it...I am sure it has

some usefulness. I see some families and friends(laughs) that really need to go to a counselor...yes I do...you know to deal with problems of how to behave and deal with their husband ...deal with their children...like I told you...this is all spelled out in our religion...they read and know this is excellent reference if they want...it is there and it is very healthy to have a big family because there is always somebody in the family who has good judgment and experience...and it's good...it stays within the family and you feel more comfortable. But here you don't have it because we are coming from so many far places. I think we need a Muslim counselor here...but it is very important for this counselor to counsel according to the Shariah¹⁷ as a Muslim...if he wants to say like Americans...if it makes you feel good...then go and do it...this doesn't work...I don't know if every American counselor says that...but a lot of counselors that say that...it doesn't work...and I don't support it at all...and as a Muslim, it is going to create more problems because you have this dichotomy or schizophrenic personality...they have their value systems and you have your Shariah that tells you what to do in many cases... and then you go to a counselor and he tells you ...if it feels good then go do it.

In answering what came to mind with the word “psychologist,” their responses were also based upon their respective sources of knowledge: Direct experience, media knowledge, and general knowledge. Those women whose source of knowledge came from direct experience said that a psychologist’s role was “to make someone self-sufficient.” Immigrant women whose source of knowledge fit within the “general knowledge” category, described an “authoritative role” of a psychologist. For example, they mentioned that a psychologist “gave skills and solutions,” “had the ability to read minds and correct people,” and were able to “convince people.” Furthermore, they reported that psychologists “held a degree in psychology” and were “socially polite.”

¹⁷ Shariah literally means “Islamic law” derived from the Holy Quran.

Immigrant women whose source of knowledge came from the media reported a phenomenon that can best be described with the following example:

They know how to deal with the mind of the other people...how to convince them and correct them...or read their mind...or talk...you can say it's like a kind of slow treatment...without the medicine, you're treating their brain...many people like doctors give medicine to heal up the pain...the pain goes slowly...slowly...this medicine is without the pain... but you're putting something in their mind...slowly healing...permanent and slow...because you have to change the thinking of the person...if you think that I have got a mental problem...you can read my mind and none of the medicine is going to work unless my mind is changed...and that is change...only with the psychologist.

With the word “psychiatrist,” immigrant women again based their responses according to their respective sources of knowledge. However, regardless of their sources of knowledge, they equated going to the psychiatrist as being serious and generally negative. Those with direct experience reported that a psychiatrist had a “medical degree,” “provided medicine,” and “counseled as necessary.” Those with a source of general knowledge, reported that a psychiatrist “dealt with drugs.”

To gain some sense of closure with this subject matter, I asked what these women thought that psychologists could do for people in general. For the most part, immigrant Muslim women reported having trouble answering this question due to a lack of direct experience. Clearly, their descriptions carried ambiguity, as collectively their answers ranged from “they can do a lot” to “I don’t have much faith in them.” Many of them reflected upon the fact that the concept of seeking help from a psychologist did not exist in their country of origin and so they found it difficult to see their present purpose.

Nevertheless, faced with the variety of dilemmas introduced to them with living in the West, they found themselves negotiating the potential uses of a psychologist:

I think they can counsel people and uhh...personally I don't have much faith in them (laughs)...really that's the honest truth but uh...I guess ...because I think...I don't know...I really don't know...because I haven't really ever gone to one...never talked to one...you're really the first one I am talking to...I don't know if they really accomplish things...I don't know...you see I grew up in a society where you hardly ever needed a psychologist...most of your problems you worked out with family or with your friends and on your own...you worked things out and you didn't think of going to psychologists that much ...I mean you always went to somebody in your family or amongst your friends who had better knowledge of things or have lived longer and have more wisdom and they tell you how to deal with problems...but I think the problems facing people in this country are totally different...you think about kids being on drugs...kids being in this and that and needing psychological help and having problems at home...abuse and about sexual abuse...physical abuse...which I didn't see growing up so I never thought of counseling and psychologists and all this...and how psychologically the child might be in this society where they grew up with so many problems...I guess there is a definite place for that...but I never encountered this.

Perhaps the most interesting finding regarding these series of questions was a unanimous response that the roles of a counselor, psychologist, and psychiatrist correlated with a continuum of severity. If one was facing a problem of "low severity" than he/she may pursue help from a counselor. If the problem was of a higher degree of severity than one may pursue help from a psychologist. Although it carried more uncertainty and fear, going to a psychologist was still "tolerable." However, only in cases which the problem was of a severe nature, would one seek help from a psychiatrist. This immigrant woman's voice illustrates a common theme which I heard with the majority of immigrant Muslim women:

A psychologist is still ok...it's still not as severe as a psychiatrist...a psychiatrist is when something really becomes too serious...a psychologist would still be someone who is patient enough to guide you toward solving the problem and not going too much into the medication...so that's my only drawback with a psychiatrist...if you go to a psychiatrist then you are getting into medications and all kinds of serious things...with counseling, it's the safest...then psychologist...then psychiatrist.

Problems Requiring Seeking Professional Help.

In response to what type of problem one would need to have in order to see a psychologist or any other mental health professional, immigrant Muslim women unanimously conveyed that it “depended on the person.” This answer encompassed a variety of contextual variables which included the severity of the problem, whether the person was strong enough to handle it him or herself, and/or whether the person was willing to seek help. They provided a number of problems which could be categorized into two levels of severity: moderate and severe. Moderate symptoms included “high anxiety,” “losing one’s temper,” “defensiveness,” “agitation,” “insomnia,” “depression,” and “stress.” Severe symptoms included “personality disorder,” “divorce,” “out of control behavior,” and “abuse.”

If faced with the aforementioned problems, these women convincingly expressed hesitation about seeking any type of professional help. Unanimously, they talked about going to their family first. However, one distinction existed. Those few women who had had either direct or indirect experience with professional help felt more positive about

seeking help from a psychologist. The hesitation, among other things, was fueled by their reports of having had no prior experience.

Attitude Toward Seeking Help (stigma).

The following question, “if you were advised to see a psychologist, what would your feelings be if someone was to find out?” elicited a range of responses. For example, some women reflected upon the idea that they would feel “betrayed” having some understanding about “professional confidentiality.” In fact, it was due to the concept of confidentiality that these women had trust in a professional which subsequently played a role in reducing fear and stigma.

Immigrant Muslim women’s voices revealed the existence of a significant stigma continuum. For example, strong feelings of discomfort and stigma associated with someone finding out appeared at one end of the continuum:

Like if I were going to a psychologist...how would I feel if someone were to find out? Oh...I’d be very uncomfortable... You know there is a taboo...if you’re going to a psychologist then you’re crazy...you’re seeing a shrink...you’re crazy and I guess I wouldn’t like people finding it out ...you know how people look at you...in a way that you are cuckoo in the head...I guess I wouldn’t want everybody to know that I was seeing a psychiatrist ...especially in our culture and in our society...I think generally in American society it is accepted that if you have a problem you work it out and go to a psychologist...no big deal...but I think that in the Muslim society it is still kind of taboo.

On the other end of the continuum, emphatic feelings of an “I don’t care if anyone finds out,” attitude existed:

I don't know...I think if I need it...for me...I don't care about what people say to be honest ...if I need something and I think it is important for me...and it's the right thing to do...I will do it...I know this is culturally...a lot of people are afraid of what people will say...I as myself...I don't care...certain things I think you should keep private...but if somebody finds out...it won't devastate me...especially if I need it and I think it is the right thing to do. I think we need psychologists in our community...we have psychiatrists...we really do and very badly and I think this new generation would identify with and be more comfortable with someone who is Muslim because they will know what they are feeling. If you have a Muslim person who understands the values and rules, it will be a great help, and we need it very badly and very quickly because we have a lot of problems...this generation gap and cultural shock is affecting Muslim parents and children...from my experience, the Masjid and Imam ¹⁸... but he is not a psychologist...I wish he was...with his experience as a religious person...because there are so many things that really help in our religion...I wish he had a background in psychology...I really do.

For further inquiry into the issue of stigma, I asked how they would feel about a person who had been a psychiatric patient. Their answers varied, yet clearly revolved around the theme of situational dependency. In this instance, the responses ranged from “having sympathy” to “having tolerance.” Regardless, immigrant Muslim women tended to qualify their responses as if an underlying assumption existed that being a psychiatric patient was intrinsically negative. For example:

Well...it all depends...I don't have any ill feelings or bad feelings toward that person because I am sure that there was a reason why that person needed that help...and if they have gotten over that...and they have worked it out...I don't see any reason to discriminate against such a person. We can't always control what happens to us...I would be very tolerant and won't look down on that person because apparently it wasn't in their control...you know...and I think like my son was telling me...he was in the psychiatric ward [as a medical student doing a clinical rotation] he would tell us what kind of patient would

¹⁸ An Imam is a religious leader of a Muslim community. In general, he leads the congregation in prayer. However, life in America has placed a variety of new tasks for him including counseling, performing marriages, and giving religious advice.

come in and I kind of felt sorry for them because they landed there...some because of drugs...it is a really sad thing because they have to go through that...one should really sympathize with them and feel if we can be of help with somebody who has gone through that...it doesn't mean that they are all nuts.

First-Generation Muslim Women

This sample of nine first-generation Muslim women also represented diverse historical and cultural backgrounds. Their ages ranged from 19 years to 30 years. Four were born in the U.S., and five came to the U.S. before reaching the age of five years.

As for the national and ethnic identities of the official nine participants of the present study, one was of Afghani origin, three were of Pakistani origin, two were of Egyptian origin, one of Indian origin, one of Turkish origin, and one of Lebanese origin. Four of these first generation Muslim women were in the process of completing their undergraduate degrees. Among these four, one had plans to pursue a career in medicine. She was in her junior year with a major in pre-medicine at the time of this interview. Two others were pursuing their majors in Management Information Systems. The fourth was a Junior majoring in Engineering. Among the remaining five, two of these first generation Muslim women had recently graduated, one with a Bachelors degree in Business Administration and the other with a Bachelors degree in Journalism. One woman had previously initiated classes at a university but did not wish to continue further; instead she worked full-time at a company. One woman was pursuing a Master's degree in political science and one woman had graduated with a Bachelor's degree in

Women's studies. At the time of the interview, this latter woman was contemplating whether she would continue working in a university office or pursue a Master's degree.

Reasons for Immigration.

First generation Muslim women born in America explained that from their knowledge, their parents made the decision to leave their country of origin with hopes for a better future for themselves and their children. This "better" future included financial and educational opportunities. Those who came as toddlers said that their father's employment opportunities brought them to the U.S. One first generation Muslim woman reported coming to the U.S. as a political refugee. Another explained that although not as refugees, she and her family left her country of origin due to war and political instability. Among these nine first generation Muslim participants, seven were single, one was a newly-wed, and another had been married for three years. At the time of the interview, the latter woman had an eight-month old baby.

Acculturation.

I begin this section by resuming the discussion of the two first-generation Muslim women, one who came with her family fleeing war and political instability and the other as an official political refugee. Although these women shared similar experiences of acculturation as compared with the other seven first-generation participants, unique differences existed. In particular, the one who came as a political refugee conveyed themes of relief intertwined with resentment.

You don't know how many times I have said I wish we didn't come here to this country. I may not have had the opportunities that I have over here...but I come from a liberal family...I would have gotten an education...and I may have been limited...but I would have never felt this incredible responsibility put upon me...how?...why? I feel lucky in so many ways...but I feel unlucky when I don't have a homeland to go back to...when my whole community is confused and isolated. They don't know where they are going...and are completely being marginalized...if I was Latino or black...or even Asian...at least there would be some sort of representation. There's nothing and the image of Muslims in this country is so ...just incredibly wrong...for me to just sit there and take it. You constantly have to contest yourself. You know I have an Indian friend and she says to me "why do you have to tell everyone that you're (from an ethnically Muslim country in the East)...if you're secure enough...then you wouldn't have to say it"...but you know it's not about security...it's about wanting to be recognized.

Throughout many of the voices of these first generation Muslim women, a sense of internal conflict became apparent. Facing their own developmental challenges intensified with their minority status, these nine women reveal their experiences with hopes to promote understanding.

When I asked first generation Muslim women what it meant for them to be "Americanized," their responses fell within the broad category of "cultural information." Examples included how much one knew about and practiced specific American norms, music, fads, language, food, clothing, and holidays.

What it means to be Americanized...it's the kind of cultural messages that you get of what is going on in the country...being in touch with what is going on...cultural references...from a sociological point of view...being in touch with everything that makes up the culture...like knowing who the nine-inch nails are...you know.

First generation Muslim women distinguished between the negatives and positives of “Americanization.” For example, they respected the fact that the majority of Americans had good social skills and manners and in fact felt confident to have adopted these “American” values themselves. However, they frowned upon the lack of emphasis given to family values and disrespect for elders.

A similar pattern to immigrant women in the need to “qualify” their responses existed with first generation Muslim women. Like their mothers, the word “Americanized” carried an assumption of negativity. They urgently felt a need to recognize up-front some of the positives about being “Americanized.”

I don’t know really what it means to be Americanized...that’s a hard question...to act like Americans...to talk and dress I guess...but I don’t feel Americans being bad...no way...I think they lost their identity...it could be positive and negative...I think if it’s somebody from another country, it could be that they mock their own cultural background...so it might not be a good thing...it depends on how Americanized you are...we all lose a little bit of ourselves.

The last sentence of this first generation Muslim woman’s voice, “we all lose a little bit of ourselves” repeated itself through the voices of the other first generation women. In one way or the other, these women expressed the inevitability of cultural influence. Perhaps this following quotation given by a local Imam captures the essence of what these first generation women experience: “Listen parents...you can’t expect to throw your children in the pool and not expect them to get wet.”

First generation Muslim women introduced the concept of political loyalties as being related to the process of Americanization. For example, many revealed being well-versed in American foreign policy, in particular as it is related to the Islamic world. In fact, some distanced themselves from other Americans stating that “most Americans are unaware of their own political agendas” and also from other foreign nationals who had seemingly given up on their country-folk in order to be accepted as Americans.

Politically...there are certain ways Americans think...and I’m talking about average Americans... politically they are not very mature and it’s because their government doesn’t let them be...they have this problem...everything is run by the media...it’s like a manufactured consent basically...and that’s what the media does...and if you don’t question and accept those things politically...that’s you know...being an American...what an American is all about...and if you come to this country and do the same... you accept U.S. foreign policy if you are from a different country and it affects your country...and you accept that policy...that is also becoming Americanized... because you are willing to give up your freedom or your nationalism you know...things like that...so you can be accepted here...and not quieted.

Generational differences in regard to the meaning of being “Americanized” existed. For example, first generation Muslim women unanimously as well as repeatedly reported their parent’s tendency to associate one’s external appearance with being Americanized,” while they themselves emphasized their internal value system. It is a theme that likely plays a significant role in maintaining intergenerational conflict.

I have a different idea from parents about being Americanized because they see being Americanized means taking on their culture, clothing, and their ideals...and part of that is true...but besides the fact that I look like I have a different nationality, I think that I look very American and fit in just as well with American society...but I don’t consider myself Americanized because I hold my religion as very important to me...and my culture is very very important to

me...and I still maintain that on a daily basis...so I kinda think that parents go way off when they say “Americanized” because a lot of them can take one look at me and go “you’re so Americanized” but yet I am not...I am so Westernized...you know just because we dress that way or look that way...you know...I think of being Americanized like totally immersing yourself in American lifestyle and forgetting everything that brought you here...that made you.

Significant emphasis was placed upon this concept of an “external image.” Not only did it play a significant role in maintaining intergenerational conflict, it created within generational differences, often pitting first generation Muslim women against each other.

I think a lot of being Muslim has to do with appearance and another thing I found out growing up with other girls who were not as well accepted as my sister and I were... that’s really weird...because Alhamdulillah¹⁹ we were just really well accepted and we were accepted with our differences...and my mom wearing her scarf²⁰...everyone just thought that was beautiful and we explained it and they understood it...where other girls were ashamed and embarrassed by it...and the girls who did wear it in school always looked down upon us and considered us less religious...but yet if they really knew us they would have known that we have the same ideals...we just have a different way of presenting it to Americans...I think because they weren’t as well accepted they kinda just shunned what we were doing...but by us being well accepted and by being popular...we let people know what is out there and what our culture and religion meant...I don’t know...I don’t think it’s very fair for them to look down upon us because we seemed to fit in and be accepted...that’s what I meant when I said being Americanized...we fit in so they were like “oh well they are Americanized because they are well accepted.” Where they are always going to stick out and they will always look like the FOB’s (fresh off the boat)...so I think they resent that and I think that goes into their definition of what is religious and what is not religious. For them, to be religious, I’m supposed to look a certain way and as far as interacting...I think it is very important to interact with everyone and not just seclude yourself from other males...I think you have to be respectable in dealing with them and I think you have to of course respect yourself...and know

¹⁹ Alhamdulillah is an Arabic phrase meaning “Praise be to Allah.” Muslims say this phrase in giving thanks to Allah for, among other things, health and happiness.

²⁰ In this sentence, wearing the scarf reflects the observance of the Islamic tradition of Muslim women covering their hair, i.e., wearing “Hijab.”

where your limits are and guidelines...I see no reason why you shouldn't be able to interact with the opposite sex...where they may not consider that very religious.

In asking, "how would you describe yourself in your own terms of

"Americanization," themes of internal conflict became the clearest. In general, first generation Muslim women's struggles were contained within four prominent themes:

- 1) Racial/cultural identity development, 2) emphasis on an "image-oriented community,"
- 3) the inevitability of cultural influence, and 4) dual spheres of acculturation.

Negotiation of one's Racial/Cultural Identity Development is illustrated with this first generation Muslim woman's voice:

Myself...I think I fit in quite well and I am able to maintain my culture...I make sure that my friends understand and respect that...I never try to fit in so much that I forget that...I mean everybody wants to be accepted and wants to fit in...of course I do...you know...and I feel like I have been really fortunate that I've been able to be popular with people and I wasn't ashamed of my differences or my religion or my culture...so in many ways I do think that I am Americanized because I'm not like the typical FOB (fresh off the boat) type...you know character...but yet I don't think I am in many ways because I still hang on to the language at home...to the practices...to the movies...the music...the clothing...I haven't lost that so I don't consider myself totally Americanized. When I compare myself to my friends...I think that I am unique in that I have that dual background...you know being born here definitely makes me different from other Arabs or other nationalities back home...coming to the U.S., I have that edge over them...and also I have an edge over other American students who are friends...I think they respect me for that.

Internal conflict in conjunction with the concept of an "image-oriented community" is likely the most disturbing for these first generation Muslim women. They condemned the fact that image meant more than one's internal nature:

Americanization...I'm just more individualistic...not as much collective where I'm like with the family thing. Another thing is that because I'm a woman and am more liberal in the way I dress...the way I think for example -ok...the role of male vs. woman...for me I don't have a problem being in the university center and having lunch and there are guys at the table and it happens to be just me and one guy...and even though I know this guy is just a friend...where in my culture that's a major taboo... and you don't do it...and it has nothing to do with intention and has nothing to do with what's reality...it has do with image...so I'm less concerned with image...it's like what does this look like...not what it really is...do you know what I mean? When I was back home (country in Middle-East), I observed a lot why people thought that way...they are very image oriented...well they're a lot more judgmental in our culture...very very judgmental and I mean I believe that the more judgmental you are of others...the more judgmental they are of you...for example...definitely male-female relationships...like any time any kind of guy was involved in any possible way...you know it's like who is that...what are you doing? Whether it's telephone or in the street... whether it's just mentioning a name...the clothes you wear...you are constantly trying to prove your virtuousness...are you virtuous? Prove your chastity...it's like a constant battle...it feels like every thing you do...is she a good girl or not? So every thing you do, you ask yourself... "is that what good girls do?"

I asked this respondent whether she too found herself questioning her behavior. She responded:

I was like that...I am slowly coming out of it and you have to self-condition yourself...but I know that even within myself...I was doing it... because I was realizing that that girl shouldn't have done that and that girl...and then I said... "what am I doing?" Yet within me...I'd get upset when people were judging me...because I knew who I was...so it's hard.

The experience of the "inevitability of cultural influence" left many first generation Muslim women feeling that no matter how hard they tried, because of the mere fact that they had spent most of their life here, they would acquire both negative and positive aspects of American culture.

First generation Muslim women also spoke of a phenomenon which can perhaps be best described as the “dual spheres of acculturation.” They described that the process of acculturating within American society was rather complex for them. For example, within their home, they adhered to traditional norms and culture which included eating traditional food and wearing traditional dress. In addition, they interacted with their family within a traditional cultural framework. However, when they were on the “outside,” they described themselves as being “more liberal,” “eating American food,” “wearing American clothes,” and “speaking their own mind.” Internal conflict seemed evident as they questioned whether this was the best way to “fit in,” yet maintain their own culture. For many of them, the transition was draining and frustrating; for others, it became a psychologically adaptive mind-set.

Religiosity

In response to the question, “what does it mean to be Muslim?” first generation Muslim women provided descriptions that could be categorized into a “technical” and “personal” category. Two things came to mind upon the emergence of these subdivisions. First, they paralleled the themes of “ritual” vs. “spiritual,” respectively, that were given by immigrant Muslim women. Second, differences existed in the cultural language of expression between the two generations.

Within the “technical” realm, first generation Muslim women included following the Quran, Islamic rules, and praying. Within the “personal” realm, they talked about “living

an ideal life,” “feeling peace within oneself,” and “acting as a role model for others.”

With further inquiry, it became apparent that despite making the distinctions, first generation Muslim women unanimously emphasized the “personal” dimension of Islam which was perhaps related to one’s personal religious identity development.

To refresh the reader’s memory about the conceptual framework of religious identity development, a person with an evolved religious identity would be one who has been able to integrate both the ritual and spiritual aspects of Islam to a stage similar to the “integrative awareness” stage of Racial/Cultural Identity Development (Atkinson, Sue, & Morten, 1989). Where immigrant Muslim women initially emphasize the “ritual” dimension of Islam, first generation Muslim women more likely emphasize the “spiritual” dimension. Both, nevertheless, represent incomplete dimensions of Islamic religiosity. The subjective feelings of being “incomplete” contribute toward a subsequent contemplation stage.

As a plausible explanation for first generation Muslim women’s emphasis on spirituality, quite possibly, the experiences of being raised and educated in the U.S. have influenced the manner in which they practice Islam. For example, this first generation woman illustrates a contemplation stage in which she challenges her unquestioned acceptance of rituals and allows herself to think about spirituality. Perhaps it reflects a direct influence of living in a society in which separation of church and state exist.

Ummm...like before I came to college...I thought there was a fixed Islam...that everything was set out...I thought you had to do everything in the Quran to be a

good Muslim...I have come to realize that...in studying it...there are very different interpretations...it's very fluid...and for me to be a good Muslim...it is to be a basically good person I guess...that's maybe a cliché...I become really religious in practice during Ramadan and I feel like that is one month that I can really concentrate on praying and reading Quran and fasting...I feel (laughs) like a really good Muslim during Ramadan...as for the rest of the year...I don't necessarily feel guilty about not praying or not doing my daily practices as I am supposed to...but just being...not lying...not cheating...or these things that I don't do...makes me a good Muslim.

Although she acknowledges the importance of the “spiritual” dimension, the following first generation woman does not discard the importance of “ritual” behavior in Islam. This example likely illustrates an approaching stage of “integrative awareness” of religious identity development.

Being a Muslim is first of all believing in the major pillars of Islam...and I don't think being a Muslim just means wearing the whole garb...the scarf...and being dressed from head to toe like a ninja...that sort of thing...to me it's a way of life I think because I always tell my friends that Islam is like a really good religion because all the answers are in the Quran...any trouble you have...there is an answer there for you and it's a way of life...not just a philosophy...it's not just a religion...it's everything...so for me to be a Muslim is to believe in that...the ideals of the religion and to represent yourself as a role-model to others...I think a lot of people have misled interpretations or views on what a Muslim is...but when they find out that I am... they're like “your family is really generous...your family is really nice...you are very respectable” and they start to associate that to me...that that is part of being a Muslim...that's what I think of as being a role model who...we're not out to convert anyone but at the same time we're very open to letting people accept it...so I think that's unique in our religion because we don't have like missionaries going out trying to brainwash everyone...people come to us for the religion.

This next first generation woman enthusiastically promotes her spirituality in Islam, proclaiming it as a complete and integral part of one's life. Moreover, she recognizes the

direct influence of living in a country which enforces a separation of church and state (i.e., going to church on Sundays for Christians).

What does it mean to me to be Muslim? well, I think its a way of life... when Muslim comes to my mind...I don't see a specific...a specifically institutionalized religion that I go to church on Sunday and I pray...or I go to the mosque on Friday and it's all over. It's a way of life...it's morals... it's ethics...it's a code of conduct...the way I greet people...the way I smile at people on the street...the way I say thank you and please to someone. It's as basic as that...that's what it means for me to be a Muslim...it's all in the way I live my life. Professionally...even the way I want to have fun...that's part of being a Muslim...experiencing life to the fullest...for me to be a Muslim...that is specifically what it means...it's a code of life...it's not like...Oh so you're a Muslim on Friday and in one particular part of your life and then...no...it's a way of living...it's how you greet people...life...death...love...laughter...happiness...work... anger...be angry at the media. It's a whole package...it comes you know with all its content.

Regarding religious identity development, the following first generation woman depicts a stage parallel to the “integrative awareness” stage of the Racial/Cultural Identity Development model (Atkinson, Sue, & Morten, 1989). Although an emphasis is placed upon one's level of spirituality, through her own self-analysis she has created a personal balance between “ritualistic” and “spiritual” Islam:

Being a Muslim...I guess means following the Quran and what the Quran requires...but mainly being conscious about your religion...doing something not because Islam says so...but if you could be better...try to... and feeling comfortable with that...if you are wearing Hijab...feeling comfortable with that...but not because Allah says you have to wear it and you feel uncomfortable ...that's not it...so I think it is what you think is right within the boundaries of Islam.

Continuing inquiry into aspects of religiosity, first generation women emphasized the distinction between an external standard of religiosity and an internal one, much

similar to their responses regarding acculturation. They assigned parents to the “external” standard and themselves to the “internal” one, subsequently engendering conflict between the generations.

I suppose that again...being religious...it depends upon your perception...umm...for me...it's a matter of being a conservative or like a somewhat extremist...to be religious...it depends...like for my mother, she is religious in a way that she practices it...it's ritualistic for her. She gets up every day at 5:00 AM, she does her prayers, she reads the Quran...everything she says she has to say some Arabic verse...like Insha-allah²¹, Awzubillah²²...whatever.. it's part of her speech...for me it's more of a...I hate using this term because I feel like it's overused...and been taken advantage of...it's more of a spiritual issue...it's more of a meaning of life...religion gives my life meaning. I know that...I don't think I'm going to die and that's it...there's a reason why I do things...I don't have the kind of relationship with God that I think I'm supposed to have...you know...I don't think I have that kind of fear...But I do have a very intense connection with being Muslim and being...I don't know...in believing in God and religion. I think the fundamental of every religion is basically the same in all major religions in essence...I believe that...when I say I am a Muslim ..it's because I was raised as a Muslim...and I embraced the religion because I think there is a lot of good in it...which means that I don't believe in Christianity...you know that Islam is better than Christianity or better than Judaism...I am a Muslim by birth...basically...I have been raised that way...and I will probably raise my children as Muslims as well.

The following first generation woman further provides an example of potential intergenerational conflict regarding the existence of an external standard of religiosity:

That's another thing that I think different generations define differently... because I consider myself religious and a lot of my peers think, “yeah she's really religious and her family is really religious”...but then if I were compared to someone else who wears the scarf and does things like that... maybe their family may look at me and think “they're not religious,” because I don't cover²³ or because I wear jeans...you know I wear pants...things like that...but I think

²¹ Insha-allah means “God willing.”

²² Awzubillah is an Arabic phrase seeking protection from God against Satan.

²³ In this sentence, “cover” is used to mean “wearing hijab.”

ideals are in the heart and so I do think of myself as religious and I truly believe...and I hold myself with respect...I put forth the practices and the ideals of the religion and I don't wear revealing things...things like that...so it all depends on who is defining the word religious...but I wouldn't go overboard...it's hard to explain.

As it was "hard" for this young woman to explain, so was it difficult for other first generation Muslim women to describe their resentment. They expressed anger toward others for judging them. The following woman's voice presents a sentiment shared by many of her first generation sisters:

Well it's weird because I don't like to be put...judged in a sense...because the only person who can do it is Allah...which we all should know that...it's weird because in a sense people who know me know that the religion guides my life...everything I look to goes through religion... and my family is very important to me too...so that's another factor...they know that we have those ideals...they know we're religious...but if you were to just look on the outside and put two people together and look at one person who is wearing Muslim outfits and put me right next to her...you might...just on that basis...assume that I am not as religious...I think a lot of it has to do with appearance.

In contrast to being judged by an external standard of religiosity, first generation women appealed for an internal standard of religiosity dependent upon the following three themes: one's personal intention or "Niyat," education, and restraint.

This emphasis on intent or "Niyat" was an important variable in that it meant that "ideals were within the heart," therefore making one's religiosity personal and subjective.

Being religious is not a black and white term and I learned that the hard way...I thought I knew what it was...umm...I guess for me religious has to...number one...it has to do with intention...that's just such a subjective issue. First of all whatever you do in life...what do you think of first...do you think of society?...do you think of the people you love?...do you think of God?...do you think of your religion?...what is it that comes to your mind when you are

making decisions and judgments?...whenever you are happy or sad...what's that first thing you think about? And I guess my perception or idea of religiousness is someone who automatically thinks first let me put this within an Islamic context or a Christian context ...whatever religion you are...and then you go to the broader circle of family and then friends...then money...materialism or whatever...so I consider people who are religious...their priority is whatever their religion demands and they try their best to make it fit...now I don't think anybody is ever going to be 100% because everybody is going to be doing something wrong in some way...but what's the priority...like it has a lot to do with intention.

Regarding education, not having formal Islamic classes was an aspect of religiosity of which first generation Muslim women felt deprived. They spoke of their need and desire in educating themselves in Quran and Hadith in order to understand the “true meaning” and philosophical foundations of their religion.

Having restraint within the moral and material dimensions of life and engaging in modest behavior were important indicators of religiosity for first generation Muslim women. Moreover, they insisted on having “modernism” within Islam. Tired of being judged by external standards and stifling cultural values, they expressed desire to bring Islam into the 20th century. They negotiated new Islamic lifestyles for themselves which would better fit their experiences in America.

I don't think somebody is religious who is at home praying five times ...more than five times a day...reading the Quran but not going out...you see that's the easy part...we can be on either extreme...that's easy...what's hard is to be in the middle...to go out...I think I would cover my face too if I were at home...you know going out once in a while to the grocery store and praying at home...making duas²⁴...but that is the easy part...what's hard is when you got

²⁴ Duas are short prayers in Arabic usually from the Quran. They are personal supplications in the glorification of God.

to be out there dealing with people...when they're asking you things...so I think being religious doesn't necessarily mean following everything...I started covering because I wanted to...there was a stage when I didn't want to or when I wanted to be not so Islamic and do all kind of things...but now, everybody thinks...like there was this lady I met several years ago and they were telling her that to go to the Imam's home...you got to dress in the long dress and scarf and all...and they thought it was going to be a different experience and now everybody is like "you are the daughter of an Imam and you're so modern...you're so different" and I say to them... "but being modern isn't a bad thing and everybody I know is like this"...but I think it's hard because you can go over the edge in both ways...too modern or too religious...but I guess I feel comfortable.

Life in America has provided a context for experiences never dealt with, or for that matter, never openly discussed before. For these first generation Muslim women, it posed greater difficulty given that their mothers were not experienced with many of the issues that their daughters faced. For their mothers, confusion and internal conflict existed; for their daughters a chance to experiment coupled with room to feel ambivalent. For example, in response to describing themselves religiously, first generation women introduced concepts that perhaps represented a new language of expression. For instance, "I am religiously oriented," "I am a new practicing Muslim," and "I am a Muslim...only by name." Furthermore, these religious descriptions are likely to be a result of one's religious identity development. The following example illustrates the concept of being "religiously oriented." After having strictly adhered to the ritualistic dimension of Islam and perhaps not feeling satisfied, this first generation woman has progressed into a stage of contemplation.

Ok...I consider myself religiously oriented but I'm not ...oh...(sighs) I can only...I'm going to give you a comparison...I used to be a lot more religious in the standard form...I don't...compared to a lot of other people I know...I'm definitely not as religious...in other words...where other factors are coming into my mind...my priorities as I live my life...where others...they are much more focused as far as religion...where there is less compromise and less wavering when it comes to decision making...and it has a lot to do with the fact that they are better educated in Islam because that's a big factor...a lot of people aren't religious because they don't know...and I was definitely a victim of that for a long time because I was not taught in the American schools...my parents taught me values, morals, and traditions...they didn't teach me Islamic law...I didn't even know Arabic...I'd read the Quran in English...but then what's the interpretation and I was totally isolated...the way I was raised and how my brother and sister were raised are so different...because they were mainly in Dallas as they developed so they had other Muslims around them...the mosque and all the activities...my parents got much more religious once we came here because they had an opportunity to be religious...while over there we were just kind of there...my parents already knew who they were because they had already been raised...I didn't do anything that was against the religion but at the same time I wasn't proactive as my younger siblings are...very proactive...they go and learn Arabic...they are getting involved in activities...their base is much more Islamically oriented than mine...mine was just moral...it was morals...it was a matter of traditions...“Arabs don't do that...Muslims don't do that” ...I didn't go and study Arabic and study Islam...I didn't have any friends that were Muslims that would say “mom said this and that” I had none of that.

This next first generation woman elucidates the concept of being a “new practicing Muslim.” Moreover, she describes a process of re-learning the philosophy of her religion in conjunction with the rituals of it, much similar to the stage of integrative awareness. Like her preceding first generation sister, she expresses resentment over the emphasis on culture and tradition rather than on Islamic education.

I think since I am a new practicing Muslim...I have way much to learn... I mean by new practicing Muslim that I never used to pray...I never used to fast in my household...my father just recently started praying in the past 10 years I would say...so when we were growing up...neither my mom nor my dad

brought religion into the house...we just knew we were Muslim and we heard "oh you can't do this because we're Muslim...oh you can't wear this short dress because we're Muslim...we can't eat pork because we're Muslim...this is the stuff that I knew...but I really didn't know much about it because back home...the children go to school and they teach them Quran at school...and I missed out on all that so I just...when people asked... I would just say that I was a Muslim...but really I was not because I didn't know anything about it...now I think I am more of a Muslim because I am practicing more the religion and I am learning a lot of it from my husband...and I am praying five times a day and I fast in Ramadan and I try to follow the religion...not just say I am a Muslim...because I was born as Muslim.

The following first generation woman perhaps best describes the concept of being "Muslim only by name." Concerning religious identity development, she is more likely to be emphasizing her spirituality as a Muslim. Moreover, it appears as if her religious identity is possibly fused with her cultural/ethnic identity.

Well...I was born and raised as a Muslim...but I do not think that I am doing the things that are required for most Muslims. Like I don't pray and don't know much about the Quran...I mean my parents are religious...they go to the Mosque and other Muslim person's homes...So if I was at a party or university, someone asks me where I am from...I tell them...and then it is assumed...so I tell them that I am Muslim...I guess that I tell them that my family is Muslim...but after that, I don't know much about the religion or the customs.

Gender Role Ideology.

Family provided the foundation of identity for these first generation Muslim women.

They ascribed a noble status to the role of family and gave it a timeless standing.

Family to me is just as important as...I regard it just as highly as religion...family is my world...family is like a unit where you get nurturing...all your basic needs...we're just very close knit...to me you wouldn't be anything without your family...that's who you run to for guidance...for shelter...for knowledge...so I noticed that in American society there is a breakdown of

families and we are fortunate not to have that in Muslim families...but I don't know what I would do without a really close family.

Nevertheless, life in America provoked them to think about new family structures and to re-evaluate their dependence upon family members. Although they included both nuclear and extended family within their framework of family, they emphasized the role of the nuclear family. For first generation Muslim women, geographical distance from extended family exacerbated a diminishing role of family involvement. They felt that extended family were unaware of their life circumstances in the West, therefore making any input from them meaningless.

Family...umm...means unity definitely...I have to admit that family is only immediate...I can't...I treat my uncles and aunts...I mean their opinion is just an opinion to me...if we disagree I won't even give them a second argument...I'll just be like... I don't care I'm not going to listen to you...mainly because I never spent any time with them so they're strangers...I mean they're my family and I love them...but if we were to come into a major disagreement...basically I would treat them as if they were my parent's friends...rather than literally like a major factor in my life...so that has to do with the fact that I really didn't live with them...so how do you have this high high respect for somebody you've never spent any time with and with people who come from a completely different way of thinking...even my parents were the same...but at least my parents have been Americanized...or they know the reality I deal with over here...the people over there don't know at all...they have never even been exposed to it...so I think of like mom, dad, brother, sister...I think of trying to make them happy...but I'm Americanized in the sense that if we go into a major disagreement and their choice would make me utterly... just utterly miserable...I wouldn't listen...because I couldn't handle being unhappy...like there are some people I know who basically have sacrificed major things in their life for the sake of their family...like going to medical school...you know "like my parents would be so proud of me" ...but if I just detested medical school...I couldn't do it...and only because I tried to do that with engineering and I was like never again...I learned my lesson...two years of hell...and I said...I can't do this for the rest of my life... at the same time...I want them to be happy...I

try to convince them and make them understand what it is that makes me happy and let them know that...I'm not doing this to make you unhappy...but I need this...so please support me...and I also think that blood is stronger than water...I mean I'm always going to go back to my family...even if I move away...I could never completely be American in the sense that I could go six months without talking to them and when I talk to them it's like...“ok whatever...bye”...I couldn't do that. I guess I'm kinda in the middle between extreme collectivism within Middle-Eastern society and just extreme individuality over here.

In response to the question: “Describe the role of a Muslim mother,” first generation Muslim women spoke of the universality of a mother's role which included to care for, love, and protect their children. Furthermore, they designated a Muslim mother as being the foundation for her family. Nonetheless, they yearned for evolution in their mother's roles in order to meet the challenges of living in the West. For example, they demanded that their mothers seek personal space and time for individual growth and development. They challenged their mothers to expand their role of being a “mother” to that of “being a kid within,” and from being a “wife to her husband” to being a “friend to her husband.” They saw their own mothers as teachers and nurturers and insisted that the only way they could excel at these roles was to make room for their personal satisfaction, realizing that both personal space and time were foreign concepts to their mothers.

Time...I think it takes time...and then the only way they can do that...I mean be a good mother...is to allow that person to concentrate on herself first...on herself...she has to concentrate on herself...if you give her time to concentrate on her own ideas and the way she thinks...then I think she can achieve anything...she needs time, love, and care for herself first...she needs to find herself...if she finds herself...then I think she can do anything...but if you tell her that this is how you should be and not let her find herself...there's no way she can be a good mother for her kids...or a good wife...she has to find time for

herself...because I think the more time you spend for yourself and the more time you spend thinking about the life you want to lead...it's going to be more successful.

In describing the role of a Muslim daughter, first generation women identified themselves as being a “representative” and/or a “spokesperson,” for the family. This role carried immense pressure as they revealed that in making a mistake, they risked dishonoring and shaming their family. Muslim daughters described themselves as being “social connectors, tying their families and friends together, and keeping the relations going.” Moreover, they found themselves negotiating peer pressure, generational differences, and their personal behavior, to name a few, leaving a perpetual feeling of internal conflict. First generation Muslim daughters disclosed feeling “constantly vulnerable” and “extremely fragile.” Contemplating their role as Muslim daughters in the West incited frustration and resentment. In particular, they expressed anger toward being treated differently from their Muslim brothers, specifically in the realm of socio-moral behavior.

I think the role of a Muslim daughter is really hard compared to...I mean...I have different views as a Muslim boy or a Muslim daughter... but I think a lot of pressure is put on a parent as well as daughters because parents want to raise good girls and of course if your boy goes astray they don't seem to make as big of an issue because boys will be boys and are always up to no good...but for girls...everything ...the pressure is totally there and apparent...not just on looks but intelligence...and what you do in school...and how you do in school...and just your mannerisms are always representative of your family...you get total pressure that way...I think during that period it's really confusing because if you do fit in you will never really fit in cause you're not allowed to date like the other girls are...so you have that pressure from your friends yet you don't want to do anything wrong that your parents will disapprove of...so you've got that

pressure...you've got that pressure of not being able to stay out late when all the Muslim guys can. I think there is a double standard...and I know that it's only for protection for the Muslim girls but as a daughter I think you're kinda torn because you want to be able to do what your so-called brothers are doing and experiencing...and a lot of us girls talk about this...I mean we just want to see all what's out there and then we'll know...you just want to see it...not even to get involved in it...like we often sit around and you know how they say "well going out is wrong"...staying out till 3 AM...we've never done that before...so if we could do that just once and see what it's like...we could just be like...hey there's no big deal and then just to experience it instead of having everybody say that this is wrong...so girls just want to...I think it's hard for daughters because you don't want to argue with your parents but you want to say "look can I just get my feet wet a little...see what's out there even though we know that inside we'll end up not agreeing with it...not liking it...and it's hard to explain...it's not like we are trying to do something bad...we just want to see what's out there and we know how we'll feel about it...but it's a matter of just experiencing it because you feel like everybody else gets experience and learns from their mistakes and we don't want to be given the chance to make a mistake...but we want to be able to see the opportunity...I don't know if that makes sense...like for example...a club...all of us know that we don't drink and smoke and do any of those things and we know that dancing and mixing with guys is frowned upon...but just because everybody talks about going clubbing and doing stuff...for us it just might be kind of interesting to see...but we know that about after five minutes, we will be ready to go home...but just to have the opportunity to do it is where I think part of it is...because it's not allowed makes it so enticing.

Revealing her dissatisfaction with the unequal treatment of gender, the preceding first generation woman argues for an equal chance to step out and "experiment."

However, fear and vulnerability associated with the opportunity were ever present.

I think the role of a Muslim daughter is...it's very hard...very, very hard because your daughter...a daughter is very...she doesn't understand everything...ok...a daughter is very fragile...she can wrap into things in a matter of no time...and I think in a Muslim daughter...it's important... because she can wrap into things and carry her whole family down.

Respect for parents was universal, and for the most part obedience was also.

Nevertheless, within generational differences existed regarding obedience. On one level, first generation Muslim daughters believed in unequivocal obedience to parents.

I think they [Muslim daughters] have to be very respectful...I think that is the number one thing...we think our parents are old and they tell us things...maybe we don't want to do it...but I think it's very important to respect because they are looking out for you...respect in terms of marriage...that comes first...like when a girl is going to get married...and their parents say something about the candidate whom she is going to marry to...I think the girl really has to respect them because they are looking out for you...Americans ask a lot of that question, "are you arranged?" I mean I can't think if I really like someone... "love is blind" ...but my father is not going to be attracted and so he has a more objective position...so you have to respect his view.

On another, they found themselves needing answers by challenging unconditional obedience.

I mean like I don't just say to whatever my parents say "yes maam...yes sir"...I usually think about it...and I usually argue...and then they have to convince me rationally...and then I'll obey...but I know some kids who are just very very respectful of their parents and I envy them for that...but I just don't have that quality...I am just too like... I wanna understand...there are some people who can just do things...but I need to understand...give me a legitimate argument and I promise I will follow you. On a lot of things it is...and a lot of things it's not...for example my parents on things like eating pork and having a boyfriend...drinking alcohol...things like that...that's working...but things like...for example, I like to dance...I can't seem to find a reason why that's wrong...only because I have a limit that I don't dance with guys...I just dance and I dance with a group of girls...or by myself...and no matter how many guys are going to ask me...I'm going to be like...no thank you because I didn't come here to do those things...I came here to dance...I merely look at it like aerobics...and so my parents will sit there and try to tell me...I'm like it's not making any sense to me...it's like an aerobics class...and then I don't like that excuse... "well guys can see you move"...I'm like well guys can see me move when I walk...or when I jog...and when I do aerobics or anything...I'm not going to stop my life because they are looking at me...tell them not to look at

me...you know what I mean...I mean it makes me mad...but when they talk to me about alcohol and boyfriends...we have discussed it and I agree with them...and I'm not going to do it.

Muslim daughters revealed a confusing, yet fine line between satisfying their individual needs and desires or sacrificing for their family. Some place their obligation toward family as a priority:

I also believe that a Muslim daughter brings out the name of her family...brings out who her parents are...and how her parents raised her...so if you care about your parents...then you would always think that they come first...I think that she has a lot of sincerity...she has a lot of love for her family...she may not express it...but she has a lot of dedication to them...and so she often sacrifices her goals and desires to protect their reputation.

Others, while placing family obligation as a priority, reveal methods of satisfying one's personal needs within an Islamic family structure:

It's so difficult to speak in abstract terms...because as a Muslim daughter...it's been really rough being in two different worlds...I find these two cultures very contradictive in many levels...not that they can't be reconciled...it's just that when you are dealing with a generation gap...like I am...it's difficult to put things into perspective...and to find ways of coping with the areas that you can't reconcile. You have to find ways that are not so easy...and there is a difference of opinion and difference of values between you and your parents...so as a Muslim daughter...for me...it's basically being there when they need me and not upsetting them ...because I see my situation as very different from them...my parents gave up so much to come here...they are completely displaced...and they have already suffered as it is...I try to make it as easy as I can for them...even if it means I have to be dishonest in terms of my lifestyle...they don't need any more pressure...or suffering...and I do judge sometimes when I see girls my age putting their needs and desires before their parents...because I don't think that our parents are ready for that kind of revolutionary change. Somebody said to me "well, you never asked them to change and maybe they will"...true...but most don't...most just retaliate...by disowning you and if they don't disown you...at least they will be disappointed in you...because they have their own perceptions...and the way they

think...they've thought that way for the past 40-45 years...for me to come down and say...ok this is my way of thinking and I want you to accept it because I live in America...I think it is asking for too much sometimes...so as long as you can get what you want and be happy...without upsetting your parents...I see that as the role of a Muslim daughter. It's kinda like you have to sacrifice yourself because they have suffered enough. Once you get out...and once you go to school, you have a chance to be on your own...then you can do whatever you want...in the meantime, when you're at home...you should basically obey. Yeah...I have come to terms with that. Again...it depends on the parents and how they treat you...my parents have been exceptionally wonderful...and I'm not going to ever hurt them...if I can help it.

Within the realm of generational differences, differences in social obligations between mothers and daughters existed. First generation Muslim daughters expressed frustration about the fact that when guests visited, it was their social duty to offer tea and coffee and "make polite conversation," even if they felt tired and were "not in a good mood." They spoke of having to deal with many external demands including the stress of attending university classes, studying for exams, and doing homework. They felt that their mothers were not sympathetic to the pressures of life in America, and the demands of school, but expected the same social obligations of them as if they were back home.

In terms of hospitality...I come home and I'm tired and I want to go rest or watch TV...and there are guests sitting there...and my responsibility is to go and bring tea and refreshments and go help my mother...I can't sometimes...I'm exhausted...and then my mother comes and says... "you embarrassed me in front of our guests...how could you do that?"...everyday things like this seem to build up and make a difference.

As a concluding remark, the following voice perhaps represents the future vision of first generation women:

I see that the newer generations...that we have...are trying really hard to bring us further along with our various ideals and values...but at the same time being religious...we're trying to...we're the very next generation and we are trying to fix some of the problems so that we will be better parents to our own...but we still need their help...we need to pass down things to our kids...and we need parents to guide us and give us the right religious information...the right cultural information...but at times...parents think they are giving us the right thing...but they are not...there needs to be some bridgeway between parents and children.

Perceived Prejudice.

In response to the statement, "Talk about any issue, positive and/or negative that affects you as Muslim women living in America," first generation Muslim women revealed both positives and negatives, rather evenly. The following positives most frequently emphasized included 1) independence, 2) opportunity, and 3) freedom. Freedom allowed them the unique possibility to meet diverse people representing different cultures and nationalities. Interacting with them provided a chance to exchange ideas and learn from each other. First generation Muslim women acknowledged the fact that in doing so, they became "religiously stronger." For example, one woman said, "having a chance to explain my religion to them teaches me more about Islam...it's like learning from yourself...this is what I'm trying to say." Other first generation Muslim women echoed this theme by reporting that their life in America was an impetus to become more aware of their religiosity. Furthermore, they acknowledged the political support that they theoretically received as they contrasted their life to that which they would have had, if they were back in their country of origin.

Regarding the negatives affecting first generation Muslim women in America, they highlighted the emphasis on one's "image." Having to continually wonder what others thought about you led to a persistent internal conflict in which one found herself questioning everything from her physical appearance, thought processes and behavior, to self-identity. The themes of negativity fell under the following categories: 1) external appearance contradicting internal value system, 2) others being unaware of cultural-religious norms, 3) contemplation and ambivalence about one's sexuality, 4) challenges within university and academia, 5) emphasis on material values, and 6) constant comparison to Muslim stereotypes, both within and outside one's home.

This concept of external appearance contradicting one's internal value system was discussed in a variety of ways. First generation Muslim women spoke of the importance of "looking good" and "keeping in tune with the latest fashion trends." However, in doing so, they questioned whether this seemingly innocent behavior was sending off "wrong messages" to the rest of American society. The following first generation Muslim woman perhaps best illustrates a self-questioning process similar to the experiences of other first generation Muslim women:

I think the hardest issue is dealing with both...well Muslims and non-Muslims...but mainly with the Americans...in the sense where...this is something really interesting...I observed this in Mexico and also in Egypt ...that most girls raised in what I call Eastern cultures...anything other than the States and Europe...third world usually...more patriarchal societies...that's what I'll call it...tend to on the outside...we look liberal...whether the way we look...or the way we dress...the way we do our hair...we'll look very modern...but on the inside...we are very conservative...and a lot of Western people don't realize

that...some guys will come and talk to you and it's like "who do you think I am?" and then you do start questioning the way you dress...and the way you act "am I too friendly?...am I too attractive?"...wait a minute...am I going to go around looking ugly...why would I want to do that...it doesn't make you feel very good...it's like going out without taking a shower you know...and so I realize that these people automatically assume...because you have this modern image...that you probably also date and also probably do this...so the hardest thing is that you always have to fight the image...you have to always take what's inside and have to let them know...hey don't get fooled...so that's a hard thing...no... I'm very conservative on the inside about certain topics...and dealing with the Muslim community is even worse because they really have their generalizations and stereotypes...they go above and beyond in thinking about the stuff you could be doing...they think that you have to go extremely covered...extremely conservative in order for them to be convinced that you are up and down...inside and out that way...it's just so black and white...and I was a victim of that for a long time...you know I used to cover my hair...and I did that because I was constantly trying to prove I am a good Muslim...I am religious... because you are like so focused with your image and I was like...uhh no more...and I realized that I was just playing into the game...it was all a game...I am like I'm not going to be a victim of this...I believe that if you're really good on the inside...it doesn't matter where you go...it doesn't matter what you wear.

Regarding the negativity associated with misunderstanding one's cultural-religious norms, the following first generation gives her impression:

I guess another negative thing could be that people really don't know about your religion...you seem very different over here...there back in Turkey...if a guy approached me and I'm meeting him for the first time...he wouldn't shake my hand if he knew I had on Hijab (wear the scarf)²⁵...but here... nobody cares...they don't know about you...so they expect you to take their hand right away.

Faced with this new and somewhat awkward predicament, and in response to how

²⁵ According to orthodox Islamic beliefs, shaking hands between males and females, who are not related to each other, is not permitted as well as frowned upon.

she handled such a situation, this first generation woman said:

I can't be rude...I always shake everybody's hand...so some people are really strict and they don't...but I think it's better to be nice than to...it's really hard...I'd rather to let them know that I'm nice...because no matter what I say...if I left their hand in the air...I mean it's going to be rude...it's going to be very uncomfortable...and I wouldn't want to give that image of Islam...because we already have so many misunderstandings about Islam and everything...so I want to do the best I can.

These young Muslim women demonstrated self confidence in standing up for their beliefs, turning seemingly negative experiences into positive ones. For example, this first generation Muslim woman describes her experience wearing Hijab in American society:

I have felt everything...in junior high I started covering...but that was like a little scarf...and I didn't fully cover...but it was hard...because they would pull it off and make fun of me...and it made me feel very uncomfortable...and I would come home crying and say, "I want to take it off"...but I know I won't be happy if I take it off...so I went through that stage where I kind of hated it and liked it at the same time...then in high school...it was really nice...people were more mature and more friendly ...and so I felt more comfortable...so I guess...when I really got the experience of it was when I started working at [a well known popular women's fashion store] I applied for a job there and I worked there...there everybody who works there has to wear the store's clothes...so I'd wear big hats with the scarf...like French style...and everyone would come in and say "that's so beautiful...where did you get your scarf?...and can we put our outfits that way?...can you show me how to do that?"...And I thought that's so wonderful because these were women coming in and they wanted to try how the scarf looked like on them...and I tried to tell them why I was doing it...that I was a Muslim...but they really liked it...and they weren't happy that we didn't have scarves matching the outfits.

Gender and sexuality were perhaps the most highly discussed issues among first generation Muslim women. Interaction with non-related males incited feelings of uncertainty, and insecurity.

I think the hardest thing is the dating issue...and the interacting with guys... because...I touched on this earlier...but it's like you get your support and love from your family...and a lot of times you reach an age...especially if you're attractive...you reach an age where you meet a lot of people...and you may be approached to go out on dates...and then sometimes you may end up liking someone too...and you can't understand...you do understand why it's wrong...but it's like so tempting...yet you know that it's only going to lead to trouble...it's weird because you're told by so many people that "oh you're a good girl...this is right...your parents love you...and we love you"...but then here comes this outsider that you've never met...you don't really know...and someone who doesn't have to say it...like family has to say good things...and here's this outsider that's telling you things that you've never heard before...that you feel like you need...and you're getting it from an outsider...and it feels really nice and ...I don't know...especially to a girl who is naïve and doesn't know anything...you can be misled in many ways...and when you hear somebody say that they love you and they care about you...they have feelings for you...you may mistake that for something else...and I think that as being a Muslim daughter...it's very hard to face.

In particular, the discussion around one's sexuality perhaps gave these first generation Muslim women an opportunity to disclose their private thoughts, without any fear of backlash.

SEX (laughs)...it's everywhere...umm...this is really confidential...umm yeah...sexuality is a really big issue for me...especially coming to college...and I really think that I have come to the decision that desire is socially constructed...my friends and I always have arguments about this...when I was home and when I was in Egypt...in a Muslim setting where sex wasn't everything like it is in the U.S...it's not an obsession...I didn't have as many needs or desires...or as many temptations...shall we say...when I come to college and everyone is active...everyone is talking about it and it's all over the television...and all of a sudden...I seem to have these needs...or desires and umm...I want to act on them...so it's a different issue...on the one hand having sex or even being active in any way...that's one of those things that I'm not going to justify religion by...I'm not going to say that it's ok to have pre-marital sex...it's an issue I have to deal with...umm being a Muslim woman...my cousins always tell me...well if you're going to have sex before being married ...then you're not a Muslim...(laughs)...and I contest that. All the guys we

know have had sex...why are they not Muslims? (inflection of voice)...you know...if I do or I don't...it's about me and how I'm going to deal with it...and it's like I have to decide for myself...but it's definitely something that I have thought about...it's been a problem because I'm 23 years old...and if I don't get married until I'm 30...how can I stay inactive...you know...it's just too much (laughs hesitatingly).

Attending universities in the States introduced a variety of challenges for first generation Muslim women. Their concerns were located predominantly within the following themes: 1) interacting with male classmates/sexuality, 2) dressing Islamically in conjunction with the need to look socially desirable, 3) participation in extra curricular college activities, and 4) feelings of guilt and deceit associated with compromising between two cultures. In particular, for young Muslim women, building a "bridge between cultures" seemed hopeless.

Basically if you are going to follow Muslim beliefs...many of them are antithetical to Western culture...it's a difficult choice...I have a friend in Florida who is very spiritual...and sees herself as very Islamic...and is very close to her family...unfortunately I don't think that she could ever tell her parents about her sexuality...she'd lose them...she's in a very difficult place...umm... and you can't bridge the two...there's no way. Personally...I don't see how she even reconciles them within herself... because those two sides contradict one another...one side contradicts the other.

Adapting psychologically to two distinct modes of life perhaps became the norm for most of them:

Depending upon where I am...I like dressing nicely...looking nice sometimes... but again that is something that has been socially constructed...because I know I am accommodating somebody or something...capitalism...materialism...or whatever...but it's something that I enjoy...but again...I change...if I go into a party where there aren't going to be conservative people...I can dress a bit provocative...I can...if not...then I won't...it's kind of like I'm a chameleon...I

used to see myself as a hypocrite...I had a guilt complex...but at this point...I see it as almost a necessity...I used to feel this split...you know like oh my God...what's happening to me...I'm schizo...it's not...I have come to terms with a lot of it...and finding myself is that split...I've come to terms with that...being bicultural...or multicultural or whatever...I have to accept it...I can't find a whole self...no matter how much I try to.

As a closing comment, this first generation woman likely represents the internal feelings for the majority of her sisters in this sample:

I guess I hope something will definitely happen...slowly but surely...to see these issues dealt with...the whole thing of being a Muslim woman here...of accepting the fact that we have a lot of pressure on us...a lot of factors affecting us...it's not this idealistic little easy thing...because a lot of people think "oh I'm Muslim...and I'm so happy...and I'm so lucky to be a Muslim"...it's true...there are a lot of beautiful things about the religion...but the repercussions of being a Muslim here are severe sometimes...and people don't want to admit it...because they think that if they admit it...they are degrading the religion...when it has nothing to do with the religion...it has to do with the fact that you are in a non-Muslim society...and you're going to deal with a lot of stuff...so people feel that if they complain...they are putting down Islam...but they're not...they're just saying "hey it's really hard to cover in this country...and it doesn't mean that I don't agree with covering...it's just really hard...so let's talk about it"...so I hope that just happens...like tell the men the same thing...they wear their western suits and blend right in...I dare them to wear their white galabeya²⁶ and their white prayer hats and go for an interview...do it...isn't that the way the prophet used to dress? I mean if you want to go down to the T...that's the way the prophet used to dress...you [men] be exactly like the prophet...because you want us to be exactly like the wives of the prophet...they were the only people who covered...it was the wives of the prophet...they were the highest example...go be like the highest example for the male...they won't do it...so why are you doing it to us...it's ridiculous and it makes me mad.

²⁶ Galabeya is the traditional Arabic/Muslim clothing for both men and women. It is a type of long straight dress.

Definitions of Emotional and Mental Health.

In describing someone having a mental breakdown, first generation Muslim women's answers fell within the following three categories: 1) deviation from predictable/normal behavior, 2) vague psycho/emotional manifestations, and 3) severe vs. minor symptoms. Moreover, they tended to "qualify" their responses by initiating with statements such as, "well...it's not freaking out," "it's not throwing things," and "it's not screaming uncontrollably."

With this process of qualification set in place, they reported that one who was experiencing a mental breakdown would likely engage in behavior that was somehow "unexpected" or "abnormal." Further clarification was not provided, therefore leaving descriptions rather general.

Within the category of vague psycho-emotional manifestations, the following descriptions were given: "stressed," "very, very hurt," "no mind-no heart," "lost spirit," "no motivation," "no happiness," "utter confusion," "scattered," "impulsive behavior," and "mental overload."

Regarding "severe vs. minor symptoms," minor symptoms typically fell under the umbrella of "mental overload," "communication difficulty," and "school related stress." Severe symptoms included "being suicidal," "taking excessive pills," "going back to an abusive relationship," "pre-marital sexuality," and "religious identity confusion." Both pre-marital sexuality and religious identity confusion being identified as "severe"

symptoms perhaps depict the manifestation of mental health symptoms within a religious-cultural context. For instance, any form of sexual relations outside of marriage is forbidden in Islam. Concerning “religious identity confusion,” the following example likely illustrates best this experience:

I have this Muslim friend...who is very religious...and she is very knowledgeable...and that's why I thought she could overcome these problems...it's so difficult...she wears Hijab and is fully religious...and she goes out with boys...kind of an example...and you think...why does she do it?...and she acts that way toward me too...she's very unstable. I think she is just....no matter how hard you try...there might be something lacking in her...something not stable...no matter how she changes her environment...I think family would have to come in and they'd have to do something about it.

In response to their first reactions toward someone experiencing a mental breakdown, first generation Muslim women unanimously reported initially offering help. This help entailed two predominant functions: 1) calming the person down and 2) assessing the level of seriousness.

In assessing the level of seriousness, the first step was to “talk in privacy.” Within this process, first generation Muslim women emphasized aspects of “making the person feel comfortable,” “not making a judgment,” and “putting oneself in their shoes;” all examples which we refer to as “joining” in modern day psychology.

If the problem revolved around wanting someone to talk with and/or “needing a shoulder to cry on,” then further action was generally not required. However, if the problem was more serious in nature, the second step entailed “going to a family member.” If family members were unable to help with problem resolution and the

problem was of a greater level of seriousness, then they recommended seeking help from a counselor.

In their strategy to offer help, first generation Muslim women promoted an active role in change. If this entailed giving advice, then they would do so.

My first advice to them would be to find a way to be happy...my ultimate key is like you need to change your life...and I would not feel pity for them...I would be very concerned in that something has to be done... because if you don't change some factors in your life...you're not going to get any better...you're just going to lie to yourself...or someone is going to fool you into thinking that you're overreacting...because I think that there is a reason for them to get to that stage...my reaction would be... "you need to change your life...whether it be career...marriage... job...where you live"...you need to identify it...and then you need to change it...and it's also a very slow process. My reaction would probably be stern advice...something has to be done.

Furthermore, first generation Muslim women insisted that if problem resolution was initiated, then it had to be completed.

Within the same line of inquiry, I asked what they thought might eventually happen to someone whom they thought was experiencing a mental breakdown. Although these women advocated the need for change and problem resolution, a general sense of pessimism existed.

If she finds help...then I think he or she will be ok...this person will be ok...but they will never be completely ok...I don't think they will ever be ok...maybe ok and go on...but they will never ever be completely ok...but if she doesn't seek help...then I would just think that she would commit suicide...or end her life...basically.

First generation women stressed the need and importance to talk to someone...anyone. If they initiated talking, they felt that there was some hope.

However, if they did not initiate talking, they would either be “scarred forever,” or ... engage in a “drastic solution.”

Coping Mechanisms.

In asking what they thought was the best way to avoid emotional problems and concerns, first generation Muslim women collectively reverberated the inevitability of dealing with emotional problems. Similar with immigrant Muslim women, the use of the word “avoid” may not have been the best choice of words as it appeared to cause confusion. For example, this first generation woman sums up what many of her sisters explained:

I think that there is no way to avoid emotional problems and concerns...I mean anyone who thinks there is misleading themselves and just living in an imaginary world...because you just can't...I mean everyday...you're going to deal with something...whether it's concerned with what you're going to wear in the morning...to what you're going to eat...to how you're going to get home...I mean there's nothing that you can't be concerned about.

Nevertheless, the best ways to avoid emotional problems for first generation Muslim women fell within the following four themes: 1) individual satisfaction, 2) religion, 3) sublimation of feelings, and 4) talking to someone. Within the realm of individual satisfaction, first generation Muslim women mentioned the importance of “putting oneself first,” “making oneself happy,” “caring about oneself,” “feeling comfortable at home,” and “keeping a physical and emotional balance.” They are themes reminiscent of those expressed by first generation Muslim women regarding the roles of a Muslim mother. Perhaps these perceived benefits of individuality have developed as a result of

their life in America. Despite individuality being important, this group of first generation Muslim women continued to rely on their faith as a way to deal with emotional problems.

Having religion in your life definitely gives you guidance and focus...and puts you in the right step of things...gets you started and...like you start things with your right foot...because religiously that's supposed to be something...like saying Bismillah²⁷ in front of everything you say or do...that's kind of a reminder there...and your morning prayer...so having religion...I think may aid it or help it...but I don't think that there is any way to stay away from emotional problems.

Sublimation of feelings included actions such as “cleaning the house,” “exercising,” “screaming out loud,” and “talking yourself out of the problem.” Upon implementing these activities, first generation women reported feeling “much more relaxed,” and “self-confident” about themselves.

Talking to someone was by far the most important method in avoiding emotional problems. Again, the emphasis was placed upon the concept of “joining” in that the person needed to feel respected and understood. First generation women did mention that the “someone” may be a therapist; however, two factors needed to be present. First, the problem needed to be labeled as indeed a “problem.” For example, if one didn't label his/her experience as a “problem,” then there would be no need to “avoid it” or seek subsequent help for that matter. Second, seeking help from a therapist was dependent on the prior experience that one had with the therapist, or with the psychological community

²⁷ “Bismillah” means “I begin with the name of Allah.” It is a shorter form of “Bismillah ir Rehaman ir Raheem”...meaning “I begin with the name of Allah...the most beneficent...the most merciful.”

in general.

Problems in Muslim Communities.

Regarding the problems heard about in the Muslim communities, first generation Muslim women unanimously gave answers that fell within the broad category of “inter-generational communication problems.” They made it known that “parents did not listen to their children, rather they reacted,” “children want to understand the reasons behind specific behavior,” and they complained about having “differing gender role expectations.”

A lot of the problems are the peer pressures that children face...issues of parents not knowing how to respond to it and wanting to...but taking the wrong methods of doing it...by not listening and just condemning things rather than explaining...which is really important because all we really want to know is...most of us know that it's wrong...we want to understand why it's wrong...I think that parents are expecting others to do their jobs...and a lot of parents are there for their children...but it's embarrassing to discuss certain issues...they don't touch it...like you can hear them say “back home we don't discuss that...we just know it's wrong”...but we're not back home any more...and if you don't discuss it with kids...they are going to hear it through tv...through school...through other friends...and they may be given misleading information...I don't think that many can go to their mom and say “I like this guy and he likes me...and I am having these feelings” and then have their mom say “well that's natural...but the important thing you need to know is...what our restrictions are...what our guidelines are”...the same with a guy...guy's hormones start raging and they need to know what's going on...they need to know that they are not just some weirdo...like they need to know how to deal with it...nobody wants to deal with these issues...or talk about them...parents are embarrassed...they think...oh they'll probably learn it from the mosque...they'll just know...and I think that is a big problem...nobody wants to deal with it...and then the community as a whole tries to hide things...you're either like shunned because something bad happened...or looked down upon very severely and like...another major thing that's bad is when something bad does happen...no one is there to pick up the pieces...the community should

support one another...instead they put them out as an outcast...no don't associate with that person because that's what you're going to look like...even if you're just trying to help.

Another scenario illustrating the problem of intergenerational communication is presented with this next first generation Muslim woman's voice:

I feel sorry for a lot of the youth who are trying to survive in this society...and their parents suddenly freak out on them...and get really really strict on them...and I've seen that...I mean even my parents did that with me...but I've seen it with others...like one little thing will tick them off and they will go... "Oh my God, my kid is getting lost within American society"...and they go to the extreme...to a sudden 180 degree change to ultra ultra conservatism...and the kid is sitting there going "uh...wait a minute...what happened?" and then all these privileges are taken away...that's happened to me...but I've also seen others...and I see it more with girls...I see it way more with girls...because the reputation of the family depends upon the virtuousness of the daughter...and nobody can deny that. If the guy goes astray and messes up...they will get mad at him...but they will forgive him. If the girl goes astray and messes up...the whole family is ruined...because the parents didn't know how to raise the kids right...and she's a slut...and the whole family isn't religious...it's just a disaster...and I haven't figured that out yet...I don't know why...because I think it should be both ways...if a guy messes up...it's the same thing.

First generation Muslim women were frustrated with their perceived unavailability of appropriate avenues to seek help. Many reported that they and their parents were unable to "relate" to each other, therefore leaving them inaccessible for specific help. Furthermore, when somebody fell into trouble, they resented the "labeling," distancing," and lack of support from the community.

First generation women acknowledged that "raising children" presented a significant problem in Muslim communities. They recognized that children showed an increasing

lack of respect toward their parents and that parents experienced a lack of maintaining control over their family.

The existence of marital difficulties was another broad category of “problems in the Muslim communities” revealed by first generation Muslim women.

You hear about wives that leave their husbands more than husbands leaving their wives...I mean at least that is what I have heard...umm...because they fall in love with someone else...because they have had unhappy marriages for a really long time...umm ... problems ...unhappy marriages...loveless marriages...they fight alot...umm...and yet can't leave the relationship...because they have no means of self support...umm...also men who marry for the second time after having been left by their wives or widowed or whatever...or men who marry like women who are like 25 years or younger...I think there is a good number of unhappy wives...most of them are older...to me it resembles the whole thing the U.S. had in the 50's...you know especially when they are cooped up at home...and they don't have enough to do...and they really don't have a whole sense of identity...or they are only accepted as “begum²⁸” so and so.

Dialogue regarding the existence of marital problems triggered many first generation women to report the presence of “emotional abuse,” as well as “male exploitation of power.” Furthermore, they reflected the impression that Muslim women were generally not supportive of one another.

Another thing I worry about is just how much abuse there is...emotional abuse within families...I just wonder how many of those Muslim men treat their women badly...only because there are a lot of things in the Quran that are very very controversial and very sensitive...and if the guy really wants to...he could really use it...I mean the whole thing of men having control over women...the whole thing of “I am the chief of the house therefore my way goes,” and they forget the condition that there must be some democracy...and that the woman's position is vitally important...not vitally important in that...yeah make sure you feed the kids and put them to bed...but important in decision making...and that

²⁸ Begum is an urdu word meaning “Mrs.” It is usually seen as a sign of respect and dignity.

whole second class citizen thing within the family...and it's scary because the women don't have much to go on as far as complaining...because the first thing that the husband and men in general lash out is that "oh you're just a bad wife...you're not loyal...and how could you do that to him"...you know "he wants the best for you"...there's always that excuse "he wants the best for you and the family...he's just looking out for you...you just stop thinking...you just obey"... and it's emotional abuse...it's psychological abuse...I mean who knows how much physical abuse is out there...but at least you can identify that...but the emotional abuse...I mean there is really not that much on the woman's side these days...I mean all the Imams are men...also the boards on the mosques are men...the speakers that come on Friday prayers are men...it's really hard to go and say something...they're men and you can't help it...like if it were all women...it would be biased toward women...it's natural...it's natural...you can't help it...if you're female you are going to have the perspective from the conditioning of a female...the problem is that there are not that many women that you can go to who can go and talk to these men and tell them... "wait a minute you don't know this perspective"... and they'll have a lot more empathy toward those women who are going through psychological abuse...and that's like when you see those speakers like when we went to that "challenges Muslim women face" seminar... that was a chance that we could sit there and complain and everyone on that panel had compassion and empathy...and they knew what we were going through...even if they hadn't experienced it themselves...and I can guarantee that their replies to us were a lot different than if they were all men...that's just something that worries me and I wish that we could get more women up there.

Options for Seeking Help.

In response to the options for seeking help, first generation Muslim women stated that it was "problem dependent." Although they distinguished between problems of low, moderate, and high severity, they lacked further description. They emphasized "talking with someone" but again were relatively unclear as to any further specifics. However, first generation women stressed the importance of "having trust," "feeling comfortable with," and "feeling understood by" whomever they chose to talk with. More

significantly, they spoke of the need for a person having “internal readiness” to talk to someone. This meant that the person recognized the problem him or herself and subsequently sought help. They were not being forced by any third party.

In general, first generation Muslim women expressed pessimism concerning options for seeking help. Contextualizing this pessimism, these women echoed that “there was not much available.” They stated that they would probably not go to a psychologist or mental health professional because of a “lack of cultural and religious understanding,” and also would not go to an Imam (religious leader) due to a “lack of understanding.” Nonetheless, first generation women did not completely disregard their options. They identified having “other Muslim girls as girlfriends” and a “Muslim woman advisor, or a counselor, who was from their same age group and cultural background” as persons they could potentially talk with.

Furthermore, first generation Muslim women sadly reflected upon the fact that by immigrating to the U.S., their parents had lost their family support system, a well-institutionalized help-seeking option when they were back home. Perhaps as a result of this loss, first generation women mentioned the creation of indigenous support groups. The following first generation woman explains the necessity of such groups, specifically for her parent’s generation, given that seeking help from a therapist is an unlikely option for them:

Well...I don't think that options really exist...or have been formalized... "jub saray biveeyan ek kathay hotay²⁹" ...it's almost like a support group...and that's like an informal way of communicating and getting it out...and I suppose that for those who belong to the older generation...that's probably the only way that they could ever think of...because the concept of sitting in a therapist's office and talking to them is foreign...it's totally foreign...it's something that is unthinkable...I mean you go to a doctor when you are sick...and there is no such concept of being mentally ill...you know...and if you are...you should be on drugs...in restraints...or something...you don't go see a therapist...you just don't ...and if you do...then something must seriously be wrong with you...and then you have the school of thought that says it is a sign of self-indulgence...and others think it is because you are bored and you have nothing else to do...which is not the case...but there is no concrete way of remedying this situation...I'm sure you notice how totally unthinkable it is to go to a psychologist.

Fear of community backlash was a paramount threat. In a variety of ways, this theme clearly affected the identified options for seeking help. For example:

There is some women's group...but the problem is that because our cultures are very gossipy...especially in the Middle-East...a lot of women just choose not to talk because of the consequences...unless you have a really good friend...the consequences of going to a woman's group is that they're probably going to talk about you in the end...and that's just more disgrace...and so I'm just going to keep the problems within me...so that's a sad fact...but it's true...but I really don't think that there are that many outlets...like back home the outlets were with family...they had sisters, brothers, aunts and uncles...they had people to go to.

In answering the following question: "If you thought you were having an emotional problem, who would be your first choice to seek advice from?" first generation Muslim women unanimously chose a "close friend." However, conditions existed in that the friend should know what the person was going through, be able to relate to the cultural

²⁹ This is an Urdu phrase translated as "you know...when all the wives get together."

and religious background, and not make a judgment.

Moreover, first generation Muslim women spoke about going to an elder within the community whom they respected and trusted. Usually it was a friend of their parents whom they respectfully, affectionately, and culturally referred to as an “aunty” or “uncle.”

Some first generation women felt that although they might not initially seek help from their parents, their involvement was inevitable. They accepted the idea that their parents would be the ultimate advice givers at some point; however for some, this incited anxiety. Seeking help from their parents depended both upon the “nature of the problem” and the “cause of the problem.” Some believed that “nothing should be hidden from parents” as they reflected upon their open and positive relationship with them. Others believed that for the most part, “parents were the cause of their problems,” therefore making them inaccessible for seeking help. Perhaps the quality of the relationship, and the level of understanding between the child and parent were two variables accounting for these diverse attitudes.

On a similar wavelength of inquiry, I asked first generation Muslim women what they might recommend if a good friend asked their advice about an emotional problem. The overwhelming initial response was that it “depended on the situation.” They would talk to the person and “assess the situation.” If they felt they were familiar with the

person's problem, they themselves would proceed in providing help. Again, the concept of "joining" was strongly emphasized.

I wouldn't talk to her right then and there...I would first let her feel more comfortable with me first...and then I would listen to her...and I would condole in her...I would say...I wouldn't say that she is wrong...and I wouldn't say that she needs help...first of all...I would help her get through her emotional problem...and let her cry it out...and let her talk as much as she can with me first...then...I would slowly and slowly tell her...I can't snatch her away from something like that...I don't think that is right.

In response to her meaning of "snatch her away," she explained:

By this...I mean telling her immediately that that is not the way she should be doing things...you should do it this way...each individual is different... and each individual's idea is different...I cannot give my ideas...that's how I think...and that is the level that I am on...I don't know how far she is gone in her life...and I cannot give her my views or advice...what I would ask is how she wants to be...and the way she wants to live, "How do you want to live...how do you want to be? How do you perceive the world? How do want people to think of you?" Then I would help her according to her...and that's hard...because I guess you got to put yourself into her shoes...you cannot give advice...you cannot do that.

First generation Muslim women did not completely dismiss the idea of seeking help from the Imam (religious leader); however, it depended upon the situation and the problem. They introduced the idea of seeking help from the Imam as a "procedural" step in conjunction with other modes of help-seeking. It further emphasizes the importance of "joining."

If it was a religious person...maybe I would take him to the Imam...I think the Imam is definitely there for guidance...but I don't think that anyone could just really open up to him and you know...at least initially...maybe if it's serious...and then later on like a fifth or sixth step...then if you wanted to...but I don't think initially...I think they would get scared off right away...because

immediately if they did something wrong...I guess it all just depends on the circumstances...like if it was a dependency...like alcohol...or drugs... something sexual like dating...and this is all assuming it has to do with religion...it could be a friend that is not into that...who is just needing some guidance...and eventually the Imam could be involved...who could be like showing them the religion and getting them on the right path.

First generation Muslim women did suggest seeking professional help, however, only if no one else was available. Moreover, if someone was diagnosed with an “identified” problem such “obesity” or “low self-confidence,” then professional help was recommended.

Role of Counselor, Psychologist, and Psychiatrist.

The concept of “professional help” was repeated time and again by first generation Muslim women. Further exploring their ideas became important. In answering, “what comes to mind when I say the word counselor?” they unanimously reported that counselors were people who “listened” and “advised.” Furthermore, they equated the role of a counselor to that of a friend and therefore logically deduced that in all practical senses, they themselves were “counselors.”

In response to the role of a psychologist, their answers fell within the following five broad themes: 1) more serious than a counselor, 2) does extensive research, 3) engages in objectivity/neutrality, 4) is loving, caring, and understanding, and 5) has the ability to diagnose.

In general, first generation Muslim women expressed skepticism toward the role of a psychologist claiming that the majority of them lacked culturally relevant information.

Moreover, they acknowledged that perhaps they were hanging on to "cultural stigma," especially in regard to making sure that the psychologist was indeed a "doctor." Having an M. D. or a Ph.D. was a prerequisite for "having faith" and "trust" in the professional:

I have to admit...and I'm saying this only because (hesitates)...this is a lot of cultural background...but I'm really not that optimistic about the whole concept of counselor...and I'm sure you probably deal with this...I trust a psychiatrist...I look at them as doctors...as medical doctors...a counselor...I'm kinda like...well why pay the money...just find a good friend...because the way I look at it is that they are just going to keep talking to you...and I know that's very biased...I know that's ignorance based...it has a lot to do with culture from my parents definitely...there's a major taboo...it's kind of like a waste of time maybe...I don't know that much about psychologists...I suppose if you had a Ph.D. and you had gone all the way...I admit...if you only had a bachelors in Psychology...you always have that stigma of being limited in what you are going to say.

Another first generation woman echoes her Muslim sister's voice:

To me...the old part of me would say...oh like back home...they believe you know you've got to be cuckoo to be speaking to a psychiatrist or psychologist...and you'd have to be really desperate...and you definitely would not share that piece of information with anybody if you go to seek professional help...because it's a stereotype...to me I believe that they do provide help...especially nowadays...because they can sometimes find the source of the problem...and sometimes it's physical and it's not mental...they can ...if it's mental...they can simplify it to where you might think it is something really horrible...and a psychologist will explain to you that it's not as bad as that...the source of it is this...and it's quite explainable and understandable...but the difference between a psychologist and a counselor to me would be...I would have more faith in a doctor of course.

The following first generation woman expresses her views regarding the inevitability of a cultural lack of knowledge. Her ideas likely emerge through interaction with the

dominant culture. Furthermore, she challenges the multicultural qualifications of the mental health professional.

If I needed to seek help...the only thing that would bother me is the background...if I were to go and talk to a Caucasian male...I know that boy wouldn't be able to understand anything...he'd probably be like...list three or four things that I need to do...he'd be like just stop doing that... and there are so many forces coming at us as Muslim women that can't just be dropped... because a lot of my American friends say "just stop doing this" ...like I can't just stop doing it...like they say "just stop talking to your family...they're just creating problems for you...leave them alone" ...I can't do that (emphatically) you don't do that...you know what I mean...or somebody else will be like "You take your religion too much...you shouldn't be so religious" ...you can't do that...so that would bother me...but if it was a professional...I would place more focus upon how exposed are you to what I am going through...now do you know what it's like to have parents from a completely different world while you were raised here...have you ever been to another country...do you have any kind of cultural sensitivity...the things that to you that are completely just stupid...baseless...or like...why do these people do that...can you still not be prejudiced against them and understand well they obviously have a reason for it because they keep doing it.

Perhaps confirming her Muslim sister's voice, this first generation woman declares her dissatisfaction with her therapist's lack of cultural relevance:

I was in therapy for five years...as a child...when I was eleven years old...I was molested...and I told my mom and she did not know how to handle it...but at that point I was smart enough to go tell my high school counselor and I was in therapy for five years...not just for that...but for being a Muslim in America (laughs)...a Muslim woman in America and having to deal with all the ramifications and problems with that...I found...it was helpful...I'm not saying that it wasn't...in lots of ways...it did make me feel better...just to...once a week or once a month...be narcissistic...and sit there and talk about myself...and have someone listen to me...it was nice...but on the other hand...I really did not feel a connection with my therapist...she was a white American...and a lot of the time...I felt that she was not listening to me...she really had no clue as to what I was talking about...and if she did...I just didn't feel like that she knew or understood me...and if she did give me any advice...it

was like out of a textbook...related to my situation...she gave me advice basically to rebel against my parents...to...not directly...but you know... “You come first”...just American individuality...I guess...you come first...you should think about yourself...and then there was one point that I was going away to college and I stopped seeing her...and she told me “put your culture on the side and find out who you are” (laughs)...and that’s when I realized that...you really have no clue...do you?

The next first generation Muslim woman attempts to clarify her views on the importance in identifying and defining a problem. Once again, skepticism is ever-present in regard to seeking help from a psychologist:

Raising kids in America within an Islamic context is a problem...but I’m the one who’s saying that these are problems...not them. They [those who are trying to raise their kids in America within an Islamic context] don’t see those as problems...that’s just the way they are...they are not questioning what they are doing or saying. I’m saying that...that’s just my observation...and I don’t know if they need to seek help for those kind of things. For example...my sister...that’s just the way she is. I don’t think she could go to a psychologist...or someone like that...even if it happens to be one who’s concerned about religion and happens to be a Muslim. I don’t have much faith in them...no offense to you...but you know. I don’t have much faith in therapists and psychologists. She goes and talks to a friend of hers...who’s actually a Muslim woman who is very learned and she’s a scholar...so you know if she has any issues or concerns about bringing up...you know about her children growing up in this country...she goes and talks to her.

In response to the role of a psychiatrist, first generation Muslim women revealed that seeking help from one was a “last resort.” They reported that a psychiatrist was “medication oriented” and that he or she “predominantly dealt with chemical imbalances” and/or other “biological disorders.” They equated seeking help from a psychiatrist with a problem of a severe nature, therefore wishing to avoid any contact with one.

Based upon one's subjective feeling or experience-based knowledge, descriptions of the role of a psychiatrist were diverse. The following voice perhaps represents the former, subjective feeling:

Oh man...drug prescribing doctor...doctor-type...you know...I kind of think psychologists...at least...and counselors have a much warmer feel than psychiatrists...the word psychiatrist sounds like a cold, sterile room...I don't like it.

The next voice perhaps represents the latter, experience-based knowledge:

To me...the difference between a psychiatrist...from what I have understood...is being able to prescribe medicine...a lot of the time...it's the same thing...I don't know...I think a lot of times...people just think that a psychiatrist is just a shrink...someone to jump on a couch and tell your problems to...I think psychiatrists and psychologists need to work very close in hand...I think a lot of times...psychologists do more research...and more understanding would aid the psychiatrist...and where the psychiatrist does not only the clinical...but more of what I have understood with chemical imbalances and the prescription of medicine...it wasn't just sit on the couch and tell me what is wrong...that's what people think is the ideal thing...or the stereotype...and I think the main difference...to me... is the medical aspect of it.

Summarizing this realm of questioning, I asked these first generation women what they thought psychologists could do for people in general. Collectively, their responses fell within the following four themes: 1) being care-takers, 2) research-oriented, 3) acting as a referral source, and 4) administering psychological tests. Although these women were rather vague about the general role of a psychologist, they acknowledged specifics such as "being research oriented" and "administering psychological tests." Given that the majority of these women had had no direct experience with a psychologist, they revealed that they had obtained their information through taking previous university psychology

courses, media exposure, and indirect experience. First generation women who identified media exposure and/or indirect experience as their sources of knowledge revealed a rather pessimistic view of a psychologist. For example, they emphasized issues of sexual misconduct, abuse of power, and cultural mismatch.

Psychologists can also do a number on people...I have heard about psychologists who...you know...how clients fall in love with their therapists...right...I have heard about the reverse...ok...I had a friend whose therapist fell for her...and so she'd play all these little games...like she'd get upset over a perceived lack of attention...oh yeah...so it can go the other way.

Regarding the positive aspects of a psychologist, first generation women aligned the role to that of being a “care-taker” and/or a “friend.” They described a psychologist as having compassion and empathy with the role of helping a person to understand his/her behavior and actions. However, they emphasized the fact that going to a psychologist was not in and of itself a “magic wand solution.” They stressed that all members involved must take an active role in solving their problems. In modern day psychology, this is referred to as a “mutual working alliance.”

Problems Requiring Seeking Professional Psychological Help.

Regarding the type of problem that one would have to have in order to see a psychologist or other mental health professional, first generation Muslim women unanimously stated that it “depended on the person.” They revealed that they would seek help for anything that couldn't be handled by oneself, a friend, or family. Furthermore,

they identified a continuum of problem severity ranging from “family problems” (low severity), “substance abuse”(moderate severity), to “suicidal feelings” (high severity).

Problem severity was uniquely intertwined with cultural and religious variables.

Pre-marital sexuality within an Islamic context was identified as a problem of high severity.

I guess...let's see...if a Muslim girl...to have been with someone before they got married...I guess to me...that would be the worst situation...ok she can't run to her parents...most people can...and who would she talk to...and how will she open up to her parents? ...and how would she deal with it?...now in that case that girl would never want somebody to hear that she went to a psychologist.

Attitude Toward Seeking Help (stigma).

Answering the following question: “If you were advised to see a psychologist, what would your feelings be if someone was to find out?” first generation Muslim women identified a continuum ranging from “stigmatizing” to “being a personal advocate.” The following voice perhaps best illustrates the former:

Oh definitely would not want anybody to find out...yeah...definite Arab mentality on that one...no I wouldn't...possibly with my American friends...probably close friends...I wouldn't really care...only because they probably already know everything that I'm going to talk about...and they'll be like ok you're just going to have somebody else to talk to...and Americans tend to be a lot more open-minded...I would not tell other Arabs...and I don't want to say other Muslims...only because they happen to be Arabs or Eastern...major, major stigma...and I definitely admit that I am under that stigma...and I try not to judge others...but it's an automatic thing you've got of pity and I...I hate pity...and I would say “don't you dare feel pity for me” and that would be the automatic thing that I would do...so I wouldn't say anything.

The next first generation woman's voice illustrates the latter, "being a personal advocate:"

If someone were to find out...I don't think I'd be ashamed of it...because me being the person I am and what I believe...I probably would have sought that help myself...and unless I was in denial...I probably wouldn't want people to know...or feel like I have to justify or explain...but just being the way I am or the way I believe...I wouldn't be embarrassed...I'd be like "yeah I had a problem and I needed some advice and I got it...I needed for someone to put things into perspective." Knowing me...I would probably say something like, "oh yeah, last year I went to see a psychologist because I was dealing with such and such...you know you really should think about that" ...I might even encourage someone by saying "I went to see someone because I was having trouble dealing with..."

Reasons for this diversity in responses may be explained by, among other variables, the amount of one's self-confidence and self-esteem. If a first generation woman openly expressed her positive level of self-confidence, then she also did not concern herself with the possibility of negative stigma.

Moreover, the seriousness of the problem played a significant role in the attitude toward seeking help. A problem of high severity incited more concern over stigma than a problem of low severity.

If I'm comfortable...it's ok for people to know...like if I were really stressed and that's why I go to the psychologist...I think it would be ok if my friends knew...but if it's something else...or if it's something really really personal...then I wouldn't want people to know...I think it depends on the level of how bad is your situation...and even if it's really bad and you realize that it's ok and you have this problem...I guess you'd be able to tell people that you were getting professional help...because you can't solve this problem on your own.

“Labeling” was another important variable affecting one’s attitude toward seeking help. For example, if one labeled a psychiatrist or psychologist as a “medical doctor,” then there appeared to be a more positive attitude toward seeking help:

In general...I would not want to share that I had seen a psychologist... because I know the impact and how people think of you if they know...not everybody understands the comparison of what a doctor is...what like if your stomach was hurting you...your mind is hurting you...your heart is hurting you...and you are going to the doctor to get a cure...I would trust a psychologist or a psychiatrist because they’re professionals...and I know that this will be private between the two of us...I would share everything...if I have a problem...I know that they will need to know details...so I don’t have a problem with sharing information with doctors...just like you have to undress completely in front of a physician.

The following example illustrates another scenario in which the process of “labeling” has affected this first generation women’s process of seeking help. She distinguishes between the role of a “school counselor” and a “real psychologist,” to the point of placing superiority to the role of the latter and associating it to the severity of her identified problem:

I went to see my school counselor...and I said...look I’m really going through a lot of shit here...help me out...and I don’t want to talk to you...because you’re just the school counselor...and I want a real psychologist...(laughs) and she said...ok..

A non-verbal acknowledgment of seeking help was another variable affecting attitude toward seeking help. The belief of “if you don’t verbalize then it didn’t happen,” perhaps alleviated the potential for stigma.

Oh God...umm...it depends on who finds out...if it’s my friends here...I don’t think that I would care...I’d tell... back home though...no ... although the irony is that most of my ethnic community is traumatized by war tragedies...when I

worked at the clinic...where I was getting basically county therapy and they didn't charge me...there was always someone from [my ethnic community] sitting there at the same time...and it was hush hush...you don't talk about it...you don't talk about going to a psychologist...that's just too weird for my community...and I didn't have a problem with not telling people...my parents knew...but they didn't acknowledge it...I told them...I'm going to...every week I would say in the beginning... "I'm going to discuss psychology...because I'm interested in the field."

Exploring the issue of stigma further, I asked these women how they felt about a person who had been a psychiatric patient. Their responses arose from the following three sources: 1) media, 2) family history and/or direct experience, and 3) indirect experience. Those who responded via sources of media emphasized "being cautious," yet qualified it with "being understanding and tolerant." Those who had had a family or direct experience revealed having "great respect for the person for having gone through it." Those with indirect experience responded by saying, "I don't really know" or "that's really hard."

Comparisons Between Immigrant and First Generation Muslim Women

Reasons for Immigration.

Similarities:

Familial aspirations were identified as the predominant reason for immigration with the husband's/father's employment being most significant.

Differences:

Immigrant Muslim women appeared to have some sense of personal choice for immigration, whereas first generation women had none.

Acculturation.

Similarities:

Both immigrant and first generation Muslim women spoke of “cultural information” including one’s language, clothing, eating habits, and adoption of customs. Moreover, both groups appeared to hold an underlying assumption that “being Americanized” was inherently a negative process. Perhaps of more significance, both immigrant and first generation women’s responses to the meaning of being Americanized were related to their respective stage of Racial/Cultural Identity Development.

Regarding their self-descriptions in terms of Americanization, both groups pointed out a distinction between a “general American lifestyle,” and an “American moral system.” Within the realm of “general American lifestyle,” both immigrant and first generation Muslim women admitted having adopted a “hard-working attitude,” “pursuit of one’s goals,” and “minding one’s own business.” Within the realm of “general American lifestyle,” free social mixing of sexes, drinking, drugs, open sex, unlimited freedom for kids, and lack of parental time with kids were mentioned.

Differences:

First generation women spoke more openly regarding their self descriptions of Americanization. In general, their length of descriptions were longer and appeared to be more spontaneous compared to those of immigrant Muslim women. In addition, first

generation women introduced new ideas such as the importance of where one's political alliances lay in terms of Americanization.

Internal conflict regarding self-descriptions of Americanization became apparent for first generation Muslim women. They spoke of the "inevitability of cultural influence." Whereas immigrant Muslim women found it much easier to negotiate their biculturality, first generation Muslim women did not. Both groups revealed the positives and negatives of being Americanized; however, immigrant women were able to maintain a distinction between the two by adopting the positives and shunning the negatives. This was a more difficult task for first generation Muslim women. Not only facing the challenges of being an ethnic and religious minority in the U.S., but also dealing with gender discrimination accentuated with psychological variables associated with adolescence in the U.S., created an underlying sense of internal conflict.

In further complicating matters, first generation Muslim women repeatedly conveyed frustration toward being judged by their "external image." Predominantly, they accused their parent's generation as being guilty of this judgment, however, they revealed that it was also a problem within their own generation. This "external judgment of image" was a phenomenon that appeared so deeply ingrained within first generation Muslim women, leaving them pleading for change. They advocated for sole responsibility in making an internal judgment of their own values and morals.

Religiosity:

Similarities:

In responding to the question of what it meant to be Muslim, both immigrant and first generation Muslim women distinguished between concepts of “ritual” Islam and “spiritual” Islam. Furthermore, religious identity development was a process that could help explain aspects of religiosity for both immigrant and first generation Muslim women. Adherence to either exclusively “ritual” or “spiritual” Islam represents incomplete dimensions of Islamic religiosity. A person with an evolved religious identity, after having gone through a stage of personal contemplation, would be one who has been able to integrate both the ritual and spiritual aspects of Islam.

In response to the question of what it meant to be religious, both groups of women denied the existence of an external standard of religiosity. Rather, they spoke of having a subjective feeling of “internal peace” and personal satisfaction as a measure of one’s religiosity.

Differences:

Although a distinction was made between a ritual and spiritual Islam by both first generation and immigrant Muslim women, first generation women chose a different language of expression: “technical” and “personal,” respectively.

Regarding religious identity development, although the process was similar, perhaps the point of preliminary contemplation was different. For immigrant Muslim women,

rigid adherence to “rituals” perhaps intertwined with respective cultural traditions and lacking any ideological and/or philosophical foundation more likely provoked a contemplation stage. For first generation Muslim women, emphasizing the “spiritual” dimension without the ritual aspects of Islam provoked a subsequent contemplation stage.

First generation women openly discussed the controversy around interpretation of verses in the Quran. They emphasized the existence of a “gray area” and challenged what they perceived as cultural/religious rigidity. They spoke about the influence of the environment on one’s religious practices and insisted on “modernism” in Islam. Perhaps being exposed to some of the positive attributes of life in America including education, freedom of thinking, critiquing, and analyzing allowed first generation women to challenge an unconditional acceptance of ideas.

Many immigrant Muslim women were active in taking care of Mosque-related activities, social events, and fund-raising. They requested acknowledgment of their involvement with community work as a measure of religiosity.

First generation Muslim women introduced the idea of wearing religious artifacts such as jewelry with verses from the Quran inscribed on them as a measure of religiosity. Furthermore, they discussed having both moral and materialistic restraint as measures of religiosity. They emphasized using their internal value system and the concept of “Niyat” or “intention” as the ultimate judge of their behavior. Although talked about by

both immigrant and first generation Muslim women, an external judgment of one's religiosity incited strong resentment for first generation Muslim women.

First generation women demonstrated new terminology in describing religiosity: "religiously oriented," "new practicing Muslim," and "Muslim only by name." (Please see the section on first generation Muslim women and Religiosity for examples of these concepts). Perhaps these terms evolved as a result of their experiences of being Muslim in the U.S.

Gender Role Ideology.

Similarities:

Family, without a doubt, plays a central and paramount role in all Muslim women's lives. This sample, across generations, confirmed this finding. Both generations declared the universal role of all mothers, regardless of culture and/or religion, including care, love, and protection of their children. Moreover, both immigrant and first generation women agreed about the process of role negotiation of Muslim mothers as a result of life in the West. For Muslim daughters, respect and obedience stood out as timeless variables.

Differences:

Although family was paramount and central, differences of opinions existed between immigrant and first generation Muslim women. For example, while immigrant women felt the loss of support from extended family, first generation women revealed frustration

about having them involved in major decisions pertaining to their life in America.

Advice from their nuclear family was the only one that seemed relevant to first generation women.

Given that an extended family structure was an important source of support, the Muslim community assumed the role of extended family for immigrant Muslim women. However, when the community took it upon themselves to “supervise” first generation women’s behavior, this created resentment. First generation Muslim women contemplated and re-negotiated their dependence on family, particularly their reliance on male family members. In contrast, immigrant women continued to emphasize family obligation. Within generational differences existed in the views that first generation women held toward family. Possible reasons for this diversity included one’s relationship toward family members and the connection one felt toward extended family. Geographical and psycho-emotional proximity were also important factors.

Role negotiation for Muslim mothers living in the West was discussed across generations, but was described differently between immigrant and first generation Muslim women. Immigrant women revealed their challenges as a result of having lost proximity with their family of origin and sources of community support. Being significant “teachers,” of both culture and religion incited concern, confusion, and internal conflict. First generation Muslim women intensified their views of role-negotiation by calling for a “role-evolution.” They advocated having “personal space”

and “personal time” for psycho-emotional growth and development, making the argument that if a Muslim mother felt personally satisfied with herself, then she would excel in her role as a mother.

Respect and obedience were timeless variables in conjunction with the role of a Muslim daughter. Nevertheless, life in the West bombarded both generations to re-evaluate their thoughts about these variables. For immigrant Muslim women, it was an emotional journey which traversed both time and geographical boundaries. They reflected upon their experiences as Muslim daughters in which unconditional obedience was demanded from them, and participation in family decision-making was denied. Perhaps years of resentment had harbored an intensity for change. Now as Muslim mothers themselves, it was their opportunity to create change for their Muslim daughters. Nonetheless, this change carried ambivalence and fear as Muslim mothers were confronted with having their daughters demand reasons for their behavior.

Perceived Prejudice.

Similarities:

Both immigrant and first generation women reported the positives and negatives of life as Muslim women in America. Across generations, the positives included freedom, opportunity, and the chance to become religiously stronger. No blatant and/or personal acts of discrimination or prejudice were reported. However, prejudice was experienced via a negative media portrayal of Muslims in general.

Differences:

In response to the question, “Talk about any issue, positive and/or negative that affects you as a Muslim woman living in America,” immigrant Muslim women tended to qualify their responses. Clearly, an underlying assumption existed that life in America should inherently be negative. Perhaps acknowledging the positives was somehow breaking traditional and cultural norms as they were hesitant, if not ambivalent in doing so. Moreover, one’s stage of Racial/Cultural Identity Development played a significant role in the overall positive and negative experiences that immigrant Muslim women had in the U.S.

First generation women emphasized their frustration about being judged by an external image. Being a Muslim female student within academic institutions possibly created the greatest challenge. Interacting with males, particularly non-Muslim males conflicted with their religious norms. Whether it concerned social interaction or physical interaction, first generation women wanted to talk about sexuality. Marriage and family were being seen as interfering with educational aspirations, therefore forcing first generation Muslim women to challenge aspects of their sexual desires. They questioned whether they could act upon their desires, reviewing the consequences of their potential sacrifice if they didn’t. Furthermore, becoming emotionally attached to non-Muslim men raised new challenges for both Muslim mothers and Muslim daughters.

Definition of Emotional and Mental Health.

Similarities:

In describing a mental breakdown, both immigrant and first generation Muslim women gave responses that could be classified as “vague physio-emotional manifestations.” Although lacking precise clarity, both groups spoke about a mental breakdown involving unpredictable behavior. In other words, behavior that was different from a given norm.

Personally offering help to someone whom they thought was having a mental breakdown was the first reaction for both immigrant and first generation Muslim women. In response to what they thought might eventually happen to a person experiencing a mental breakdown, both generations advocated the necessity of talking about and dealing with the problem. From this point forward, the two generations parted their ways.

Differences:

Immigrant women included physical symptoms and facial expressions in their descriptions of a mental breakdown. Moreover, their responses were made either through direct or indirect experiences.

First generation Muslim women described “vague physio-emotional manifestations” of a mental breakdown with a more heightened level of description and emotional intensity than immigrant women. They tended to qualify their responses attempting to assure that they knew more about a mental breakdown than what was depicted through

the media. Furthermore, first generation women distinguished between severe and minor symptoms, including “religious identity confusion” as a severe symptom.

Although personally offering help stood out as a first reaction across generations, first generation Muslim women emphasized the importance of “joining.” This entailed listening to the person, calming the person down, and assessing the situation. In contrast, immigrant women urged involving family and community resources as soon as possible. First generation Muslim women were clearer about assessing the level of seriousness of the problem and delineating steps in resolving the problem. In addition, they emphasized the need for problem resolution once it had been initiated. Immigrant women, although relatively positive about suggesting that someone seek professional help, were ambiguous about specific sources and types of help.

In response to what they thought would eventually happen to the person, immigrant Muslim women were once again ambiguous. In contrast, first generation Muslim women openly spoke of the inevitability of “drastic” results including suicide if the problem was not dealt with. Furthermore, first generation women expressed a general sense of pessimism regarding the fate of a person who was experiencing a mental breakdown, claiming that he/she would never really feel completely “normal” again.

Coping Mechanisms.

Similarities:

Across generations, Muslim women spoke of the importance of talking to someone as a way to avoid emotional problems and concerns.

Differences:

In talking to someone, whereas immigrant women stressed having “trust,” first generation women emphasized the concept of “joining.” Immigrant women appeared more unclear about ways to avoid emotional problems than did first generation women. Nevertheless, the process of “labeling” symptoms of a problem helped in clarifying some of the ambiguity. For example, when immigrant women “labeled” symptoms by giving them a name and specifying them as problems, they typically mentioned talking to either a family member or a friend. When the symptoms were “unlabeled,” they were less clear, however did mention that adherence to religion was a way to avoid emotional problems.

In contrast with immigrant women, first generation women included a therapist as someone that they would talk to. However, this was related to their direct experience with and/or knowledge about therapy. First generation women declared the inevitability of dealing with emotional problems. Therefore, they emphasized the need for individual satisfaction and “emotional comfort” within their homes. Moreover, they suggested a variety of coping mechanisms including exercising, jogging, and “cleaning the house” enabling one to sublimate feelings of anger and frustration.

Problems in Muslim Communities.

Similarities:

Generational issues were the most frequently discussed problem by both immigrant and first generation Muslim women. In particular, raising children in the U.S. created the most problems for immigrant women, and being raised in the U.S. created significant problems for first generation Muslim women.

Both immigrant and first generation Muslim women revealed marital problems as another significant concern. Perhaps intensifying the problem, both generations unanimously spoke of the lack of support as a result of the Muslim community distancing themselves from certain “stigmatizing” problems such as divorce, sexual abuse, and physical abuse.

Differences:

Immigrant Muslim women tended to use general descriptors in communicating the problems of the Muslim communities. Perhaps this was in part due to the cultural language of expression. For example, one immigrant woman described “many people have black hearts which make them busy in doing bad things” as a significant problem within the Arab Muslim community. She was referring to a cultural/religious problem known as “hassad” or “evil eye.” In a Western context, it is perhaps best described as “cursing someone out of jealousy.” Her concern with this problem deterred her interaction within the community.

Immigrant women acknowledged lack of education and lack of experience with certain issues as problems. They mentioned abuse within Muslim communities as a problem, focusing however upon “physical abuse.”

First generation Muslim women accentuated the problems of inter-generational communication. They resented parents for reacting rather than communicating, and neglecting their role as parents. First generation women disclosed problems of “emotional abuse” occurring within Muslim communities, perhaps representing an “acculturated” language of expression. Furthermore, they spoke of male exploitation of power and a non-supportive women’s community as problems.

Options for Seeking Help.

Similarities:

Regarding options for seeking help, both immigrant and first generation Muslim women unanimously stated that “it depended on the problem.” In addition, a general feeling of pessimism coupled with a grave sense of a lack of options traversed generational boundaries. The lack of options was largely due to the belief that Western mental health professionals would not understand cultural variables imperative for treatment. Moreover, both generations disclosed fear and concern of their story “getting out” and subsequently experiencing community backlash. As a result, both immigrant and first generation Muslim women spoke of creating informal indigenous support groups. Nonetheless, fear of community backlash remained significant.

In response to the question: “If you thought you were having an emotional problem, who would be your first choice to seek help from?” once again the statement “it depends” reverberated across generations.

If they thought a friend was having an emotional problem, personally offering help was a shared value and norm by immigrant and first generation Muslim women. In offering help, although both stressed the importance of “having rapport,” first generation women highlighted the notion of “making the person feel comfortable.”

Both immigrant and first generation Muslim women distinguished between “minor” and “major” problems as related to the options for seeking help. Nevertheless, both were relatively ambiguous about further descriptions. If the problem was “minor,” then friends would be the option for help. If the problem was “major,” seeking professional help was recommended. Both immigrant and first generation women revealed, although hesitantly, that professional help would be sought if no one else was available.

Differences:

Seeking help from an Imam, the religious advisor, became a point of contention between immigrant and first generation women. While it was an option for some immigrant women, it was not for some first generation women. Diversity regarding this issue existed within generations and can perhaps be best understood within the context of one’s stage of religious identity development. As immigrant Muslim women emphasized the Masjid as being an important option for seeking help, first generation women refuted

its unquestioned benefits. A lack of contextual understanding for the issues that they were dealing with, and male exploitation of power distanced first generation Muslim women from the Masjid. Nevertheless, first generation women did not reject the virtues of faith and religion. Rather, they pleaded for compassion and understanding, familiar themes in their understanding of Islam. They also spoke of having an “internal readiness” in order to seek any subsequent form of help.

In seeking help for themselves, immigrant Muslim women delineated steps making husbands their first choice and another family member their second. Depending on whether the problem was resolved or not, a religious person became their third choice. Considering the possibility of a non-resolution of their problem incited anxiety for immigrant women. Although they verbalized support for seeking professional help, seeking it in reality would perhaps not happen.

Regarding options for seeking help, “it depends” was the common response given by both generations. However, as a first choice for a friend, immigrant women stated that it was “problem dependent,” while first generation women claimed that it was “situation dependent.” Although both represented aspects of context, perhaps immigrant women were more focused on external sources and first generation women more on internal ones.

Role of Counselor, Psychologist, and Psychiatrist.

Similarities:

Both immigrant and first generation Muslim women revealed that the role of a counselor entailed “someone who listened.” Beyond this, uncertainty prevailed.

No similar themes emerged across generations regarding the role of a psychologist. However, both immigrant and first generation women reported that a psychiatrist was a person who held a medical degree and dealt with medication.

Both immigrant and first generation women revealed a continuum of severity concerning the roles of mental health professionals. A counselor represented low severity, a psychologist represented moderate severity, and a psychiatrist represented high severity. Seeking help from a counselor was less threatening than seeking help from a psychologist. Seeking help from a psychiatrist appeared the most threatening.

Differences:

First generation Muslim women equated the role of a counselor to that of “being a friend,” therefore logically deduced that in all practical senses, they themselves were “counselors.” Perhaps this idea contributed toward placing less worth on the professional role of counselors.

In contrast to first generation women, immigrant Muslim women revealed that a psychologist assumed an “authoritative” role. For example, they would be more active in giving advice and solving the problem. First generation women, however, continued to

assume that a psychologist would be “more like a “friend.” Moreover, first generation women reported knowledge of a psychologist’s ability to diagnose mental illness and perform extensive research. Being exposed to university psychology courses likely influenced this knowledge. In addition, first generation women verbalized having more faith in psychologists holding a Ph.D.

Attitude Toward Seeking Help.

Similarities:

Both immigrant and first generation Muslim women revealed a stigma continuum regarding the attitude toward seeking help. Perhaps differing opinions could be accounted for as a result of one’s stage of racial/cultural identity development. Other moderator variables affecting one’s level of stigma included prior experience, and “situational dependency.” For example, if there was no choice but to seek professional help, stigma was reduced.

Regarding their feelings toward a psychiatric patient, another stigma continuum existed. Nevertheless, both immigrant and first generation women expressed uncertainty, as if never having had the opportunity to think about such a predicament.

Differences:

Immigrant women reported being informed about aspects of confidentiality associated with seeking professional help. This knowledge aided in reducing the fear that someone would find out that they were seeking professional psychological help.

For first generation Muslim women, one's level of self-confidence and self-esteem affected their attitude toward seeking help. The higher the level of one's self-confidence and self-esteem, the more positive the attitude toward seeking help.

Regarding feelings toward a psychiatric patient, immigrant Muslim women's responses ranged from having sympathy to being tolerant. First generation women's responses ranged from having respect to being tolerant. Perhaps "having respect" emerged via first generation women's personal experiences with friends and family.

Focused Group Session

Five first generation and two immigrant Muslim women participated in a focused group session which entailed dialoguing about five case scenarios. Prior to participation, each had completed a quantitative questionnaire packet (Phase I) and had participated in an individual structured interview.

One of the two immigrant Muslim women was Pakistani and the other was Lebanese. Both were married and had children ranging from 4 yrs. to 24 yrs. old. Although educated, holding Bachelors degrees from their country of origin, both women had chosen to stay home to "raise their family." Among the five first generation Muslim women, two were Egyptian, one was Turkish, one was Indian, and one was Pakistani. All were completing their Bachelors degrees in local universities.

The following case scenarios were presented to this group of participants. Respectively, significant themes are reviewed.

Scenario one:

Y. is an eighteen year Muslim girl who was born in the U.S. She is the oldest of two sisters. Her parents immigrated to the U.S. about 20 years ago and remain very traditional and adhere strictly to the religious teachings of Islam. Y. mostly enjoys the company of non-Muslim American friends and does not enjoy cultural get-togethers. She feels that her mother is too strict for her and this limits her personal sense of freedom. Due to the high levels of tension around the home, Y. usually stays away from her mother to avoid confrontation. Y. 's mother feels that Y. is out of control and fears for her moral corruption. Any interaction between Y. and her mother usually ends up in a shouting fight.

Regarding initial reactions to this situation, both immigrant and first generation Muslim women reported misunderstanding and miscommunication between Y. and her mother. One immigrant woman requested that the mother broaden her views by trying to understand what the daughter was going through. Rather than "overreacting," the immigrant woman challenged the mother to use religious behavior rather than cultural behavior as an indicator of her daughter's behavior. First generation women stressed the importance of knowing one's limits, perhaps placing more responsibility on the daughter. Nevertheless, communication was emphasized and is illustrated in the following dialogue between first generation and immigrant women:

Immigrant: Sometimes the girls are just trying to be a part of the society because this is a very real...this is reality...and there is a different culture out there than what they have in their homes...so she's trying to be part of the culture...and not be a misfit in the society...and the mother just thinks that she is losing the daughter.

First Generation: I think it would help if both had a better understanding of each other...I mean like you can't expect the girl to be able to like act in a more cultural way or go to these functions where if her mother has never taught her anything...and she lives in America...how is she expected to know...and be

more cultural...and on the other hand...the mother probably doesn't know enough about the girl's situation...there's a misunderstanding of each other's situation.

Immigrant: The mother needs to broaden her views...she needs to understand what the girl is going through...and she needs to actually see what her daughter is doing...is it against the religion...is she going against the religion...or is she just going against the culture? Because going against the culture is not as bad as going against the religion...that has to be considered and found out first.

First Generation: She should be able to understand the culture more...as she expects her mother to understand what she is going through.

First Generation: They should be able to communicate...to see what each other needs from each other...maybe they are both seeing things from their own perspectives...maybe the daughter does know where to draw the line...and her mom doesn't know that...because they're not on the same wavelength.

First Generation: They should sit down and talk...and discuss openly...I think that would be the best solution.

First Generation: I think many girls want to be able to talk to their moms...and sometimes they don't have that much of an open relationship with the family...and no matter how shocking it is...you should be able to come right out and talk to your parents on an adult level...and they can be sort of at your level and see what you're thinking.

Scenario two:

T. is a 17 year old Muslim girl. She moved to the U.S. when she was four years old, thus she has had most of her schooling in American public schools. Her parents were concerned that she was becoming too friendly with American boys and they feared that she would gain a bad reputation in the Muslim community. Upon graduation, her parents strongly pursued a marriage proposal for her despite her wishes for further university studies. Her parents explained that she would be able to do what she pleases after she is married. T. has lost interest in all activities and feels great pressure in doing as her parents wish for her. Her parents are also concerned whether they are making the right decision for her daughter.

Regarding initial reactions, first generation Muslim women rejected the idea of marriage as a solution, claiming it as “drastic” and leading to future misery. They requested that the parents realize the long term consequences.

First generation: I mean if you force her to get married...and she's not ready...she's going to hate it...and when you don't want to do something and you have to...it's just going to make both their lives miserable...I would be insulted if this was the solution for me...That means that they don't have faith in me...really don't want to see me prosper...I mean I have a lot of guy friends...and I think it is healthy...because I see all the girls who have been restricted from guys...once they hit college...they just go wild...they just want to do whatever they can...but if you gradually...you know you know your own intentions...I mean if your intention is to only be friends with that guy...and you can have a basic relationship with them as friends...I mean I don't think there is anything wrong with it...but a lot of parents...since back home...everything is so family oriented...so usually the guys you talk to back home are your cousins...they are scared that these boys over here...they are only talking to her for one reason and stuff like that...and they get really scared and jump to conclusions.

Moreover, Western cultural influences regarding the concept of marriage emerged. For example, first generation women revealed that, if married, T. would forego her opportunities for a “normal” college experience. Furthermore, they insisted on being well acquainted with their potential fiancée.

First generation Muslim women echoed themes that emerged in their individual interviews. For example, they spoke of the inevitability of interacting with the opposite gender. They reflected upon their likely need in talking with and studying with “guys,” therefore urging the need for learning to handle such situations. One's personal intention, or “Niyat” re-emerged within the context of interacting with the opposite gender.

Moreover, the theme of an “external standard of image” was re-visited placing it as the source of problem, rather than the interaction itself. First generation women advocated their innocence while interacting with the opposite gender. The following dialogue represents immigrant mothers’ response to their claims of purity of heart:

Immigrant: The parents should then know...it may not look like...and also from the background that the parents are coming from...actually the parents need a little education too on this matter...when we grew up...it was a different setting...so we...for us...it is very very...we are uncomfortable in these kinds of situations...because we are not used to it...and also living here...there is a lot of pressure from other Muslim families on the images...so the younger generation needs to understand that...I want the new generation to understand that the parents are also under a lot of pressure from the other families...and from their friends...and also from their own families...like their grandparents...you know...like the girls are living away...so you have to get them married early...so they are acting not only because of the girl...but a lot of other reasons.

Immigrant: From the parent’s point of view...we are getting all our images from television and media...so for us it is...they have painted a picture that all the American boys are bad...and the moment they see a girl...they want to just (laughs) take her away...so that’s where again the communication comes in...because the girls have got to let your moms and families know... “just relax and that nothing is happening” ...and that it’s ok.

Depicted through their voices, perhaps immigrant women’s concerns arise through a combination of inexperience, unfamiliar contexts, and media stereotypes.

Rather than focusing on solutions, these women stayed with the process of the scenario by communicating with each other. In particular, immigrant women wanted to understand T.’s reasons for talking to boys in the first place.

Immigrant: The situation here doesn’t really say that she wants to go out with boys...she just wants to have communication with men...you know like friends...so I don’t know why or how you can solve a problem with something

that is not related to it...she doesn't even want to get married... she wants to talk to boys or communicate with them...I don't think they should punish her for this...I mean I would ask the girl if she wants something more than friendship...you know...just for talking to boys...we take her out and take her back home and marry her...no...because there is nothing wrong Islamically to talking to boys...I don't see this.

This dialogue introduced a religious discussion challenging male-female interaction within Islam. This heated discussion, once again, centered around the topic of “image.” Both immigrant and first generation women revealed that “trust” was not the issue, rather “what other people thought” was more important.

Immigrant: It had become an issue for a while...I remember this...the boys were told not to talk to the girls in the Mosque...and that is why a lot of the parents...including myself...had brought this point up that ...we want our children to be able...the girls and the boys to be able to talk to each other in a very innocent manner...so they learn how to be with each other in their lives...because when we were growing up...we never had that opportunity.

Regarding the dynamics of this dialogue, each participant held a different opinion and spoke at the same time, ending up with no final consensus and/or solution to the Islamic view on male-female interaction. Interruptions and mumbled speech were prevalent, perhaps representing the larger context of how controversial issues are discussed within Muslim communities.

First generation women reflected their opinions revealing their experiences of dealing with this issue:

First generation: You have to be able to talk to anybody...whatever you do and if you have some degree...you are going to have to talk to someone of the opposite gender...and you can't avoid it because you are going to have to...and so you might as well get used to it.

First generation: If they are strong enough in their religion...if they have raised the kid properly...parents can at least feel comfort in it ...knowing that if she is talking to a boy...she knows better...so there must be an obvious reason for it...I guess it is about having more open communication when you're younger...letting them know that that's ok...but then you have those parents that say, "no you can't touch a boy," and everyone knows that when you can't do something...that's exactly what you want to do...and I mean I have so many friends who have literally been brainwashed about guys...and it is so sad...because they are like either "all over guys" or really scared of them. Like when they get married they are not going to know what to do.

Regarding solutions, first generation women suggested that their mothers come and "hang-out" with them at school in order to see what they really are dealing with. They also suggested communicating directly and openly as a means to build trust. Similar to their individual interviews, immigrant women placed the responsibility of this communication in the hands of the parents.

Scenario three:

S. is a 24 year old Muslim girl born and raised in the U.S. F. is a 29 year old Muslim male born and raised overseas in a Muslim country. Through her families' encouragement, S. went overseas and married F. He was from a reputable family and was well educated. In all regards, he appeared to be good mate. In the first year of marriage, things were very tense. S. wanted to continue her education and was ready to make the appropriate accommodations. However, F. was very much against the idea of a Muslim woman being "too educated," for he felt that there was no reason for her to be employed outside the home. They argued on other issues until it became unbearable. Family members suggested that they seek advice from the local Imam. The Imam's advice was that S. should obey her husband in all regards, and that his opinion was the most important. She should protect the family honor and obey his wishes by serving him and making him happy. This advice left S. feeling very guilty, unhappy and unheard. As a result, their marriage became increasingly unsatisfactory.

In observing the dialogue around this scenario, the following two themes consistently emerged: 1) emotionality, and 2) objectivity. Issues of emotionality revolved around understanding the husband's insecurity and the wife's feelings. Issues of objectivity revolved around the necessity of a pre-nuptual agreement in which the wife had stated her wishes.

First generation: I think he is scared that she might become independent...and she might make decisions on her own...and he can't control her anymore...I think it scares him...so she won't be a slave I guess...or listen to what he says...but you know...she can think like an educated woman ...and have her own opinion.

Immigrant: I think if she wanted to have a man that would allow her to continue her education...she should have done that before she married... Islamically... she should have actually written it down and have it signed...allowing her to have a career...education...work...and that's her right...Islamically...she should have known that...and in that context...the Imam is not wrong...if she did not spell it out then her duty is to her house...and that's why he married her with this condition...like she is going to be a housewife...if she didn't want to be this...then she should have spelled this out.

First generation: I guess a solution...what I wanted to say is a pre nuptual agreement...where you put down everything... "I should have the right to do this and that" ...so it won't cause problems in the future...and also she needs to know why he feels so threatened...you know...she needs to know why he is so negative about it...maybe he is just fearing...and maybe just talking to him about his fears.

First generation: Maybe he is worrying about how people might hurt her in the working environment...and she needs to know what does he think...it may be insecurity on his part.

Cultural misunderstanding was another issue discussed by first generation women. Identifying the need for a double source of income was perhaps a reflection of their cultural experiences in America.

First generation: Also back home...people think differently...and if they have never been or lived in America...there is just a whole outlook on how people live there...and the way of life is totally different...you have to take that into consideration too...he doesn't know that back home in America...you have the freedom to work...and a lot of the old...that boy's mom probably didn't work.

First generation: In the U.S...especially there is a need for double income...and before like even 23-30-40 yrs. ago...the male was the breadwinner...and now you notice that there are not that many families where there is only one person who works...most people...both parents work...and they both want to pass that on down to the kids...like she said...if the mother didn't work...or the grandmother didn't work...then they think...look how they were there for me...and how much love I got.

Moreover, first generation Muslim women emphasized pre-marital communication and insisted that these issues should have been carefully discussed before marriage.

First generation: I think that these issues should be addressed when you first get together...when you marry someone...you have to communicate with them to see if you have the same ideas or goals...and ideally you want to say that you are going to spend the rest of your life with that person...and that's the person you will raise your children with...so you need to be on the same level of thinking...and for some people...it may be easier for them to say... "you work after school"... and actually when you get through...it would be more difficult...but that would be something that would come across in the personality during your interaction and conversation with that person...you actually really won't know anything until you are faced with the situation...I think that would come through...to me...that would concern me...I would want to know what he thought about.

Immigrant women suggested bringing in a third person to initiate communication between the couple, similar to the role of a mediator. Perhaps this process is best understood within the context of the Quran. A person from the wife's family as well as one representing the husband's family are asked to engage in a mediation process.

And if ye fear a breach between them (the man and wife), appoint an arbiter from his folk and an arbiter from her folk. If they desire amendment Allah will make them one of mind. Lo! Allah is ever knower, Aware (Sura An-Nisa, 4: 35)³⁰.

Moreover, immigrant women accepted that the wife had the right to work outside the home; nevertheless, maintaining her domestic activities was required. Therefore, her ability in handling both domains became the significant concern. First generation Muslim women reported their concerns of the Muslim community giving too much power to the Imam. Differentiating between the Imam's "personal opinion" and "religious advice," they advocated for the latter as it more likely involved an "unbiased opinion." They desired options and choices and resented personal opinions. Nevertheless, first generation women did not reject the idea of seeking help from an Imam. Rather, they advocated this condition: Both the husband and wife should go together to avoid any one-sided advice.

First generation: I mean to me...I think too many people put too much power in the hands of the Imam because he's not perfect...and no human is perfect...he is so much more knowledgeable...but every situation is different...I mean personally there have been situations where like something has happened and the Imam is asked his opinion...and I personally believe his opinion is wrong...and I think because it is his opinion...he said it...and so it's right...you don't take into consideration everything else. I wouldn't take the opinion as face value from one Imam because who is he to say...this is my life.

In defending the Imam, immigrant women stated that an Imam's role was to offer sound religious advice and not to give his personal opinion.

³⁰ Sura An-Nisa 4: 35 refers to Sura #4, verse # 35 in the Holy Quran.

Immigrant: One important point that is missing...I know the ways they put the case...it is biased against the Imam...Islamically...the man is the head of the family...so when it comes to obeying...when he makes the decision...the whole family should obey...and no Imam will say he will compromise this point...because they always tell us that you have a ship and you have a captain...and when it comes to a decision...the captain has to give the order...and everybody has to obey...and Imams will not back off on this point...the ultimate decision is the man...but in marriage...you have the right to say, "I want to walk out." As long as you want to stay in this marriage...the ultimate decision to save the family or marriage is the man...if you don't like it...you walk out...no compulsion in the marriage...every Imam will tell you to obey in that context...This is the Islamic way...whether they like it or not...every wife will face it.

Immigrant: Can I say something? I went through this...the same thing when we started our life...one income was not enough and I wanted to go and work...because everybody I saw around was working somewhere...and they were bringing home money...I thought well I should do it too...and then my husband decided that "I would like for you to stay home and take care of the kids and home"...because I really think that women working outside the home...the children get neglected and we talked about it and talked about it...finally and reluctantly I decided to stay home...and he said, "we have to give up on certain things because we brought these kids into the world and this is our responsibility" so you make sure to take care of them...and so I stayed home and now when I look back...that was the right decision.

It is important to understand this decision within its broader context of a cultural-religious framework. Marriage is considered a partnership between a husband and wife, each with respective duties.

Immigrant women echoed the importance of a mother raising her children at home in contrast to being employed outside the home, perhaps speaking out of personal experience:

Immigrant: You know also...when my kids were small...I wish I could leave and go out...I wish...because to raise kids and be with them is hard...kids

shouting and spilling...it's very frustrating...if I had a choice to give my responsibility to somebody else and go out and work...it would be easier on me...it is an escape somehow for mothers and a lot of times...who suffers? Because if you try and escape as a mother...there is no way...so when the Imam comes and says this is your responsibility...it is very hard to accept at first...but I have to...because we were raised in families where your family comes first and I had to accept it...although I didn't like it.

In response to the preceding immigrant woman's statement, first generation women initially acknowledged and respected her comment, yet challenged her by stating that the woman in the current scenario did not have any children. The immigrant woman subsequently replied:

Immigrant: Yeah...this is when I talked to the Imam and he said... "she can work...she can go for education...she can do anything," I asked him directly this question...if she doesn't have children or responsibility... then nobody should stop her...as long as she is taking care of her house and her husband.

In observing the dynamics of this case scenario, the focus either centered around the initial lack of a pre-nuptial agreement or the final issue of divorce. No emphasis was placed upon the process of communication and mediation between the husband and wife. Divorce, although permissible and a viable solution, carried negative stigma.

First generation: Everybody looks at your image...and if you get divorced...then everybody will look at you as divorced and in Islam...divorce is a big thing...you get divorced and everybody looks at you ...your image.

First generation: And even if you try to re-marry...that will be something that will be brought up immediately...it's like a mark on you...especially for a woman...it's more accepted if you find out that a man has been previously married.

First generation: I had a friend who had her marriage annulled...I mean she is not divorced...so she was talking to somebody on Eid day (Islamic holiday)...a

boy she knew from her school...and the boy's mother came up to them and said, "don't talk to her...she's divorced" and I mean she got so upset...and I think this would be hard...but if you plan on getting a divorce...make sure that there is a lot of support for you...get counseling...because without that counseling you won't survive.

First generation women complained about how much power was given to the community. Moreover, similar to their individual interviews, they revealed anger toward the community for non-support and distancing themselves from certain situations.

First generation: I do a lot of stuff and people will find out...and they will talk...and I really don't care...it's my life and this is the way I am living it ...my parents have taught me well and I know if I am doing it wrong...I am eventually going to get punished for it...so I know that a lot of people don't have this attitude...and a lot of people...it's sad because I know so many women who are so scared of what the community thinks that they just live in their shells...and they just lie...and it's one lie after another...it's just really sad and that just makes it worse for ...all they do is stay in their house and cry...never social...it's just not healthy for them and that just brings down the whole family.

First generation: I mean the way I look at it right now is...before I do something...if I know something is wrong and I do it...the first thing is I look at it...between me and God...like well this is wrong...I shouldn't be doing it...and if I try to justify it...it is between me and God...God will forgive me or whatever...but the second thing that immediately pops up is what if people find out...what are they going to think of me...and what will they think of my dad...that's so bad...I should be focusing on how I will go to hell for this...but I'm so worried about what will others think of my dad and it's so sad...because like so many friends that have been stripped by the community...I mean you can't even say their names ...like all the moms are like "don't talk about her" I don't want you to talk to her...she's bad...it's just bad...we give so much power to others.

Scenario four:

M. is a 38 year old Muslim female. She came to the U.S. about five years ago. She has one four year old son and one two year old daughter. Her husband spends most of his time outside the home working. She recently describes feeling physically exhausted, she

cries excessively and has trouble falling asleep. Upon going to the medical doctor, her physical exam turned out normal. However, her symptoms continue.

In response to initial reactions, both immigrant and first generation Muslim women reported that M. was likely feeling “bored,” “lonely,” and that she was missing her parents. Across generations, they suggested mobility as a solution in that she “get out and find activities” and have “personal me time.”

Immigrant: I think the first thing she needs to do is learn how to drive...have a car...that got me out of that hole.

First generation: Even if you just want to go to the mosque or a Muslim lady's house...or even just go to a park...to the mall.

Immigrant: When you just go the mall and see other people...you just don't feel so alone if you are there...in Chicago...I used to go to the mall because it was just too cold to go anywhere with the children...and so I would go to the mall and I would feel so secure that I was among people and I didn't feel so lonely...she has to take charge.

Although both immigrant and first generation women emphasized boredom and loneliness, first generation women likely focused on M.'s internal feelings, similar to what they spoke of in their individual interviews regarding the role of a Muslim mother:

First generation: You know...I'm not saying that she's unhappy with her kids...because she loves her kids more than anything...but she just wants so much more out of life...she's tired of the old...like you know...she's sheltered because she has to take care of her kids...and her husband is off doing whatever...and he is free to do whatever...and she is just with the kids at home...that's all...she just needs to get out and have “me” time...she's 38 and her kids are growing up...they are not totally dependent on her anymore...she's bored.

Furthermore, first generation women advocated the role of the husband in providing care and attention to his wife.

First generation: I think it's just moving somewhere new and she has no friends...maybe her husband is too busy working and she is a little neglected and she needs to...she feels like she is losing her identity...I would be like that if I were home with my kids...I would want to go out and do something...maybe she is not used to anything...maybe she doesn't have a car and can't get out...maybe she doesn't have a license and can't drive...she feels like a prisoner...I think the husband is very important in this case because he has to support her a lot...and take her out...because I know so many women like that...they don't have many friends and their husbands are too busy...I have this friend and she never goes out...I mean unless I go over to her house and take her out. ..she never goes out and her husband says, "no I have to study...I have to study" then why did he bring her here.

Despite prompting which entailed highlighting the key words, "physical exhaustion," "crying excessively," and "trouble falling asleep, neither immigrant nor first generation women labeled M.'s experiences as clinical symptoms. In particular, immigrant women focused on the subjective feelings of "loneliness," perhaps relating to their personal histories.

Immigrant: Yes...I had that all...I had all those symptoms.

Immigrant: Yes...I also went through all of this.

In response to the fate of these symptoms, immigrant women responded that with their own solutions, they disappeared:

Immigrant: Oh yes...they just went away...you see we had to make a conscious effort for getting out of it...for falling asleep...I found a small lamp and I would turn it on and read at night...because I could not fall asleep...I could not...this was more in Chicago than over here...the weather kind of helped when I came here because it was warmer and we could go out more...but living in Chicago...we couldn't fall asleep because we had no physical exercise...and

then the depression...when everything was done in the house and the kids were asleep...you immediately start thinking about your mother and other things.

Scenario five:

K. is a 43 year old woman with three young children. Her husband has a reputable social status in the community. You see her at a social party, and she looks very tired. In confidence, she reveals to you that her husband shouts at her frequently and hits her. She fears for herself and her children.

Initial reactions from first generation Muslim women suggested immediately seeking professional help and advising the woman to leave the relationship. They responded within the context of reflecting upon a “cycle of abuse.”

First generation: I would tell her...that if she doesn't care about herself...if she feels she deserves it...I really think she has to talk to someone...be it a friend...but she does need to get counseling...some type of intervention is needed...and studies have shown that it really affects the children...and the daughter in the family is going to develop an attitude that that is the role that she needs to play when she is married...and that is her role as a wife...his son is going to interpret it that that's his behavior that he has to display toward his wife...and even in the long run...even though she may not think it is doing any harm...and it's just in the past...and he loves me for the sake of my kids...and I have to stay with this...and in the long run...it is doing damage to the kids...to me right now...I'm single and not married...but I always think in terms of my kids...because that's who I am leaving behind in this world...so to me...being a good Muslim...I don't want them seeing me...I mean that's your mother...the person you idolize...and the mother has brought you to the world...if I see my mother taking that kind of abuse...which I adore her...What am I supposed to think? That's my role...my mom did it and so am I? And the son will take all what the father did...If she doesn't help herself...then help her kids...talk to anyone.

On perhaps a different spectrum, immigrant women challenged the woman's role in provoking the abuse:

Immigrant: Why does he shout at her? Is she doing something? maybe she cursed him or his family and he hit her...how can you say...no you can't hit her...you never know what she is saying...I'm not trying to blame her...but I have seen some women...my gosh...very strong...very sharp tongues...and they insult and curse...and some men accept this. But if he hits her...he shouldn't hit her...but...she shouldn't go on living like that.

Immigrant: She may think she is not doing anything...but like [the first immigrant woman said] said...she may be doing something that is really pushing him over.

Perhaps aspects of this “blaming the victim” ideology on behalf of immigrant women may be explained by centuries of respective cultural tradition supported through religious misinterpretation. For first generation women, perhaps being well-attuned to the socio-political aspects of domestic violence accounted for their attitudes.

Concerning overall feelings about seeking professional psychological help, the following statement likely reflects a consensus of opinions: “We are ready and yet we are not ready...the community has to accept it...and that is a big concern in a lot of people's minds.” Acknowledging the need and the existence of problems was unanimous, the process of seeking help, uncertain. Community stigma, lack of professional role clarity, and lack of education were all significant themes affecting the attitude toward seeking help. Moreover, suggesting one to seek help and seeking it in reality represented distinct experiences:

I know it would be hard for me to say... “yeah I need counseling”... I mean I can say...yeah you should go get counseling...but to say it to myself...yeah I need it...that's so hard I think for a lot of people.

As a conclusion to the focused group session, participants were asked to talk about specific themes which emerged throughout the structured interviews. For example, the issue of “ritual” and “spiritual” Islam was an important theme. Both immigrant and first generation women denied a theoretical distinction in Islam, but accepted that a practical distinction existed.

First generation: I think it is part of the whole thing...it's not a distinction...you cannot adopt one thing and just drop the other...they are part of one whole Islamic personality. If you have one part that's good...but if you have more, that's better.

Immigrant: I think that the two parts should be together...to make up the whole picture...I think that sometimes people try to make a distinction...and to me that is not right.

First Generation: But I think in reality...it happens a lot...just because a person is praying five times a day...they may not be inner spiritual...like you have to be careful...so like when you make wudu (ablution before prayers)...if you miss washing part of your body...then not only has your wudu gone to waste...but your prayers too...and it's not any point to go through all that trouble.

Challenging the notion of “perfection” in Islam, one immigrant woman interjected:

Immigrant: I don't agree with her on this...because she is asking for perfection which we cannot do it all the time...some are more close to perfection than others...but it's not wasted...if you can get the spiritual part of prayers...and I don't think we are required to be perfect in our wudu all the time...we just do it the best we can.

In observing the process dynamics of this group, both immigrant and first generation women presented their opinions without hesitation, and respected each other. Nevertheless, certain issues were discussed differently within a group context as compared to an individual context. For example, within the group context, a distinction

between ritual and spiritual Islam was not emphasized; rather they were both seen as being part of a whole. I wondered how much of this contributed to the whole issue of an “external standard of judgment.”

Convergence/Integration of Findings: Cross-Method Triangulation

As predicted by the rationale for using a mixed methodology, quantitative data and statistics provided an overview of important information which were supplemented by additional contextual qualitative information.

Although quantitative results revealed no significant difference between immigrant and first generation Muslim women in their attitudes toward seeking professional help, qualitative results provided the following information. Both immigrant and first generation Muslim women revealed a stigma continuum which perhaps could be accounted for as a result of one’s stage of Racial/Cultural Identity Development. Moreover, immigrant women acknowledged aspects of professional confidentiality which aided in reducing the fear of stigma. Regarding first generation Muslim women, one’s level of self-confidence and self-esteem affected their attitude toward seeking help in that the higher one’s level of self-confidence and self-esteem, the more positive one’s attitude toward seeking professional help.

Quantitative results revealed no significant difference between high religious women and low religious women in attitudes toward seeking professional psychological help. Moreover, immigrant and first generation Muslim women did not differ in their

Islamic attitudes and beliefs, in their knowledge of Quran and Hadith, in their Islamic behavior (overall), in their Islamic behavior (within past year), or in their Total Islamic religiosity. Nevertheless, qualitative analysis revealed a plethora of information related to Muslim women's religiosity. For example, religious identity development was a process that helped in explaining aspects of religiosity for both immigrant and first generation Muslim women. For immigrant Muslim women, rigid adherence to "rituals" perhaps intertwined with respective cultural traditions and lacking any ideological and/or philosophical foundation provoked a contemplation stage. For first generation Muslim women, solely emphasizing the "spiritual" dimension provoked a subsequent contemplation stage.

Moreover, both groups of women denied the existence of an external standard of religiosity, giving emphasis to a subjective feeling of "internal peace" and personal satisfaction as a measure of one's religiosity. Perhaps these findings challenge the use of a quantitative measure of Islamic religiosity by acknowledging its lack of qualitative, contextual information.

Although quantitative results suggested no significant difference in the attitude toward seeking help between low religious and high religious women, qualitative findings showed that women who had perhaps reached an "integrative awareness" stage in their religious identity development had a more positive attitude toward seeking help.

Quantitative results did, however, reveal a significant difference between level of acculturation and attitude toward seeking professional psychological help. High acculturated Muslim women had a more positive attitude toward seeking professional psychological help than low acculturated Muslim women.

Qualitative results supported that Muslim women who described themselves positively as being “Americanized” were more likely to seek help if they needed it. Moreover, both immigrant and first generation women’s responses to the meaning of being Americanized were related to their respective stage of Racial/Cultural Identity Development.

Perhaps of greater significance was the quantitative finding that the amount of Perceived Prejudice was strongly related to the attitude toward seeking professional psychological help. Perceived Prejudice is one of three subscales that make up the Total AIRS (acculturation) score. Muslim women who had a low level of Perceived Prejudice had a more positive attitude toward seeking help than those who had a high level of Perceived Prejudice. In addition, a quantitative t-test revealed that first generation Muslim women expressed a lower level of Perceived Prejudice than immigrant Muslim women. Qualitative analysis revealed that one’s stage of Racial/Cultural Identity Development played a significant role in the amount of perceived prejudice that one experienced.

By implementing multiple regression procedures, analysis revealed that neither religiosity, Total acculturation, the subscale of Acculturation, Language Usage, nor generational status significantly predicted attitude toward seeking professional psychological help. However, the amount of Perceived Prejudice did significantly predict attitude toward seeking professional help. Furthermore, correlational analysis supported that the lower the amount of perceived prejudice, the more positive the attitude toward seeking professional psychological help.

Quantitative findings revealed the greater the amount of Perceived Prejudice, the lower the amount of English Language Usage, the lower the Acculturation, the greater the knowledge of Quran and Hadith, the higher the level of Islamic behavior overall and within the past year, and the higher the level of religiosity.

Qualitative analysis supported findings that less acculturated Muslim women perceived a greater amount of prejudice. In particular, those perhaps in a Resistance/Immersion stage of Racial/Cultural Identity Development perceived the greatest amount of prejudice. In addition, Muslim women isolating themselves from American society fearing moral corruption also tended to perceive a high level of prejudice. They are usually orthodox in their religious beliefs.

Regarding the Attitude Toward Seeking Help scale (ATSPPH), Fischer and Turner (1970), qualitative exploration revealed that Muslim women had difficulty relating to some of the terminology used in this measure. For example, the following terms “mental

breakdown,” “overnight clinic,” and “avoiding emotional problems” incited confusion in explaining their meaning.

CHAPTER VI

DISCUSSION

In introducing this section, addressing the qualitative research questions in a standard format is important. Although answered in one way or another throughout the text of this study, presenting a concise summary of each makes sense.

Answering the Qualitative Research Questions.

1) How does reason for immigration play a role in help-seeking behavior for immigrant Muslim women?

Three major categories of immigration were identified in this study: 1) personal choice, 2) natural birth, and 3) political refugees. More than the process of immigration itself, how each impacted the acculturation process played a more significant role in help-seeking behavior. For example, those who immigrated through personal choice reported an easier adjustment “acculturative” process, creating a more positive attitude toward seeking help. In contrast, political refugees reported feeling isolated and “marginalized,” making acculturation much more difficult. Being forced to flee from their countries of origin incited both relief and anger in coming to the U.S. Moreover, being channeled into the mental health community as a result of war trauma familiarized them with professional psychological help. Nevertheless, most remained unsatisfied with this help primarily due to the lack of cultural understanding. Muslim women born in the U.S.,

although acculturated, reported not having any choice of being here. Their attitude toward help-seeking behavior largely depended on the stage of Racial/Cultural Identity Development, self-esteem, knowledge about professional psychological help, and prior experience with professional psychological help.

2) How does perceived level of prejudice play a role in help-seeking behavior for Muslim women?

Racial/Cultural Identity Development (Atkinson, Morten, & Sue, 1989) played a significant role in the amount of perceived prejudice for Muslim women. For example, immigrant Muslim women who positively negotiated their identity within American culture (integrative awareness stage) stressed their positive experiences and reported minimal perceived prejudice. Likewise, rather than directly affecting help-seeking behavior, perceived prejudice affected help-seeking behavior via the level of acculturation.

This finding is of particular interest given that quantitative findings strongly confirm that perceived prejudice affects attitude toward seeking help. For example, the greater the perceived prejudice, the more negative the attitude toward seeking help; the less the perceived prejudice, the more positive the attitude toward seeking help. Qualitative analysis, however, revealed no blatant individual acts of discrimination being reported by either immigrant or first generation Muslim women. Rather the statement, “talk about any issue positive and/or negative that affects you as Muslim women in America” incited

Muslim women to reveal the positives and negatives of their life in general, rather evenly. Although immigrant women spoke of being the target of negative media, it was not emphasized.

The Perceived Prejudice subscale of the quantitative AIRS measure consisted of 20 items including minority person's experiences of stereotypes, discrimination, social isolation, and the belief that their physical appearance, national dress, customs, religion, national history, and values are discounted by Americans. Items include: "I find that when I am with a group of Americans, the Americans almost always talk to each other and ignore me," "No matter how adjusted to American ways I may be, I will be seen as a "foreigner" by Americans," and "Americans think that I come from a country that has strange, primitive customs." These questions appear to be more direct in tapping into perceived prejudice in contrast to the qualitative question.

Racism does affect the psychological well-being for Muslim women, as well as acting as a deterrent for seeking help (Bowes & Domokos, 1993; Hoodfar, 1993). Islam and Muslims are engulfed within a political reputation that hammers against their personal identities. This study strongly confirmed that the amount of perceived prejudice affected help-seeking behavior for Muslim women. In attempting to understand why in the qualitative exploration, neither immigrant nor first generation Muslim women revealed blatant acts of prejudice and/or discrimination, placing it within a context may provide insight. Muslims are generally bombarded by subtle prejudice at a group/media

level, rather than on an individual level. In particular, the prejudice emerges through political ideologies clearly stereotyping Muslims as being “impulsive,” and terrorists.

“Jihad in America,” aired November 21, 1994 on PBS (Public Broadcast System) was a clear example of media politics in America. The documentary claimed that Muslims in America were here to make “jihad” and change the face of America, having global connections with terrorist and extremist organizations. It created suspicion of Muslims among many Americans watching. As Khan (1995) stated:

Without shouting aggressive slogans, without invoking the power of the Almighty, without making emotionally charged polemics and without screaming a holy war against Muslims, the documentary effectively accomplished all of the above listed goals (p. 17).

Media politics against Muslims continues. Most recently, these racist statements were reported via a radio station in Washington, D. C., following the tragic shooting of an innocent tourist at the Empire State Building. They called Palestinians “animals” adding that “these people have not lost their tails yet.” They said, “They [Palestinians] should be watched, possibly deported.” “We don’t need gun control, we need Palestinian control.” Perhaps we should look at legislation to outlaw Islam” (February 24, 1997, broadcast, WGY radio, 810 AM). It is a scenario that is re-visited time and again, holding entire ethnic and/or religious communities accountable for the actions of individuals, in this case one mentally disturbed individual.

3) How does acculturation play a differential role in help-seeking behavior for first generation Muslim women and immigrant Muslim women?

Both immigrant and first generation Muslim women spoke of their respective experiences of acculturation in a manner strikingly similar to the stages of Racial/Cultural Identity Development (Atkinson, Morten, & Sue, 1989). Concerning help-seeking behavior, both revealed a stigma continuum which appeared to parallel one's stage of Racial/Cultural Identity Development. Nevertheless, a key question regarding help-seeking behavior must be considered: Does help-seeking behavior mean seeking help from Western professionals, within community professionals, or religious advisors? One's stage of Racial/Cultural Identity Development will affect subsequent help-seeking behavior. For example, a person in a "conformity" stage may feel much more comfortable seeking help from a Western professional and a person in a resistance immersion stage may be more comfortable with someone from the community.

4) How does religiosity play a differential role in help-seeking behavior for first generation Muslim women and immigrant Muslim women?

Muslim women differed in their attitudes toward religiosity based upon their respective religious identity development. Rather than playing a differential role in help-seeking behavior for immigrant and first generation women, religiosity played the following role. Women, regardless of generational status, who strictly adhered to the "ritual" aspects of religiosity felt that seeking help from the Masjid or a religious leader

was the only way for Muslims facing trouble to get help. Those who emphasized the spiritual dimension of Islam without paying attention to the rituals held a more positive attitude toward seeking help from mental health professionals.

When it comes down to help-seeking behavior in general, this sample of Muslim women remained rather ambiguous about the role of mental health professionals. Overall, they expressed hesitation and ambivalence in seeking outside help from anyone other than family or friends. Nevertheless, they emphasized having trust in the person, “joining,” and feeling understood. Therefore, it makes sense that a person of high religiosity would seek help from a religious leader. However, initially imposing this on all Muslims becomes controversial.

5) How does stigma play a differential role in help-seeking behavior for first generation Muslim women and immigrant Muslim women?

Both immigrant and first generation Muslim women revealed a stigma continuum regarding the attitude toward seeking help. Moreover, both immigrant and first generation women revealed a continuum of severity concerning the roles of mental health professionals. A counselor represented a person who predominantly dealt with problems of low severity, a psychologist represented a person who dealt with problems of moderate severity, and a psychiatrist was a person who predominantly dealt with problems of high severity. Seeking help from a counselor was less threatening than seeking help from a psychologist. Seeking help from a psychiatrist appeared the most threatening. In

addition, the stigma associated with seeking help from a counselor was the least, from a psychologist was more, and from a psychiatrist was the greatest. Thinking about the nature of this stigma, it appears to be connected with the paramount emphasis on “image” and concern that the community would find out. If the nature of the problem were severe enough to seek help from a psychiatrist, this likely meant that the person was “really sick” and would not likely recover to a “normal” situation. Furthermore, given the collective nature of Muslim community, a person suffering from mental illness affects the entire family system, therefore making the avoidance of stigma a priority.

6) Are psychological symptoms described differently and/or communicated differently by first generation Muslim women and immigrant Muslim women; if so, how?

In describing a mental breakdown, both immigrant and first generation Muslim women gave responses classified as “vague physio-emotional manifestations.” Immigrant women included physical symptoms and facial expressions in describing a mental breakdown. First generation women tended to qualify their responses by attempting to reassure the researcher that they knew more about a mental breakdown than what was depicted through the media. Furthermore, first generation women distinguished between severe and minor symptoms, including “religious identity confusion” as a severe symptom. This is a significant and yet disconcerting finding. First generation women including examples of “religious identity development” as being severe means that they are likely dealing with intense levels of internal confusion and conflict in practicing Islam

in America. What their parents have taught them about religion and culture and what they experience as youths in America appear to create two diametrically opposite worlds. Addressing the conflict, educating one about Islamic behavior, and understanding the young Muslim's growth and development in conjunction with each other is imperative.

Although personally offering help stood out as a first reaction to psychological distress across generations, first generation Muslim women emphasized the importance of "joining." This entailed listening to the person, calming the person down, and assessing the situation. In contrast, immigrant women urged involving family and community resources as soon as possible. First generation Muslim women were clearer about assessing the level of seriousness of the problem and delineating steps in resolving the problem.

7) Do different coping mechanisms exist between first generation Muslim women and immigrant Muslim women?

Across generations, Muslim women spoke of the importance of talking to someone as a way to avoid emotional problems and concerns. Immigrant women appeared more unclear about ways to avoid emotional problems as compared to first generation women. Nevertheless, the process of "labeling" symptoms of a problem helped in clarifying some of the ambiguity. For example, when immigrant women "labeled" symptoms by giving them a name and specifying them as a problem (I am depressed, or I am fearful to step out of my house and I don't think it's normal), they typically mentioned talking to either

a family member or a friend. When the symptoms were “unlabeled,” (I just don’t feel very happy about my life) they were less clear, but did mention that adherence to religion was a way to avoid emotional problems.

In contrast with immigrant women, first generation women included a therapist as someone that they would talk to. However, this was related to their direct experience with and/or knowledge about therapy. First generation women declared the inevitability of dealing with emotional problems. Therefore, they emphasized the need for individual satisfaction and “emotional comfort” within their homes. Moreover, they suggested a variety of coping mechanisms including exercising, jogging, and “cleaning the house,” enabling one to sublimate feelings of anger and frustration.

Significance of Findings.

Two themes regarding the dynamics of this Muslim sample of women clearly emerged and remained throughout this paper: 1) emphasis upon external image, and 2) identifying with a collectivist culture (emphasis on community rather than individual). The emphasis on one’s external image came forth in talking about views on “Americanization,” religiosity, gender role ideology, and aspects of help-seeking behavior. For example, immigrant Muslim women argued against the existence of an external standard/measure of religiosity relying upon physical appearance and observed religious behavior. Rather, they believed that one’s religiosity was determined by internal measures and differed according to subjective perceptions. First generation

Muslim women held the same beliefs, however, argued more strongly. In contrast to being judged by an external standard of religiosity, first generation women appealed for an internal standard of religiosity dependent upon the following three themes: one's personal intention or "Niyat," education, and restraint.

For first generation women, emphasis on their external image, i.e., how they looked and acted on the outside, created disturbing and prevalent internal conflict for them. They found themselves having to constantly defend their virtuousness. Having to continually wonder what others thought about you led to a persistent conflict in which one found herself questioning everything from her physical appearance, thought processes and behavior, to self-identity. In particular, this created immense pressure for them in that they identified themselves as being the representatives of their family honor.

Emphasis on external image created intergenerational conflict for first generation women toward their parents. They reported their parents' tendency to associate one's external appearance with being "Americanized," while they themselves emphasized their internal value system. Not only did it play a significant role in maintaining intergenerational conflict, it created within generational differences, often pitting first generation Muslim women against each other.

Regarding the identification with a collectivist culture, community was strongly emphasized as compared to the individual. This theme emerged, in particular, through discussion over family and gender role ideology. However, it emerged in a more subtle

manner in terms of help-seeking behavior. For example, both immigrant and first generation women repeatedly gave responses like “it depends on the person,” or “it depends on the situation” to questions of coping mechanisms, options for seeking help, and attitude toward seeking help. As I thought about the consistent nature of these responses, it appeared that these women spoke through an ever-present connection with a larger context.

Interestingly however, was the finding that first generation Muslim women advocated for the importance of having “personal,” “personal time,” and most important, “personal satisfaction” as a prerequisite for being a better mother, wife and daughter. Although not giving up their emphasis on context, they did not wish to forego an opportunity for individuality.

These two themes appear central in discussing implications for theory and practice in the following sections.

Implications for Theory.

This study confirms much of what previous literature has said regarding Muslims in America. In particular, Muslims experience a major change and disruption in America through the loss of a complete Islamic environment (Nanji, 1993).

Muslims in America are diverse in cultural attitudes, behavior and religiosity, perhaps best illustrated by Haddad and Lummis (1987) in illuminating the presence of five major world views (liberal, conservative, evangelical, neonormative, and Sufis).

This diversity was evident in the present study. I also uncovered similar world views, in particular “liberal,” “conservative,” and “moderate” perspectives. However, an important aspect of world view that emerged in this qualitative exploration was that the judgment of these world views was highly subjective depending upon who was doing the perceiving. Moreover, the study permitted the discovery of religious identity development which allows one to acknowledge the dynamic nature of religiosity. Thus, theoretical categories such as those developed by Haddad and Lummis (1987) are perhaps not as static as first suggested; they shift with each perceiver’s perspective.

Muslim women in America have been forced to confront new cultural/religious contexts often inciting guilt, confusion, and a perceived loss of Muslim identity (Hermansen, 1991). This study confirmed this process as well as furthered understanding. For example, immigrant Muslim women associated the concept of “freedom” with a “double meaning.” On one hand, it represented opportunity and personal confidence. On the other, it represented an invitation for deviance. Similarly, the process of individuation and separation generated dilemmas for immigrant Muslim women. They appreciated privacy and the opportunity to make their own decisions, yet often resented the lack of a support system.

Generational differences between immigrant and first generation Muslim women were significant in this study and confirm previous literature (Hermansen, 1991; Knott & Khokher, 1993). As Knott and Khokher (1993) suggested, this study further explored

aspects of cultural, social, and religious adaptation patterns which provide important information for the future of Islam in the West. For example, first generation Muslim women introduced a new language of expression in describing themselves religiously which perhaps emerged via direct experience of life in America: "I am religiously oriented," "I am a new practicing Muslim," and "I am a Muslim...only by name."

First generation Muslim women also confirmed a phenomenon which can perhaps be best described as the "dual spheres of acculturation." Previously, Muslim women were viewed as struggling between two diametrically opposite worlds, "between two cultures." However, now the trend promotes a "best of both worlds" theme in which these Muslim women are able to draw from both their outside experiences as well as home environment in creating personal integrity (Knott & Khokher, 1993). In this study, first generation Muslim women described the process of acculturating within American society as rather complex. For example, within their home, they adhered to traditional norms and culture which included eating traditional food and wearing traditional dress. In addition, they interacted with their family within a traditional cultural framework. However, when they were on the "outside," they described themselves as being "more liberal," "eating American food," "wearing American clothes," and "speaking their own mind." Internal conflict seemed evident as they questioned whether this was the best way to "fit in," yet maintain their own culture. For many of them, the transition was draining and frustrating; for others, it became a psychologically adaptive mind-set. In particular,

young Muslim women confirmed feeling “schizophrenic” (Hermansen, 1991), while dressing in Western style of clothing in one realm of their life and then in an Islamically conservative way for going to the mosque and other Islamic social interactions.

Literature supports that first generation Muslim women likely differ from their immigrant mothers in how Islamic religiosity and cultural traditions are combined (Knott & Khokher, 1993; Mirza, 1989). First generation Muslim women are returning to the religious scriptures of the Quran for an understanding of their rights as Muslim women. This study supports this notion and further reveals first generation Muslim women insisting on “modernism” within Islam by bringing Islam into the 20th century. Tired of stifling cultural values and frustrated by being judged by external standards, they negotiated new Islamic lifestyles for themselves which would better fit their experiences in America.

Intergenerational conflict was confirmed by both immigrant and first generation Muslim women in this study supporting Hermansen (1991) and Knott and Khokher (1993). In facing immense pressure in assimilating within American culture, the concern lay in how much assimilation would take place and in what realms, similar to that spoken by Nanji (1993) and Nyang (1991). This study revealed that for immigrant Muslim women, perhaps separating their assimilation patterns into positive and negative domains was possible. For first generation Muslim women, this process was much more difficult. In an educational system which promotes self-reliance, independent decision making, and

self-sufficiency, values often contradictory to Muslim family culture, maintaining the Muslim family honor code was difficult.

A significant area of concern was the potential for young Muslim women to become involved with non-Muslim marriages, reiterating concern brought forward by Nanji (1993). It was a significant fear on behalf of immigrant women, leaving first generation Muslim women constantly defending their intentions. Although intergenerational communication was strongly emphasized by both immigrant and first generation Muslim women, it was a difficult and somewhat fearful prospect. Muslim parents acknowledged the need for communicating with and understanding their children's difficulties by engaging in topics of discussion perhaps "taboo" in their respective countries of origin.

Muslim women in this study confirmed that one potential way of avoiding emotional problems was by following the five pillars in Islam (El Azayem & Hedayat-Diba, 1994). However, first generation Muslim women advocated the inevitability of dealing with emotional problems as a result of living in America, therefore urging themselves as well as other Muslims to find new ways of coping. Although not their first choice, immigrant Muslim women reported seeking help from an Imam as a viable option. Nevertheless, first generation Muslim women openly expressed hesitation. Rather, they insisted on aspects of "joining" and "feeling understood," claiming that an Imam usually would not understand the issues that they were dealing with. They did not completely discard

seeking help from an Imam; however, they suggested it as being part of an overall treatment plan.

Hesitation in seeking assistance from Western counselors (Badri, 1989; Nasr, 1995) was confirmed in this study. However, both immigrant and first generation Muslim women's attitudes depended upon their stage of Racial/Cultural Identity Development as well as their respective stage of Religious Identity Development. Clearly, this results in a range of stigma in attitude toward seeking professional psychological help for both immigrant and first generation Muslim women.

In addition, both immigrant and first generation women revealed a continuum of severity regarding the roles of mental health professionals. Counselors were identified as dealing with problems of low severity. Psychologists dealt with problems of moderate severity, and psychiatrists dealt with problems of high severity. Seeking help from a counselor was less threatening than seeking help from a psychologist. Seeking help from a psychiatrist appeared the most threatening. Nevertheless, visiting a psychologist continues to be associated with a high level of stigma. The following is a quote from a first generation Muslim woman incorporated through pre-proposal focus group memos:

We get a sense that you have to be really sick if you are going to see a psychologist. I remember when I was really depressed here and I was confused about my Arab /Muslim culture and identity. My mother said "I am really worried about you...so I am even thinking about taking you to a psychologist. That got me worried because that meant there was really something seriously wrong with me and there was no other option...seeing a psychologist was the final option.

First generation Muslim women placed less worth on the professional role of counselor equating it to that of “being a friend, often referring to themselves as being “counselors.” Moreover, they also reported a psychologist as being more like a “friend.” However, they were often aware of a psychologist’s ability in diagnosing mental illness and performing extensive research. In contrast, immigrant Muslim women identified a psychologist as assuming an “authoritative” role, being more active in advice giving and solving problems.

Incorporating this idea from memos, immigrant Muslim women revealed that it would be difficult for them to describe what was happening to them in English, and that they might prefer using their native language within a larger context. They believed that a Western counselor would not understand what they were trying to explain and in fact reported feeling “stupid” in translating their problems in English. However, they revealed that the nature of the problems would be different for first generation Muslims since they were brought up in this culture. Immigrant women also spoke of not using such terminology as “going to a psychiatrist and psychologist” back home. If someone was feeling bad, they usually went to an internist or to their general doctor who typically prescribed something for them “to calm down.”

The importance of having credentials as a mental health professional was paramount.

Back home and even here, we do not distinguish between a psychologist and psychiatrist, as long as there is the title “Dr.” that precedes the name. This title gives us confidence. Just the word “Dr.” is going to make you feel better. A counselor does not really hold much value.

Furthermore, Arab Muslim women revealed that a direct translation for the word, “psychiatrist” did not exist. Rather, a psychiatrist was referred to as “Doctore al-Nafsani” perhaps best translated as “a doctor of the mind.” Distinctions between a psychiatrist and a psychologist typically did not exist within this cultural context. An interesting paradox noted by this researcher, although not directly stated by participants, was that psychiatrists were seen both as positive (having the best credentials) and negative (you have to be the sickest to see them).

In terms of help-seeking behavior, perhaps it comes down to who has the most power to help. Muslim women revealed that they may go to a psychologist if they think that he/she has the power to help. Moreover, personal referrals would likely influence help seeking behavior among the Muslim community. For example, if someone sought help from a professional and had a positive experience, he or she would recommend seeking help from that same professional, whether Muslim or non-Muslim. This behavior appears to confirm the influence that community has over them.

Another significant theme revealed by Muslim women, in particular immigrant Muslim women, was the concern that American society as well as the American legal system reflects cultural insensitivity to some of their child rearing practices. This was highlighted via discussion around the focused group of case scenarios in this study. In the majority of the cases, immigrant Muslim women revealed that their respective cultural/religious methods of resolving the given problems may be seen as “child abuse”

in the eyes of American society. They felt that living in America forced them to give up some their authority, dignity, and respect as parents. This belief emerged as a result of biased media depicting Muslim parents as “tyrants” demanding honor or death to their children. This negative depiction ties into the effects of perceived prejudice in help-seeking behavior, resulting in a negative attitude toward seeking professional psychological help from Westerners by Muslims.

I see it is like two cultures fighting. Immigrants [Muslims] are not able to express their concerns in their own ways and in their own language. We can only practice our culture within our homes now...and even this is difficult living in America...so it feels like us vs. the outside world. For this very reason, I know that being a very strict parent is important because there is so much here that scares us.

Given the skepticism by Muslims toward “Western” mental health professionals, we turn to culturally relevant techniques of help seeking (i.e., Islamic psychological paradigms). Mohamed (1995) operationally defined psychological abnormality as being a deviation from “fitrah” (one’s innate state as a believer to worship God), and thus the treatment consisted of restoring one to this innate state. However, Mohamed leaves room in his model for incorporating variables of “contemporary reality” with more traditional views on restoring fitrah. After hearing the voices of first generation Muslim women, they perhaps acknowledged Mohamed’s theoretical belief, using their own language of expression. Examples of “contemporary reality,” among other things, included aspects of acculturation, religiosity, and education in the West. More specifically, assessing one’s Racial/Cultural Identity Development and religious identity development is imperative.

Muslims have acculturated and assimilated into American society in varying degrees. Muslim women in this study have told us this by describing their views on the process of “Americanization” and their views on being a Muslim and being religious in America. Their experiences are diverse, in particular, across generations. First generation Muslim women are dealing with issues of a much different nature than their mothers. They are exposed to the peer pressure of being young in American society, the emphasis on educational success, and the ramifications of being exposed to a capitalistic economy. This contemporary reality leaves first generation Muslim women unable to revert to limited, rigid, traditional modes of thinking.

Azhar and Varma (1996) have incorporated religiosity as an important variable for a holistic theory of treatment. They also integrated Western therapeutic techniques by implementing a cognitive-behavioral theoretical methodology. A unique contribution that the researchers made is in acknowledging that the client must be “inherently religious” in order for religious psychotherapy to attain its maximum therapeutic benefits. In modern day Western psychology, this may be seen as “joining” with the client. Azhar and Varma (1996) thus recommended assessing each client for their degree of religiosity, acceptance of cognitive-behavioral approaches, and biological bases of pathology. The authors have clearly distinguished between the psychological and biological spectrum of mental illness, and claiming therapeutic success using religious psychotherapy solely over the former. Furthermore they stressed that preaching and forcing one’s values on a

client is never permitted within the model. This non-dogmatic style is perhaps the greatest strength to this proposed therapeutic methodology.

Implications for Practice.

At present, there is no discipline or practice known as “Islamic counseling,” (Jafari, 1993). I question, however, whether there is a fundamental difference between “Islamic counseling” and “counseling with Muslims.” For example, “Is Islamic psychology the best and/or the only way in offering help to all Muslims in need?” This study suggests that perhaps not. Assessing moderator variables including acculturation, perceived prejudice, and religious identity development are more likely to aid in better understanding and subsequently developing more effective modes of treatment.

This study, among other things, was an attempt to re-awaken the pursuit of seeking knowledge and understanding among Muslims. In doing so, aspects of Islamic religiosity within the context of North America were explored. In particular, the process of religious identity development among Muslim women in America was significant in illustrating the complexity of Islamic religiosity. Moreover, the stages of religious identity development corresponded with the stages of Racial/Cultural Identity Development (Atkinson, Morten, & Sue, 1989). This finding has great significance in terms of working professionally with Muslims in general, and Muslim women, in particular. For example, assessing her stage of religious identity development in conjunction with her Racial/Cultural Identity Development will uncover important variables for subsequent

treatment. Understanding her beliefs, attitudes, and behavior toward religiosity is essential. Research has suggested that a minority individual's reaction to counseling, the counseling process, and to the mental health professional is influenced by his/her cultural identity development (Sue & Sue, 1990). The cultural identity model also accounts for sociopolitical influence in shaping a minority's identity. Perceived prejudice among Muslims exists, and mental health professionals should be sensitive to its effects in a Muslim American's psychological development.

Accurate assessment is critical. Simply making a judgment based on one's physical appearance and external cultural characteristics (dress, language) may not be enough in assessing one's Racial/Cultural Identity or religious identity development, further cautioning against an "external standard of judgment." Being from the same cultural/religious background does not protect one from making an incorrect judgment. The following example illustrates this researcher's stereotypical assumption regarding one of the participants of this study. Given that the participant wore traditional clothes, kept a traditional hairstyle, and spoke predominantly in her native language, I assumed that she would likely be unaware of American cultural norms, less acculturated, more religious, and know less about aspects of help seeking behavior. Surprisingly, she was well attuned to American cultural norms, spoke English well including American cultural jargon, revealed that most of her friends were American, and had a relatively good knowledge of help seeking behavior.

In the following section, I provide examples of three common stages of Racial/Cultural Identity Development in conjunction with religious identity development and give subsequent treatment recommendations. The recommendations are brief, emphasizing the different strategies based upon an initial assessment of both cultural and religious identity development. Keep in mind that for each scenario, seeking any type of professional help is more than likely a last resort. Those seeking help will likely discount the severity of their symptoms, therefore making it necessary for the clinician to acknowledge this. This study has revealed an overall general pessimism toward seeking help from Western professionals with the reason being “lack of cultural sensitivity.” More important, however, is that the dynamics of the counseling process will differ according to the cultural/religious identity of the mental health professional as well as the cultural identity and religious identity development of the client.

Scenario one:

Ms. M. is a 22 year old first generation Muslim American female. Her presenting problems in her words are, “I can’t concentrate on my school work and am feeling very depressed.” She comes into the office wearing baggy jeans, a T-shirt, and a baseball hat. Initial assessment reveals that she is in a “conformity” stage of Racial/Cultural Identity Development. For example, she associates predominantly with the majority group claiming that her own cultural/religious group “gossips too much” and “she can’t relate to most of them.” Regarding religious identity, she divulges that her parents are “strict

practicing Muslims,” yet she herself does not practice the religion, although she believes in God. Regarding her religious identity development, she is likely emphasizing a spiritual dimension lacking the integrated ritual dimension.

First, Ms. M. is likely to prefer a culturally and religiously different clinician than herself as she has distanced herself from her community. A Western counselor should be aware of this realizing that Ms. M. may likely feel a need to seek approval. Working with a culturally/religiously similar clinician may incite feelings of guilt, low self esteem, and anxiety in that Ms. M. is distant from her religion and culture. As first generation Muslim women have advocated in this study, the need for “joining” and feeling understood exists. As a clinician, this is the first stage in creating a therapeutic alliance. You will join her at her conformity stage of cultural identity development and her spiritual stage of religious identity development, remembering that immediately exploring these aspects will be threatening for her. Perhaps focusing on more problem solving approaches rather than exploration of feelings for the initial session will assist in the “joining” process (Sue & Sue, 1990).

Understanding the context of the problem is important. Differentiating between psychological and biological issues is part of the initial assessment process. Contrary to what some Islamic clergy may suggest, immediately focusing on her deviance from both her religion and her culture is not likely to be helpful. Rather, it is likely to have adverse effects in that Ms. M. will feel antagonized and misunderstood because the mental health

professional may symbolize all that Ms. M. is trying to reject. Given that a significant portion of Ms. M.'s presenting problem is likely to be a result of negotiating her cultural and religious identity, the clinician should keep both aspects present in the therapeutic framework. Allowing her to explore this and supporting her through her process is a significant part of the therapeutic process.

Given that a Muslim woman's context including her family and community is paramount, this would be another broad area of inquiry. Bringing her family into the therapeutic process, whether physically or emotionally, is important. Concerning her religiosity, the clinician will eventually talk to her regarding her experience of Islam, both individually and within the context of her family. The therapeutic goal may be to invite her to a contemplation stage in which she is able to think about her individual religiosity eventually moving her to a stage of integrative awareness in both her cultural and religious identity development.

Scenario two:

Ms. F. is a 25 year old first generation Muslim woman. She is in a Dissonance stage of Racial/Cultural Identity Development and a contemplation stage of religious identity development. Her presenting problem is pre-occupation with concerns regarding her identity and self-esteem.

This client will likely best benefit from a mental health professional who is from a similar cultural and religious group who can relay knowledge and personal experience.

More important, however, is that Ms. F. is ready for self-exploration. Helping to move her toward a more integrated stage of cultural and religious identity is the therapeutic goal. To do this, recommending the attendance at social and religious gatherings and providing scholarly religious literature will be helpful.

Scenario three:

Mrs. N. is a 43 year old immigrant Muslim woman. She has three children ranging in ages from 11- 23 years. Her presenting problems in her words are, “I have trouble sleeping at night and I feel nervous and shaky all the time.” Regarding her physical appearance, she observes the Hijab (covers her hair with a scarf outwardly presenting her Muslim identity). As a clinician, you follow the same protocol in assessing whether her symptoms are of a psychological or biological nature. Upon ruling out any biological etiology, you have assessed that she is in a Resistance/ Immersion stage of Racial/Cultural Identity Development and is highly “ritualistic” in her practice of Islam. She has told you that she only associates with her own culture and religion because the majority group is “prejudiced toward Muslims.”

In this case, Mrs. N. will feel more comfortable working with a mental health professional from her own cultural/religious background. “Joining” is just as important in this scenario as it was with the first scenario. This means that you will need to acknowledge the reality of her experience with prejudice. She has revealed that her problems stem from not being happy with living in America and fearing the moral

corruption of her children. Religion is a significant aspect of her identity and therefore emphasizing it is another important aspect of “joining.” In fact, emphasizing it up front is beneficial. Not doing so will leave her feeling skeptical. Moreover, acknowledging her fear of moral corruption is important. In this case, using religious psychotherapy in conjunction with expanding her understanding of her experiences is important. Selecting certain prayers from the Quran and referring to God’s mercy and help has been shown to be therapeutically beneficial (Jafari, 1993; El Azayem & Hedayat-Diba, 1994; Mohamed, 1995; Azhar & Varma, 1996). Advice giving and assuming more of an “authoritative role” in helping the client better relate to her life in America and communicate with her children and family will likely help in moving her to a more integrated dimension of cultural as well as religious identity development.

Other considerations:

In working with Muslims, family context is important. More than likely, the clinician will be working with an entire family system rather than with an individual. The preceding examples were given to highlight aspects of religious and cultural identity development. A similar assessment will be necessary to make in working with the family. We have heard from both immigrant mothers and first generation daughters that intergenerational conflict is the most significant problem affecting Muslim communities. Part of the conflict is likely influenced by differing cultural and religious identity development between parents and children. “Joining” with each member of the family,

addressing the difference, and expanding each members' understanding of their experiences is part of the counseling process.

Regarding seeking help from a within community mental health professional, personal experiences and findings from this study urge me to reveal concern pertaining to issues of confidentiality, professional relationship and protocol, and ethics of dual relationships. Personal referrals combined with the lack of knowledge regarding professional mental health protocol often create awkward situations. A typical scenario takes place in which the mental health professional is requested by a personal acquaintance to make a personal contact with the "client" and the expectation is to "give advice" and "fix the situation." Many times I have been asked to "talk to so and so's daughter because she is in trouble," or to "call her and check up on her every other day." Given the norms of the culture and what I have revealed from this study, these requests make sense. Nevertheless, they go against all that I have learned with my Western training of mental health protocol. I struggle with this dilemma and continue my search in finding a bridge.

This study reveals that before assuming any type of help seeking behavior from the Muslim community, clearly information needs to be provided regarding the role specifics of mental health professionals, issues of confidentiality, and modes of practice. Stigma and the emphasis on "image" and community backlash are significant themes for Muslims affecting help-seeking.

I advocate holding educational seminars in order to disseminate information. The role of mental health in America has been crystallized predominantly through the media creating stereotypical views. Although we may be unable to directly influence the media, providing accurate information perhaps in an educational seminar setting is a priority. This in turn will likely affect the range of stigma associated with seeking help. I recommend including Western mental health professionals in conjunction with Muslim community mental health professionals in disseminating information. Sharing our cultural concerns and learning from their professional experience will aid in constructing the bridge I spoke of earlier.

Implications for Research.

Given the two prominent themes prevalent throughout this study: 1) emphasis upon external image, and 2) identifying with a collectivist culture (emphasis on community rather than individual), I am intrigued as to the combination of these themes and its effect on self-identity, particularly in terms of help-seeking behavior. For example, in most Western cultures, individuality is emphasized and concern over community image is de-emphasized. How has this contributed to help-seeking behavior in America? Isolating these themes as points of inquiry will likely be important in future research.

Expanding upon the process of religious identity development found in this study will be important in capturing further understanding. In addition, standardizing an Islamic religiosity questionnaire is important. Using it in clinical practice may be a way

to gain a quick assessment of one's religiosity. It may help in guiding the clinician in a more focused interview for a more accurate assessment.

Conducting educational seminars and collecting outcome results on them will provide a better understanding of how the Muslim community is both responding to the seminars and accessing mental health services. Given that it remains unclear whether Western modes of treatment are beneficial and/or culturally sensitive in working with Muslims, compiling outcome results using the suggested modes of psychotherapy is important.

Repetitive concern over confidentiality and hesitation in speaking on tape remained throughout the duration of this study. Regarding help-seeking behavior, given the extent that this collectivist Muslim culture places on the community, this fear is not to be taken lightly. Regarding research, I was fortunate in playing the role of both an "insider" and an "outsider." Future non-Muslim researchers may have difficulty in obtaining the depth of information that I obtained; however, finding ways of gaining trust and acknowledging Muslim concerns will assist them.

Limitations of the Study.

Although informative, this study was perhaps too broad. In my enthusiasm, I explored a variety of variables which in and of themselves could be identified as separate studies. My regret is that with this extensive amount of information, focusing on specific help seeking variables was difficult.

This sample of Muslim women represented a rather “elite” section of Muslim women, all being well educated. Moreover, much of the sample represented women of Pakistani origin. Perhaps more educational, socio-economic, and cultural diversity of the sample would have introduced different findings. Nevertheless, access to Muslim women for research has historically been limited making this sample of an elite group my most viable sampling option.

The mixed methodology including quantitative instruments, structured interview and a focused group discussion was an important contribution to this study. Nevertheless, the amount of information revealed was rather overwhelming, making convergence and integration of findings difficult.

Although satisfied with the format of the structured interview, I found myself limited in further exploration. I wondered if I had relinquished some of the spontaneity that may have emerged with a less structured interview. Moreover, none of the questions directly probed into facets of cultural diversity. Many cultures were represented in this study; however, it appeared that no specific cultural differences regarding acculturation, religiosity, gender role ideology, and help-seeking behavior emerged. It may be the lack of directness in probing or it may support literature (Nanji, 1993; Nyang, 1991) that the aspect of being a “Muslim” in America supersedes other cultural differences.

Due to time constraints, I was able to hold only one focused group discussion. First, this was limiting in and of itself. Second, the group make-up was rather uneven. I would have preferred a more even distribution of immigrant and first generation women.

I have realized that researching this population of Muslim women demanded a high level of involvement. For example, I found myself interacting with participants two to three times as a way of building their trust and cooperation. Despite my efforts with involvement, a level of uneasiness in participation was ever-present. I was, after-all, a within-group member representing a potential threat for “community backlash” and stigma.

Throughout the study, I attempted to keep my participants involved. They had opportunities to review their transcripts for accuracy. However, I regret that I was not able to incorporate a more formal process of member checking (Lincoln & Guba, 1985) by having participants review the final findings. This was mostly due to time constraints.

As others have encountered in the process of doing qualitative analysis, I too was overwhelmed with the amount of work and time needed. In future qualitative studies, limiting the number of interviews is suggested.

Closing Comments.

A number of issues emerged throughout this study creating “double-edged swords” for Muslim women. In particular, freedom and independence produced internal conflict by giving them a taste of opportunity never experienced before yet inciting fear and

frustration. Moreover, acculturation to American society created a double edged sword, in particular for immigrant Muslim women. For example, they wished for their children to succeed in American society by making the best of opportunity; however, they feared the loss of their cultural traditions as well as their religious moral training.

The present study has introduced a number of variables important in understanding Muslim women's concerns. I wanted to illuminate these Muslim women's voice in order for the reader to become well acquainted with "non-stereotypical" Muslim women. They think, they feel, they get angry, they are passionate, and most of all, they are unique.

Throughout this study, I struggled with the idea of using Western theoretical models (i.e., Racial/Cultural Identity Development) in analyzing the experiences of Muslim women in America. Was this somehow giving importance to one culture over another? It is a question that I still continue to struggle with. Myself a Muslim, I am sensitive to the feelings of my Muslim brothers and sisters. In writing this study, my goal was to explore and to understand, not to dictate. I am not an Islamic scholar, my professional experience is Counseling Psychology, yet my dedication is toward Islam and Muslims. With the spirit of true Islamic scholarship, I welcome critique.

I have put myself in the "shoes" of my participants having personally been through much of what they have as first generation Muslim daughters. Not only have I illuminated their voices, they have unknowingly acknowledged mine.

REFERENCES

- Abdalati, H. (1977). The family structure in Islam. American trust Publications.
- Abou-Hatab, F.A. (1989). The image of psychology among Omani youth. Journal of the Social Sciences (Kuwait), 17 (3), 19-51.
- Ahmed, L. (1992). Women and gender in Islam. New Haven: Yale University Press.
- Ahmed, R.A. (1992). Psychology in Arab countries. In U.P. Gielen, L.L. Adler, and N.A. Milgam (Ed.), Psychology in international perspective: 50 years of the International Council of Psychologists. Amsterdam: Swets and Zeitlinger.
- Ahmed, B. (1996). Challenges Muslim women face in America. Educational seminar presented by the Muslim Community Center for Health and Human Resources, Dallas, Texas.
- Ahmed, B., Salim, S., & Bakhach, M. (June, 1995). Family problems in the Muslim society. Presentation given at Southern Methodist University for the Muslim Women's Association, Dallas, Texas.
- Alexander, A. , Klein, M., Workneh, F., & Miller, M. (1981). Psychotherapy and the foreign student. Counseling Across Cultures, 227-243.

- Ammar, S., Ledjri, H., Attia, S., Mrad, M., Kammoun, M., Annabi, M., Yourine, B., Asmi, Z., & Jaoua, A. (1981). Profil epidemiologique des etats depressifs. La Tunisie Medicale, 4, 301-306.
- Anzaldua, G. (1990). Making face, making soul - hacidendo caras: Creative and critical perspectives by feminists of color. San Francisco: Aunt Lute Foundation.
- Arebi, S. (1991). Gender anthropology in the Middle-East. The politics of Muslim women's misrepresentation. American Journal of Islamic Social Sciences, 8(1), 99-108.
- Atkinson, D., Morten, , G., & Sue, D.W. (1989). Counseling American minorities: A cross-cultural perspective. Dubuque, IA: W.C. Brown.
- Atkinson, D.R., Morten, , G., & Sue, D.W. (1989). A minority identity development model. In D.R. Atkinson, G. Morten, & D.W. Sue (Eds.), Counseling American minorities: A cross-cultural perspective. Dubuque, IA: W.C. Brown.
- Atkinson, D., Ponterotto, J.G., & Sanchez, A.R. (1984). Attitudes of Vietnamese and Anglo-American students toward counseling. Journal of College Student Personnel, 448-452.
- Attneave, C. (1976). Social networks as the unit of intervention. In P.J. Guerin (Ed.), Family therapy: Theory and practice. New York: Gardner Press.
- Azhar, M. Z. & Varma, S. L. (1996). Religious psychotherapy: A proposed model based on the Malaysian experience. The Journal of the Islamic Medical Association (in press).

Badri, M. B. (1989). *The Dilemma of Muslim Psychologists*. London: MWH London Publishers.

Bakhtiar, L. (1993). God's will be done. Traditional psychoethics and personality paradigm. Chicago, IL: KAZI publications.

Barazangi, N.H. (1991). Parents and youth: perceiving and practicing Islam in North America. In E.H. Waugh, S.M. Abu-Laban & R.B. Qureshi (Ed.), Muslim families in North America. Edmonton, Alberta: The University of Alberta Press.

Berry, J.W., Kim, U., & Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. International Migration Review, 21, 491-511.

Bogdan, R.C., & Biklen, S.K. (1992). Qualitative research in education. Boston, MA: Allyn and Bacon.

Bowes, A.M. & Domokos, T.M. (1993). South Asian women and health services: A study in Glasgow. New Community, 19 (4) 611-626.

Brown, M. & Gilligan, C. (1991). Listening for voice in narratives of relationship. New Directions for Child Development, 54, 43-61.

Brown, L., & Root, M.P.P. (1990) . Diversity and complexity in feminist therapy. Binghamton, NY: Haworth Press.

Budman, C.L., Lipson, J.G., & Meleis, A.I. (1992). The cultural consultant in mental health care. The case of an Arab adolescent. American Journal of Orthopsychiatry, 62, 359-370.

Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees.

(1988). After the Door has been opened. Mental Health Issues affecting immigrants and refugees in Canada. Canada: Health and Welfare.

Chin, J.L. (1994). Psychodynamic approaches. In L. Comas-Diaz and B. Greene (Ed.), Women of color. Integrating ethnic and gender identities in psychotherapy. New York: The Guilford Press.

Comas-Diaz, L. (1992). The future of psychotherapy with ethnic minorities. Psychotherapy, 29, 88-94.

Comas-Diaz, L. & Greene, B. (1994). Women of color. Integrating ethnic and gender identities in psychotherapy. New York: The Guilford Press.

Cooper, J., Kendell, R., Gurland, B., Sharpe, L., Copeland, J., & Simon, R. (1972). Psychiatric diagnosis in New York and London. Maudsley Institute Monographs, #20. London: Oxford University Press.

Cuellar, I., Harris, L.C., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. Hispanic Journal of Behavioral Sciences, 2, 199-217.

Dyal, J.A. & M. Somers. (1987). Acculturative stress and distress among Indo-Canadian women. Paper presented at the first regional North American conference of the International Association for cross cultural psychology, Kingston, Ontario, Canada.

- Ebbin, A.J. , & Blankenship, E.S. (1986). A longitudinal health care study: International vs. domestic students. Journal of American College Health, 34, 177-182.
- El-Azayem, G., Hedayat-Diba, Z. (1994). The psychological aspects of Islam: Basic principles of Islam and their psychological corollary. International Journal for the Psychology of Religion, 4, 41-50.
- El-Islam, M. F. & Abu-Dagga, S.I. (1992). Lay explanations of mental ill health in Kuwait. The International Journal of Social Psychiatry, 38, 150-156.
- Erlandson, D.A., Harris, E.L., Skipper, B.L., & Allen, S.D. (1993). Doing naturalistic inquiry. Newbury Park, CA: Sage Publications.
- Faruqi, E. (1991). Women, Muslim society, and Islam. Indianapolis, IN: American Trust Publications.
- Fischer, E., & Turner, J. (1970). Orientations to seeking help: Development and research utility of an attitude scale. Journal of Consulting and Clinical Psychology, 35, 775-90.
- Fukuhara, M. (1986). The attitude of students towards consultation/counseling. School Psychology International, 7, 76-82.
- Furnham, A., & Sheikh, S. (1993). Gender, generational and social support correlates of mental health in Asian immigrants. The International Journal of Social Psychiatry, 39, 22-33.

Garfield, S. (1994). Handbook of psychotherapy and behavior change. New York: John Wiley & Sons.

Ghaddian, N. (1995). Islamists and women in the Arab world: From reaction to reform? The American Journal of Islamic Social Sciences, 12, 19-35.

Ghuman, P.A.S. (1991). Best or worst of two worlds? A study of Asian adolescents. Educational Research, 33, 121- 132.

Glaser, B.G. (1978). Theoretical sensitivity. Mill Valley, CA: The Sociology press.

Glaser, B.G., & Strauss, A.L. (1967). The discovery of grounded theory. New York: Aldine.

Glick, P.C. (1993). The Impact of geographic mobility on individuals and families. Marriage and Family Review, 19, 31-54.

Goodwin, J. (1994). Price of honor. Muslim women lift the veil of silence on the Islamic world. Boston: Little, Brown & Company.

Haddad, Y.Y. (1985). Islam, women, and revolution in twentieth-century Arab thought. In Y. Haddad and E.B. Findly (Ed.), Women, religion, and social change. Albany: State University of New York Press.

Haddad, Y.Y. (1991). The Muslims of America. New York: Oxford University Press.

Haddad, Y.Y., & Lummis, A.T. (1987). Islamic values in the United States: A comparative study. New York: Oxford university Press.

Hare-Mustin, R.T. (1983). An appraisal of the relationship between women and psychotherapy: 80 years after the case of Dora. American Psychologist, 38, 593-601.

Haines, B.L. (1991). Perspectives of American churches on Islam and the Muslim community in North America: An analysis of some official and unofficial statements. In Y. Haddad (Ed.), The Muslims of America. New York: Oxford University Press.

Haneef, S. (1993). What everyone should know about Islam and Muslims. Chicago: Kazi Publications.

Haque-Khan, A. & Phillips, B. (1997). Intergenerational voices of Pakistani women in the United States: Issues of feminism, acculturation, modernization, and Islam. Under review, Women's Studies International Forum.

Hays, P. & Zouari, J. (1995). Stress, coping, and mental health among rural, village, and urban women in Tunisia. International Journal of Psychology, 30, 69-90.

Hermansen, M.K. (1991). Two way acculturation: Muslim women in America between individual choice (liminality) and community affiliation (communitas). In Y.Y. Haddad (Ed.), The Muslims of America. New York: Oxford University Press.

Hofstede, G. (1980). Culture's consequences: International differences in work-related values. Beverly Hills, CA: Sage Publications.

Hoodfar, H. (1993). The veil in their minds and on our heads: The persistence of colonial images of Muslim women. Resources for Feminist Research, 22, 5-18.

Hycner, R.H. (1985). Some guidelines for the phenomenological analysis of interview data. Human Studies, 8, 279-303.

Ibrahim, F. (1991). Contribution of cultural worldview to generic counseling and development. Journal of Counseling and Development, 70, 13-19.

Ibrahim, A-S. & Ibrahim, R. (1993). Is psychotherapy really needed in nonwestern cultures? The case of Arab countries. Psychological Reports, 72, 881-882.

Islamic Society of North America. (1995). Annual meeting held in Columbus, Ohio. Symposium entitled: Intergenerational communication, sponsored by Muslim Youth of North America (MYNA).

Immigration and Naturalization Service (United States). Statistical Yearbook of the Immigration and Naturalization Service. Washington, D.C: Government Printing Office.

Iverson, R.L. (1995). Latent orientalism. Part 1: The etiology of an ideology. Habibi, 14, 6-10.

Ivey, A. E. (1995). Psychotherapy as liberation. Toward specific skills and strategies in multicultural counseling and therapy. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Ed), Handbook of multicultural counseling. Newbury Park, CA: Sage Publications.

Jafari, M.F. (1993). Counseling values and objectives: A comparison of western and Islamic perspectives. The American Journal of Islamic Social Sciences, 10 (3), 326-339.

Khan, M. (1995). The "Jihad" speak-out. The Message, 17.

Kirmeyer, L.J. (1984). Culture, affect, and somatization. Transcultural Psychiatric Research Review, 21, 159-177.

Kirmeyer, L. (1989). Cultural variations in the response to psychiatric disorders and emotional distress. Social Science Medicine, 29, 327-339.

Kleiner, R.J. & Okeke, B.I. (1991). Advances in field theory: New approaches and methods in cross-cultural research. Journal of Cross Cultural Research, 22, 509-524.

Knott, K., & Khokher, S. (1993). Religious and ethnic identity among young Muslim women in Bradford. New Community, 19 (4), 593-610.

Kurian, G. (1992). Intergenerational issues in South Asian immigrant families with special reference to youth in South Asian Canadians: In R. Ghosh & R. Kanungo (Eds.), South Asian Canadian: Current issues in the politics of culture. India: Shastri Indo-Canadian Institute.

Leighton, A. (1959). My name is legion. New York: Basic Books.

Lewis, S.Y. (1994). Cognitive behavioral therapy. In L. Comas-Diaz and B. Greene (Ed.), Women of color: Integrating ethnic and gender identities in psychotherapy. New York: The Guilford Press.

Lin, T-Y. (1982). Culture and psychiatry: A Chinese perspective. Australian and New Zealand Journal of Psychiatry, 16, 235-245.

Lincoln, Y., and Guba, E. (1985). Naturalistic inquiry. Beverly Hills: Sage Publications.

Lorde, A. (1984). Sister outsider. Freedom, CA: Crossing Press.

Marshall, C., and G.B. Rossman. (1989). Designing qualitative research. Newbury Park: Sage Publications.

Marsella, A. (1993). Sociocultural foundations of psychopathology: An historical overview of concepts, events and pioneers prior to 1970. Transcultural Psychiatric Research Review, 30, 97-142.

Mendoza, R.H. (1989). An empirical scale to measure type and degree of acculturation in Mexican-American adolescents and adults. Journal of Cross-Cultural Psychology, 20, 372-385.

Mirza, K. (1989). The silent cry: Second generation Bradford Muslim women speak. Muslims in Europe, 43, Centre for the study of Islam and Christian-Muslim relations.

Mohamed, Y. (1995). Fitrah and its bearing on the principles of psychology. The American Journal of Islamic Social Sciences, 12, 1-18.

Murphy, C. (1993). Women and the Bible. The Atlantic Monthly, (August). 39-64.

Murphy, J. & Leighton, A. (Eds.) (1965). Approaches to cross cultural psychiatry. Ithaca, New York: Cornell University Press.

Naidoo, J.C. (1992). Mental health of visible ethnic minorities in Canada. Psychology and Developing Societies, 4, 165-186.

Nanji, A.A. (1993). The Muslim family in North America: Continuity and change. In H.P. McAdoo (Ed.), Family ethnicity: Strength in diversity. Newbury Park, CA: Sage Publications.

Nasr, S.H. (1994). A young Muslim's guide to the modern world. Chicago, IL: KAZI Publications.

Nasr, S.H. (April, 1995). Revival of Islamic science and medicine. Symposium conducted at the Fifth International and First American Conference of the International Institute of Islamic Medicine and the Islamic Medical Association, Orlando, Florida.

Nwachuku, U. T., & Ivey, A. E. (1991). Culture-specific counseling: An alternative training model. Journal of Counseling and Development, 70, 106-111.

Nyang, S. S. (1991). Convergence and divergence in an emergent community: A study of challenges facing U.S. Muslims. In Y.Y. Haddad (Eds.), The Muslims of America. New York: Oxford University Press.

Parsons, C., & Wakely, P. (1991). Idioms of distress: Somatic responses to distress in everyday life. Cultural Medical Psychiatry, 15, 111-132.

Patton, M.Q. (1990). Qualitative evaluation and research methods. Newbury Park, CA: Sage publications.

Pedersen, P. (1988). Handbook for developing multicultural awareness. Alexandria, VA: AACD Press.

Pedersen, P.B. (1991). Counseling international students. The Counseling Psychologist, 19 (1), 10-58.

Pearlin, L. (1991). The study of coping. In J. Eckenrode (Ed.), The social context of coping. New York: Plenum Press.

Phillion, R.N. (1995). Experiencing acceptance: The cross-cultural client's experience of psychotherapy. Paper presented at the annual convention of the American Psychological Association, New York, NY, August 14.

Pinderhughes, E. (1994). Foreword. In L. Comas-Diaz & B. Greene (Eds.), Women of color. Integrating ethnic identities in psychotherapy. New York: The Guilford Press.

Ponterotto, J.G. (1988). Racial/Ethnic minority research in the Journal of Counseling Psychology: A content analysis and methodological critique. Journal of Counseling Psychology, 35, 410-418.

Ponterotto, J.G. & Casas, J.M. (1991). Handbook of racial/ethnic minority counseling research. Springfield, IL: Charles C. Thomas.

Rennie, D.L. (1995). Strategic choices in a qualitative approach to psychotherapy research. In L. Hoshmond and J. Martin (Eds.), Research ad praxis: Lessons from programmatic research in therapeutic practice.

Root, M.P. (1985). Guidelines for facilitating therapy with Asian-American clients. Psychotherapy, 22, 349-356.

- Rudestam, K.E. & Newton, R.R. (1992). Surviving your dissertation. A comprehensive guide to content and process. Newbury Park, CA: Sage publications.
- Saadawi, N. (1980). Arab women and western feminism: An interview with Nawal Saadawi. Race and Class, 22 (2), 175-182.
- Said, E. W. (1979). Orientalism. New York: Vintage Books.
- Shafii, M. (1985). Freedom from the self. Sufism, meditation, and psychotherapy. New York: Human Sciences Press, Inc.
- Slotkin, J. (1955). Culture and psychopathology. Journal of Abnormal and Social Psychology, 51, 269-275.
- Smith, A.J., & Siegel, R.F. (1985). Feminist therapy. Redefining power for the powerless. In L.B. Rosewater & L. Walker (Eds.), Handbook of feminist therapy. New York: Springer.
- Smith, P.B., & Bond, M.H. (1993). Social psychology across cultures. Boston: Allyn and Bacon.
- Snyder, J.F., Hill, C.E., & Derksen, T.P. (1972). Why some students do not use university counseling facilities. Journal of Counseling Psychology, 19, 263-268.
- Sodowsky, G.R. & Plake, B.S. (1991). Psychometric properties of the American-International Relations Scale. Educational and Psychological Measurement, 51, 207-216.
- Spradley, J.P. (1980). Participant observation. Fort Worth, TX: Harcourt Brace Jovanovich College Publishers.

Stone, C.L. (1991). Estimate of Muslims living in America. In Y.Y. Haddad (Ed.), the Muslims of America. New York: Oxford University Press.

Stopes-Roe, M. & Cochrane, R. (1991). Support networks of Asian and British families: A comparison between ethnicities and generations. Social Behavior, 5, 71-85.

Strauss, A. (1987). Qualitative analysis for social scientists. New York: Cambridge University Press.

Strauss, A. & Corbin, J. (1990). Basics of qualitative research. Newbury park, CA: Sage Publications.

Sue, D. (1978). World views and counseling. The Personnel and Guidance Journal, 56, 458-462.

Sue, D.W., & Sue, D. (1977). Barriers to effective cross-cultural counseling. Journal of Counseling Psychology, 24, 420-429.

Sue, D.W. & Sue, D. (1990). Counseling the culturally different. New York: Wiley.

Suinn, R.M., Rickard-Figueroa, K., Lew, P., & Vigil, P. (1987). The Suinn-Lew Asian self-identity acculturation scale: An initial report. Educational and Psychological Measurement, 47, 401-407.

Tinsley, H.E.A., Brown, M.T., De St. Aubin, T.M., & Lucek, J. (1984). Relation between expectancies for a helping relationship and tendency to seek help from a campus help provider. Journal of Counseling Psychology, 31(2), 149-160.

- Tucker, J.E. (1993). Arab women. Old boundaries. New frontiers. Indianapolis: Indiana University Press.
- Vaidyanathan, P., & J. Naidoo (1990). Asian Indians in western countries: Cultural identity and the arranged marriage. In R. Bleichrodt & Drenth (Eds.), Contemporary issues in cross-cultural psychology. Amsterdam: Swets & Zeitlinger.
- Wilson, S. (1977). The use of ethnographic techniques in educational research. Review of Educational Research, 47 (1).
- Waugh, E.H., Abu-Laban, S.M., & Qureshi, R.B. (1991). Muslim families in North America. Edmonton, Alberta: The University of Alberta Press.
- Yau, T.Y., Sue, D., & Hayden, D. (1992). Counseling style preference of international students. Journal of Counseling Psychology, 39 (1), 100-104.

APPENDICES

7.

APPENDIX A

Demographic Information Form

Participant Questionnaire

Country of Origin: _____

Age: _____

Ethnic/National identity: _____

Years in the U.S.: _____

Please indicate the choice that best applies to you:

Are You a ?

first generation (American born) Muslim _____

Visiting student _____ Other _____

Muslim immigrant _____ If Muslim immigrant, how many years in U.S. _____

What year did you come to the U.S. _____

Reason for Immigration:

1. _____ Personal choice

3. _____ Political oppression

2. _____ Family obligation

4. _____ Refugee status

If any choice is unclear, please explain: _____

First spoken language in home: _____

Marital Status: 1. _____ Single 2. _____ Married 3. _____ Separated

4. _____ Divorced 5. _____ Widowed

Any children? _____ If yes, how many? _____

Gender and ages? _____

Are you a U.S. citizen? 1. _____ Yes 2. _____ No

If no, Visa status? _____

Do you plan on returning to your country of origin? 1. _____ Yes

2. _____ No

How often do you visit your country of origin? _____

Level of education: Less than High school _____ High school _____

Currently in University _____ Bachelor's _____ Master's _____

Doctorate _____ Doctor of Medicine or MBBS _____

Occupation: _____ Spouses' occupation: _____

Annual Family income: _____

Thank you, your time is very much appreciated. Please continue.

APPENDIX B

Islamic Religiosity Scale (IRS)

SURVEY FOR WOMEN ON ISLAMIC VALUES

I. To what extent do you agree or disagree with each of the following? Circle number of your response

	Agree Strongly	Agree	Feelings Mixed	Disagree	Disagree Strongly
a. It is important to pray five times a day.	1	2	3	4	5
b. Everything in life is determined by Allah.	1	2	3	4	5
c. Mosques are <u>not</u> important for keeping Muslims in the Islamic faith.	1	2	3	4	5
d. It is important that Muslim women wear the Hijab consistently.	1	2	3	4	5
e. Given the nature of Western society, it is permissible for our young Muslim women and men to interact together.	1	2	3	4	5
f. The Shahada is true that "There is only one God and Prophet Mohammed (PBUH) is his last messenger."	1	2	3	4	5
g. Paying and receiving loans is part of American society, and therefore it is permissible for Muslims to give or take out loans.	1	2	3	4	5
h. Fasting during Ramadan is too difficult to do consistently in a non-Muslim environment.	1	2	3	4	5
i. Male and female non-relatives should avoid all interaction because this is likely to lead to deviance.	1	2	3	4	5
j. Only in extreme cases of financial stress should a woman be employed outside the home.	1	2	3	4	5
k. Performing Hajj is obligatory for all Muslims if financially possible.	1	2	3	4	5
i. Islam should be adjusted to fit the reality of American life.	1	2	3	4	5

	Agree Strongly	Agree	Feelings Mixed	Disagree	Disagree Strongly
j. I will perform Hajj as soon as my circumstances allow.	1	2	3	4	5
k. It is the duty of all Muslims to pay Zakat.	1	2	3	4	5
l. Women should be eligible for the presidency of the Mosque/Islamic center or any political office.	1	2	3	4	5
m. Women should not be allowed to go out on the streets unless their arms and hair are covered, and their skirts are well below their knees.	1	2	3	4	5
n. Muslim men should not shake hands with Muslim women who are not relatives.	1	2	3	4	5
o. Drinking alcohol is all right in this society as long as you don't get drunk.	1	2	3	4	5
p. A Muslim should read the Quran at least once a week.	1	2	3	4	5
q. Being a good, kind, decent human being is enough to be considered a good Muslim.	1	2	3	4	5
r. It is of little importance for Muslims to have knowledge in Hadith.	1	2	3	4	5
s. I would rather associate with non-religious persons.	1	2	3	4	5
t. Having a mosque nearby is important to me in choosing a place to live.	1	2	3	4	5
u. Muslim women should only marry Muslim men.	1	2	3	4	5
2. How much knowledge, understanding would you say you have of each of the following:					
	<u>Great</u>	<u>Much</u>	<u>Some</u>	<u>Little</u>	<u>None</u>
a. The Quran	1	2	3	4	5
b. The Hadith	1	2	3	4	5

3. About how often do you do each of the following:					
<u>I do this:</u>	<u>Always</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Seldom</u>	<u>Rarely or Never</u>
a. Pray five times daily	1	2	3	4	5
b. Fast every day during Ramadan	1	2	3	4	5
c. Wear the Hijab in religious gatherings	1	2	3	4	5
d. Wear the Hijab in all settings	1	2	3	4	5
e. Attend the mosque once a week or more	1	2	3	4	5
f. Check labels in the grocery store for pork products	1	2	3	4	5
g. Read a sura of the Quran at least once a week	1	2	3	4	5
h. Eat hamburgers at a fast food restaurant (e.g. Wendys, McDonalds, Burger King) at least once a month	1	2	3	4	5
i. Say the Shahada daily	1	2	3	4	5
j. Buy a lottery ticket or play Bingo	1	2	3	4	5
k. Buy a car, house, appliance or other large item with a regular bank loan	1	2	3	4	5

4. In the past year, on how many different occasions have you done each of the following:

<u>number of times, occasions last year:</u>	<u>Never</u>	<u>once</u>	<u>2-3 times</u>	<u>4-5 times</u>	<u>6+ times</u>
a. Paid Zakat through an institution	0	1	2	3	4
b. Paid Zakat directly to a person(s)	0	1	2	3	4
c. Had a meal with a non-Muslim person person or family (not relatives)	0	1	2	3	4
d. Went to a party or dance where both young men and women were present	0	1	2	3	4
e. Had a glass of wine or beer	0	1	2	3	4
f. Had a whiskey, rum, vodka, gin	0	1	2	3	4
g. Went on a social outing with a man (not a relative) alone	0	1	2	3	4

1. In what year were you born? 19 _____
2. In what country were you born? _____
3. Are you: _____ single _____ widowed _____ divorced _____ married?
4. Do you have children? _____ no _____ yes (If yes, how many? _____)
5. Do you work for income outside the home? _____ no _____ yes
If yes, what kind of work do you do?

6. What is your highest level of schooling? Check one
_____ some high school and/or job training
_____ high school diploma
_____ post high school technical training or some college
_____ 2 year college degree
_____ 4 year college degree
_____ some graduate level courses
_____ masters degree
_____ doctoral degree

Please answer the following questions. If you can express yourself better in your native language, please do so.

- 285

APPENDIX C

American International Relations Survey (AIRS)

Gargi Roysircar Sodowsky, All rights reserved.

Please contact:

Gargi Roysircar Sodowsky, Ph.D.
130 Bancroft Hall
University of Nebraska
Lincoln NE 68588-0345

APPENDIX D

Attitudes Toward Seeking Professional Psychological Help (ATSPPH)

Below are a number of statements pertaining to psychology and mental health issues. Read each statement carefully and indicate your degree of agreement or disagreement. Please express your honest opinion in rating the statement. There are no "wrong" answers, and the only "right" ones are whatever you honestly feel or believe. It is important that you answer every item. (Check appropriate box for each statement.)

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
1) Although there are clinics for people with mental troubles, I would not have much faith in them.	[]	[]	[]	[]
2) If a good friend asked my advice about a mental problem, I might recommend that he see a counselor.	[]	[]	[]	[]
3) I would feel uneasy going to a counselor because of what some people would think.	[]	[]	[]	[]
4) A person with a strong character can get over mental conflicts by himself, and would have little need of a counselor.	[]	[]	[]	[]
5) There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.	[]	[]	[]	[]
6) Considering the time and expense involved in psychotherapy, it would not be very valuable for me.	[]	[]	[]	[]
7) I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	[]	[]	[]	[]
8) I would rather live with certain mental conflicts than go through the difficulty of getting counseling help.	[]	[]	[]	[]
9) Emotional difficulties, like many things, tend to work out by themselves	[]	[]	[]	[]

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
10) There are certain problems which should not be discussed outside of one's immediate family.	[]	[]	[]	[]
11) A person with a serious emotional disturbance would probably feel most secure in a mental hospital.	[]	[]	[]	[]
12) If I believed I was having a mental breakdown, my first inclination would be to get professional help.	[]	[]	[]	[]
13) Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	[]	[]	[]	[]
14) Having been a counseling patient is a blot on a person's life.	[]	[]	[]	[]
15) I would rather be advised by a close friend than by a psychologist, even for an emotional problem.	[]	[]	[]	[]
16) A person with an emotional problem is not likely to solve it alone; he <u>is</u> likely to solve it with professional help.	[]	[]	[]	[]
17) I resent a person — professionally trained or not — who wants to know about my personal conflicts.	[]	[]	[]	[]
18) I would want to get counseling attention if I were worried or upset for a long period of time.	[]	[]	[]	[]
19) The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	[]	[]	[]	[]
20) Having been mentally ill carries with it a burden of shame.	[]	[]	[]	[]

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u> <u>Somewhat</u>	<u>Agree</u> <u>Somewhat</u>	<u>Strongly</u> <u>Agree</u>
21) There are experiences in my life I would not discuss with anyone	[]	[]	[]	[]
22) It is probably best not to know everything about oneself.	[]	[]	[]	[]
23) If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling.	[]	[]	[]	[]
24) There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears <u>without</u> resorting to professional help.	[]	[]	[]	[]
25) At some future time I might want to have psychological counseling.	[]	[]	[]	[]
26) A person should work out his own problems; getting psychological counseling would be a last resort.	[]	[]	[]	[]
27) Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up."	[]	[]	[]	[]
28) If I thought I needed counseling help, I would get it no matter who knew about it.	[]	[]	[]	[]
29) It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.	[]	[]	[]	[]

APPENDIX E
Structured Interview

Semi-structured Interview

Reasons for immigration

How did you decide to come to America?

Acculturation

What does it mean to be Americanized? How would you describe yourself in terms of your ideas of Americanization?

Religiosity

What does it mean to be a Muslim?

What does it mean to be religious? How do you describe yourself religiously?

Gender role ideology

How is family defined for you as a Muslim woman? Describe the role of a Muslim mother? Muslim daughter?

Perceived Prejudice

Talk about any issue, positive and/or negative that affects you as a Muslim woman living in America.

Definitions of emotional/mental health

Describe your idea of someone having a mental breakdown? What would this look like?

What might be your first reaction to this person?

What might happen to this person eventually?

Coping Mechanisms

What is the best way to avoid emotional problems and concerns?

Problems in Muslim communities/ Sources of help

What, if any, are problems that you hear about in the Muslim communities?

Given these problems you have just described, what are the options for a person to seek help?

If you thought you were having an emotional problem, who would be your first choice to seek advice from?

If a good friend asked your advice about an emotional problem, what might you recommend?

Role of psychologist

What comes to mind when I say the word counselor? psychologist? psychiatrist? Describe what you think a psychologist can do for people in general.

Problems Requiring seeking professional psychological help

What type of problem would one have to have in order to see a psychologist, or other mental health professional?

If you were facing such problems, what would you think about going to someone like this?

Attitude toward seeking help (stigma)

If you were advised to see a psychologist, what would your feelings be if someone was to find out?

Describe, if any, a situation that one would benefit from by seeing a psychologist?

What type of person seeks help from a psychologist?

How do you feel about discussing private matters outside the family and to a stranger?

How do you feel about a person who has been a psychiatric patient?

APPENDIX F

Case Scenarios

Case Scenarios:

1) Y. is an eighteen year Muslim girl who was born in the U.S. She is the oldest of two sisters. Her parents immigrated to the U.S. about 20 years ago and remain very traditional and adhere strictly to the religious teachings of Islam. Y. mostly enjoys the company of non-Muslim American friends and does not enjoy cultural get-togethers. She feels that her mother is too strict for her and this limits her personal sense of freedom. Due to the high levels of tension around the home, Y. usually stays away from her mother to avoid confrontation. Y.'s mother feels that Y. is out of control and fears for her moral corruption. Any interaction between Y and her mother usually ends up in a shouting fight.

What is your initial reaction to this situation?

What do you feel is the major issue in this scenario?

How do you feel this tension will be resolved?

If you could suggest help, what would be the first recommendation?

What else?

2) T. is a 17 year old Muslim girl. She moved to the U.S. when she was four years old, thus she has had most of her schooling in American public schools. Her parents were concerned that she was becoming too friendly with American boys and they feared that she would gain a bad reputation in the Muslim community. Upon graduation, her parents strongly pursued a marriage proposal for her despite her wishes for further university studies. Her parents explained that she would be able to do what she pleases after she is married. T. has lost interest in all activities and feels great pressure in doing as her parents wish for her. Her parents are also concerned whether they are making the right decision for her daughter.

What is your reaction to this case?

What do you feel are the major issues in this scenario?

How do you feel this tension will be resolved?

If you could suggest help, what would be the first recommendation?

What else?

3) S. is a 24 year old Muslim girl born and raised in the U.S. F. is a 29 year old Muslim male born and raised overseas in a Muslim country. Through her families' encouragement, S. went overseas and married F. He was from a reputable family and was well educated. In all regards, he appeared to be good mate. In the first year of marriage, things were very tense. S. wanted to continue her education and was ready to make the appropriate accommodations. However, F. was very much against the idea of a Muslim women being "too educated", for he felt that there was no reason for her to

be employed outside the home. They argued on other issues until it became unbearable. Family members suggested that they seek advice from the local Imam. The Imam's advice was that S. should obey her husband in all regards, and that his opinion was the most important. She should protect the family honor and obey his wishes by serving him and making him happy. This advice left S. feeling very guilty, unhappy and unheard. As a result, their marriage became increasingly unsatisfactory.

What is your reaction to this case?

What do you feel are the major issues in this scenario?

How do you feel this tension will be resolved?

If you could suggest help, what would be the first recommendation?

What else?

4)M. is a 38 year old Muslim female. She came to the U.S. about five years ago. She has one four year old son and one 2 year old daughter. Her husband spends most of his time outside the home working. She recently describes feeling physically exhausted, she cries excessively and has trouble falling asleep. Upon going to the medical doctor, her physical exam turned out normal. However, her symptoms continue.

What is your reaction to this case?

What might this woman be experiencing?

What do you suggest as the first source of help? second, or third?

5) K. is a 43 year old woman with three young children. Her husband has a reputable social status in the community. You see her at a social party, and she looks very tired. In confidence, she reveals to you that her husband shouts at her frequently and hits her. She fears for herself and her children.

What is your reaction to this case?

What would you suggest as a source of help?

How would you pursue this issue?

In any of these cases:

What are your views about seeking outside help such situations?

What might this outside help entail?

Any other factors that you would like to add? Or you think that Americans should know about the Muslim community?

APPENDIX G

Informed Consent Form (1)

TEXAS WOMAN'S UNIVERSITY
SUBJECT CONSENT TO PARTICIPATE IN RESEARCH

**Muslim Women's Voices: Generational Differences in the Perceptions of
Professional Psychological Help**

Researcher: Asra Haque-Khan, M.A. (413) 545-0333 (until 6-30-96)
(817) 898-2303 (after 6-30-96)

Research Supervisor: Sally D. Stabb, Ph.D. (817) 898-2149

Dear Participant: Assalam-alaikum.

Thank you for taking the time to participate in this research project.

I am a Ph.D. candidate in Counseling Psychology at Texas Woman's University, Denton, Texas. Currently, I am completing my clinical internship at the Center for Counseling and Academic Development at the University of Massachusetts, Amherst. This study involves research with Muslim women. I am interested in exploring various issues that affect Muslim women in America in order to provide better understanding and subsequent mental health services. In the few studies that have been done with this population, most have been unable to capture the important cultural context needed to make appropriate conclusions.

I am asking for your help in participating in this study by completing the following four self-report questionnaires. It should take you approximately thirty to forty-five minutes to complete the package. All information will be used for research purposes only and data will be kept for five years. Participation is strictly voluntary, and you may withdraw at any given time. Refusal to participate will involve no penalty. By participating in this study, there are no direct benefits except that you will be contributing to the knowledge base of Muslim women which is important for increasing understanding. In particular, your contributions may aid clinicians in providing more appropriate services for this population, as needed.

It should be stressed that all information will be kept strictly confidential. Your signatures will be kept on file, however, signature pages will be removed from the packet before data analysis proceeds. After removal of the signature page, the data will be anonymous and cannot be matched back to your signature page. Data will be kept in a locked filing cabinet and for a maximum of five years, after which it will be destroyed by shredding.

As with most research studies, there are minor risks to participants in terms of improper release of information and in terms of potential discomfort with some interview questions. In regard to the first risk, maintaining confidentiality and anonymity are my highest priority. No identification is necessary for this study. In regard to the second risk, this researcher's professional background and experience as a doctoral candidate in Counseling Psychology may be helpful if such situations should arise. Referrals for counseling services will be made available if requested. University students may be

referred to their respective counseling centers. Also, this researcher has professional contact with local community counseling centers for which non-students may be referred to. In addition, participants will be involved in the review of materials as they are written up. Not only does this allow access to the raw data, but it permits the opportunity to review whether the participant's phenomenology is being accurately reported by the researcher.

If any questions arise in the process of completing the questionnaires, you may contact the researcher, Asra Haque-Khan at the Center for Counseling and Academic Development (413) 545-0333, or after June 30, 1996 at the Department of Psychology and Philosophy, Texas Woman's University, (817) 898-2303.

We will try to prevent any problem that could happen because of this research. Please let us know at once if there is a problem and we will help you. You should understand, however, that TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

If you have any questions about the research or about your rights as a subject, we want you to ask us. Our phone number is at the top of this form. If you have questions later, or if you wish to report a problem, please call us or the Office of Research & Grants Administration at 817-898-3375.

If you agree to participate in this first phase of the study by filling out these questionnaires, please give your consent below:

(signature of participant)

(Date)

I would like to thank you very much for your time and consideration. Your contribution to this study is valued and greatly appreciated.

If you desire a copy of the results, please check the appropriate space and provide an address to where you would like the results to be mailed.

_____ Yes, I would like to receive a copy of the results.

Please mail the results to the following address:

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX H

Informed Consent Form (2)

TEXAS WOMAN'S UNIVERSITY
SUBJECT CONSENT TO PARTICIPATE IN RESEARCH (PHASE II)

Researcher: Asra Haque-Khan, M.A. (413) 545-0333 (until 6-30-96)
(817) 898-2303 (after 6-30-96)
Research Supervisor: Sally D. Stabb, Ph.D. (817) 898-2149

Dear Participant: Thank you for taking the time to continue with this research project.

I am a Ph.D. candidate in Counseling Psychology at Texas Woman's University, Denton, Texas. The purpose of this study is to explore the role that professional psychological help may play with Muslim women in America. I plan to explore the mental health symptoms, current help-seeking, and ideal help-seeking behavior as related to issues of acculturation, religiosity, gender role ideology and generational differences. Previous studies with Muslim women have much too often been quantitative and comparative in nature, therefore limiting understanding and promoting ethnocentric bias. This study will encourage the hearing of a sample of Muslim women's voices from their own context in order to clarify issues, understand specific needs, and provide better service for them.

I am asking for your help in participating in this study by taking part in a structured interview and focused group discussions in which I will be asking you a series of questions about a variety of possible situations that Muslim women living in America may face. Due to the nature of the study and subsequent data analysis, I will need to audio-tape our conversations. If you agree to this, I will need your signature giving consent for audio-taping:

I do hereby consent to the recording of my voice by Asra Haque-Khan, M.A. acting on this date under the authority of Texas Woman's University. I understand that the material recorded today may be available for research purposes of exploring various issues affecting Muslim women. The tapes will be heard only by Asra Haque-Khan and others who are directly involved with the research study. The tapes will be kept for a maximum of five years after which they will be destroyed.

I have been informed that my anonymity will be ensured, and that all information will be kept strictly confidential and for research purposes only. I also retain the right to review the transcription of this interview and focused group discussion and to make any necessary corrections.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman's University.

(signature of participant)

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing this consent form did so freely and with full knowledge and understanding of the contents.

Representative of Texas Woman's University

Date

All information will be used for research purposes only, and data will be stored in a locked filing cabinet. Data will be kept for a maximum of five years, after which it will be destroyed by shredding. Participation is strictly voluntary, and you may withdraw at any given time. You must give written consent in order to participate in this research study and your signatures will be kept on file. It should be stressed that all information will be kept strictly confidential. Refusal to participate will involve no penalty. By participating in this study, there are no direct benefits except that you will be contributing to the knowledge base of Muslim women which is important for increasing understanding. In particular, your contributions may aid clinicians in providing more appropriate services for this population, as needed.

As with most research studies, there are minor risks to participants in terms of improper release of information and in terms of potential discomfort with some interview questions. In regard to the first risk, maintaining confidentiality and anonymity are my highest priority. No identification is necessary for this study. In regard to the second risk, this researcher's professional background and experience as a doctoral candidate in Counseling Psychology may be helpful if such situations should arise. Referrals for counseling services will be made available if requested. University students may be referred to their respective counseling centers. Also, this researcher has professional contact with local community counseling centers for which non-students may be referred to. In addition, participants will be involved in the review of materials as they are written up. Not only does this allow access to the raw data, but it permits the opportunity to review whether the participant's phenomenology is being accurately reported by the researcher.

If any questions arise in the process of participation in the structure interview and/or the focused group discussion, you may contact the researcher, Asra Haque-Khan at the Center for Counseling and Academic Development (413) 545-0333, or after June 30, 1996 at the Department of Psychology and Philosophy, Texas Woman's University, (817) 898-2303.

We will try to prevent any problem that could happen because of this research. Please let us know at once if there is a problem and we will help you. You should understand, however, that TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

If you have any questions about the research or about your rights as a subject, we want you to ask us. Our phone number is at the top of this form. If you have

questions later, or if you wish to report a problem, please call us or the Office of Research & Grants Administration at 817-898-3375.

If you desire a copy of the results, please check the appropriate space and provide an address to where you would like the results to be mailed.

_____ Yes, I would like to receive a copy of the results.

Please mail the results to the following address:

If you agree to participate in this second phase of the study, which involves participation in a structured interview and a focused group discussion, totaling approximately 2 hours, please sign below that you give informed consent:

(signature of participant)

(Date)

I would like to thank you very much for your time and consideration. Your contribution to this study is valued and greatly appreciated.

Sincerely,

Asra Haque-Khan, M.A.

APPENDIX I

Initial Process of Coding (Emergent Themes)

Muslim Women's Voices: Generational Differences in the Perceptions of
Professional Psychological Help

Initial Coding

Immigrant Muslim women

Reasons for immigration

student visa
educational aspirations
following husband (1111)
financially better
leaving a war situation

Beant
categories?

Acculturation

meaning of Americanized

talking about initially having prejudice toward Americans RCID
freedom has a double edge

value it greatly

but when given to a child too early—problems

re-evaluation of own culture and morals RCID

fell back more to religion -rather than culture

re-educated self religiously-distinguishing between religion and culture

when "acculturated" too quickly- felt bad inside RCID

used to copy-but wasn't feeling good RCID

slowly started having friends and got used to it RCID

don't know

first-being lonely RCID

usually associated with negative- but want to recognize positives

different culture

more Westernized

freedom
dress
lifestyle
facilities
cultural relevance
language
interaction

C.R.

personal sense of displacement RCID

discovering self vs. sacrificing self

personal needs/desires vs. Family

self in terms of Americanization

> Sep. vs. ind.

Distinction
between religion
& culture

RCID

Qualifiers

cultural relevance

Separation vs.
Individuation

more freedom
yes
work
independent
more opportunities

no
the unlimited freedom for kids
lack of parental time with kids

Positives

a) hard-working, honest, not interfering in other's matters
being private, freedom of thought
freedom to practice own religion
social attitudes
honest
good neighbors

Negatives

free social mixing of sexes, drinking, morals in general
media, drinking, drugs, open sex

Religiosity

meaning of being Muslim

very hard to put in one word

basically an honest person

anything that is good

does not have to follow all religious rules

not just calling by name- have to practice

not just ritualistic-but have an understanding

submission to Allah

Allah as being a friend

direct communication to God

being a good person (11)

ritual practices vs. spirituality (1111) ✓

re-cycling....ecology..more important - new wave [crunchy/granola].

confusion in self-identification as a Muslim woman

strong faith

theoretical knowledge of Islam (non-practice)

submission

practice according to Quran and Sunnah

Following one's personal belief

distinction between fanatic, moderate, and liberal

meaning of religiosity - but what is that ideal

to strive for that ideal

its your effort and seeking that is appreciated by Allah

some achieve higher and strive higher

variables that affect religiosity

positives Vs. negatives

minority issues

SATURATION

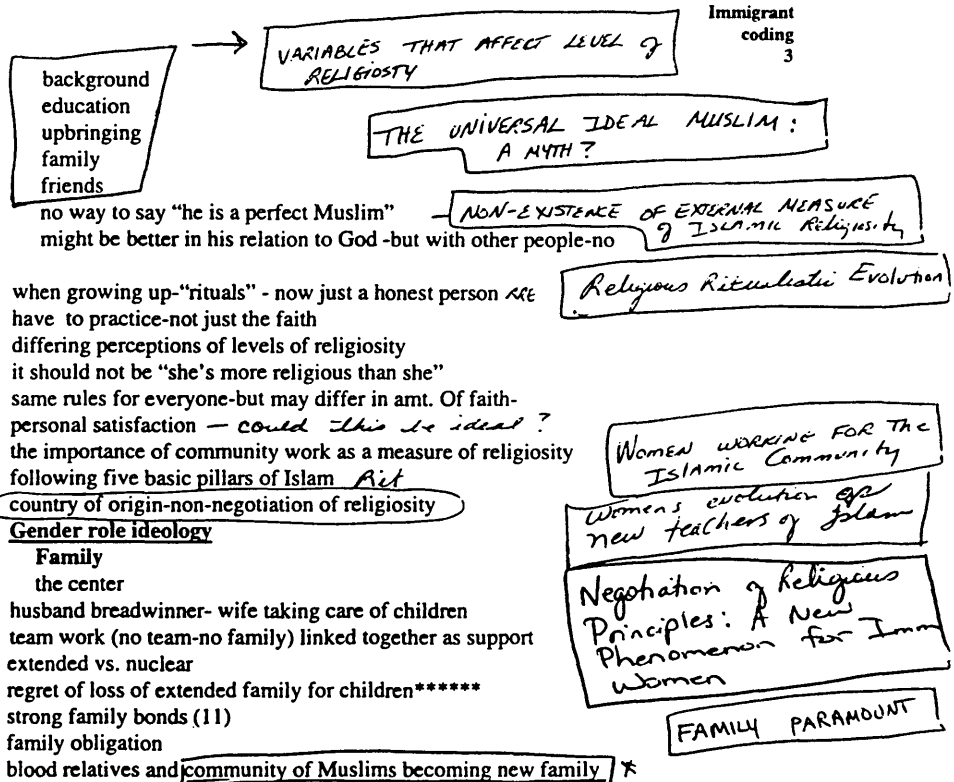
Ritual Vs. Spirituality

Moral System

internal value vs. external practice

Religious Identity Development

theoretical
Knowledge vs. practice



40-100%

Role of mothers

as a Muslim mother, she should know Islam - if not - a difference
knowledge comes from reading and learning - not just like that
stays home and takes care of children AN
due to changing times - women should work outside AN
have to understand the nature of child
cannot treat child same way as have been treated (changing times) -

VIRTUES of a Good Muslim mother

father as head of family
mother as engine of family
has to be an ideal woman
universal ideal role of mother .
good patience
individual treatment (roles) for each of her kids
role of mothers... concern for not teaching ritualistic Islamic behavior
emphasis on teaching morals (internal confusion... dilemma... guilt)*****
self-responsibility of problem-solving
taking care of parent's physical needs (dilemma)*****

Role Negotiation

a) work
b) motherhood.

Universal role of all Mothers

Internal Conflict regarding role of Muslim Mother in U.S.

Separation from own parents

(positive & negative)

mother similar to all mothers
role of mother to teach values of Islam

Role of daughters

difference in how I lived and how I would like it to be -
religious point of view vs. Personal pt. Of view?

I lived-just obey ✓

contemplation of the difference between religion and culture in upbringing

generational differences within siblings

respect for parents was utmost -

education is very important

encourage my daughter with education

Open -confident- and positive communication

behavior of daughter dependent upon the behavior and teachings of mother

respect parents ✓

obedient ✓

be a team player

later she will be mother

role of a daughter evolved to that of a mother (generational and time differences)(111)

resentment of missing out in own childhood *****

effects of American culture on daughters *****

positives and negatives of talking back to mother ***** (ambiguity)

Perceived Prejudice

many positives- no negatives (11)

freedom to practice religion-better than if in country of origin

more opportunities

left to yourself

leading life the way you want

raise the children the way you want

no outside un-wanted influence

negatives-too much freedom and bad exposure -

compromising between two cultures...especially during holidays*****

negative media portrayal

conflict with interaction of minority group

different dress raises conflict

living here entails greater religiosity, yet more spiritual than ritual ✓

difficult issues facing Muslim daughters ✓

negotiation of marriage to non-Muslim men -

more opportunity for Muslim men to marry

I don't feel I belong to this society - ACID -

feel as if I am always on the periphery - ACID -

feel more comfortable with own people (culture and religion) - ACID -

this feeling affects me*****there is always something missing

contemplation of personal
generational differences

The mosaic
between religion
and culture

Respect/Obedience = timeless variables

NEGOTIATION OF
PERSONAL
INDEPENDENCE

QUALIFIERS

POSITIVES AND NEGATIVES

FREEDOM : A DOUBLE-EDGED SWORD

DIFFICULT CHALLENGES FOR
YOUNG MUSLIM WOMEN

ACID

Definitions of emotional/mental health

I have felt that I can't take it anymore
running away from the situation

shortness of breath
ventilation

not able to handle everyday situations
breaking down
falling apart
disturbed

stress-for Americans related to lack of family system

chooses to talk through personal experience

erratic thought process

reticent expression in eyes

very unpredictable behavior

insomnia

agitation

aggression

not caring about consequences

very quiet - avoiding social interaction

expressing ideas not in sync with others

self-indulgent

incapacitated

memory loss

selfishness/independent behavior

having no limit

totally off track

voicing non-acceptable ideas

not seeing

reality

may be in denial

lack of love (repetitions 3 X)

first reactions

try to ease her and tell her things will change

historical perspective (first time vs. long-standing coping)

first....anxiety, sleeplessness nights, sorry, sad, enabling

resentment

objective s. subjective reactions *****

help from professional

person needs help (unspecified)

eventually happen

first talking to a friend and then eventually may need professional help

dependent upon circumstances

family help

if not family or help- commit suicide-worry

PROBLEM MUST BE DEALT WITH

Physical Symptoms

Personal Experience

a)
b)
c)

Media Portrayal

a)
b)
c)

Expression of [manic/depression]
symptoms - no distinction

Negative - blaming victim

Personally offer help

With personal experience
the use of culturally relevant
terms - adoption by language
"meas"

Specified vs. unspecified help

Initially
using FAMILY or
COMMUNITY SYSTEM

Dependent on severity of Problem

Coping Mechanisms

recognizing the problem
talking to someone-friend-husband-kids
talking to friends

trust must be present (111)-premise for talking
non-judgmental communication

lots of solace in prayer
faith in God-relying on inner strength

if strong in faith-you can overcome emotional distress

(try to tell children that- but maybe too immature at this point in developmental life-then a reflection upon her own developmental stage).

TRUST: A PREMISE FOR TALKING

Religious Identity Development
Stages

Problems in Muslim communities/ Sources of help

mother raising their children
teenager problem
divorces

problems with the children
children trying to move out and go to college
daughters and issues of marriage

negotiating bi-culturality....tension...constant part of life
problems between husbands and wives (1111)

difference of cultures

unhappy marriages

loveless marriages

legal

violence, battering

community distancing from certain issues

watched children growing up- problems with kids like may be dating and drinking

drugs -"but very few"

most common- marriages breaking up

we didn't have quick exit like there is now-learning this from American society

anxiety for parents to get their daughters married

parents do not know how to take care of kids

adult problem- migration and loss of value system

place great importance on speaking English for better life in America

negative process of acculturation (positives vs. Negatives)

Negotiating Bi-culturality

Generational Problems

Marital Problems

Abuse

Misc...

Pessimistic

options for a person to seek help

teenager level-very little you can do

some parents do drastic things

have to start when child is 2yrs.old

educate the mothers

masjid is the best place for now

Education

having no options
continuum

drastic soln.

MASJID

ultimate moral system taken from religion

masjid should attract families

no alternative than masjid-tried social clubs-didn't work

children should be able to go to parents-first place to seek help

not too many options b/c lack of comfort/trust- fear of story "getting out"

family as a teamwork

professional help

community help/resources

family input is important

since family is not present-n hesitation to seek outside resources

it's better you talk to someone than ruining one's life

my daughter is no different from my friend's daughter

depends upon the nature of the problem (1111)

informal indigenous support groups (11)

legal help

education and maturity leading to more successful marriage

EDUCATION-regardless of faith

must have own self-confidence before marriage

knowing somebody for couple of years before marriage

FAMILY

COMMUNITY

Professional help

women's support group

IMPORTANCE OF SELF-ESTEEM
SELF-CONFIDENCE

first choice for personal

depends upon problem

sister-friends-husband-Imam

husband- then parents

husband - kids- then anybody

husband

good friend recommendation

dependent upon the problem (11)

if I could help- I would -(11)

minor problems-friends/major-professional help(11)-psychiatrist

I will first try myself

first help her and then suggest someone else (comfortable)

Role of psychologist in general

they can do a lot

not get emotional or personal

guide you and willing to talk-more professional level than a counselor

should maximize human potential

counsel them

personally I don't have much faith in them-honestly

b/c never been to one-don't know if they really accomplish things

grew up in society where never needed one-

developing confidence in community

trust before change

Informal Help seeking methods

went to somebody in your family -wise- experience

① HUSBAND

② OTHER FAMILY MEMBERS

③ IMAM - religious matters-

① FIRST TRY HELP

PROBLEM DEPENDENT

JOINING -TRUST- RAPPORT

COMMUNITY EDUCATION

INDIGENOUS FAMILY SUPPORT

contemplation/negotiation of changing times *****

(and this triggers her to speak about some pretty serious issues such as drug abuse and physical/sexual abuse)

counselor?

Don't know-only from TV - **Media Knowledge**

this idea is not back home

concept of support group was a waste of time

feel more comfortable dealing with problems within family

we need a Muslim counselor-but it is important to counsel according to the Shariah

they say "if it feels good-then go do it" and this won't work

someone who listens (1111)

caring

having professional knowledge

guides you

objective-free of stress- so better advice

talking to a person in a relaxed manner

knowledgeable person who knows how to read opposite party

can deal with different individuals

person who is able to put things into perspective

gives advice

a confidante

usually a psychologist or psychiatrist

psychologists are regarded as marriage counselors (questions)

counselors as school and guidance

never been so really don't know

psychologist?

is still ok

not as severe as psychiatrist

knows how to deal with the mind of other people

convince people

read their mind and correct them

slow treatment without the medicine

treating their brain

putting something in mind- slowly healing

permanent and slow

someone who listens and will hear the problem

hear the variables

give skills

give solutions

make self-sufficient

bouncing board...sounding board

has a degree in psychology

helps persons having unmanageable problems

cultural/religious knowledge
IMPT.

OBJECTIVE/NEUTRAL ROLE

Equal/Friendship Role

Professional Role Ambiguity

Counselor → Psychologist → Psychiatrist
Continuum of severity

Authoritative role

SLOW-PERMANENT-HEALING-TREATMENT OF BRAIN

socially polite

psychiatrist?

Getting into medication and all kinds of serious things
deals with drugs
knowledge of chemical reactions
unaware of accurate dosage levels
doctor with medical degree-not only counsels but gives medicine
help severely mentally ill patients (psychologists-less severe)
do not know difference between psychologist and psychiatrist

Problems Requiring seeking professional psychological help

depends upon the person seeking help (1111)

Person dependent

personality disorder - S

out of control - S

referral for other friends is important

high anxiety - M

defensiveness - M

losing temper - M

agitation - M

insomnia - M

depression - common among young people - M

depression among women and girls who have abuse in home - M

maybe going through a divorce - M

disturbance and stress - M

if personally going through, what would recommend?

I don't know-that concerns me*****do not feel confident about going

Psychologist- b/c could see it more objectively

first family-then someone else

Attitude toward seeking help (stigma)

very uncomfortable

I don't care about what people say

if I need it-I don't care

situational dependency (111)

finances are a deterring factor

share only with dear friends

trust

fearful over break of confidentiality

there is a taboo

going to a psychologist/going to a shrink→going crazy (especially in our culture)

in American society- acceptable

Muslim society- still kind of taboo

private matters in family should stay private

Moderate symptoms e.g.-

Severe Symptoms e.g.

FAMILY FIRST

EMOTIONAL CONCERN
FOR LACK OF OPTIONS

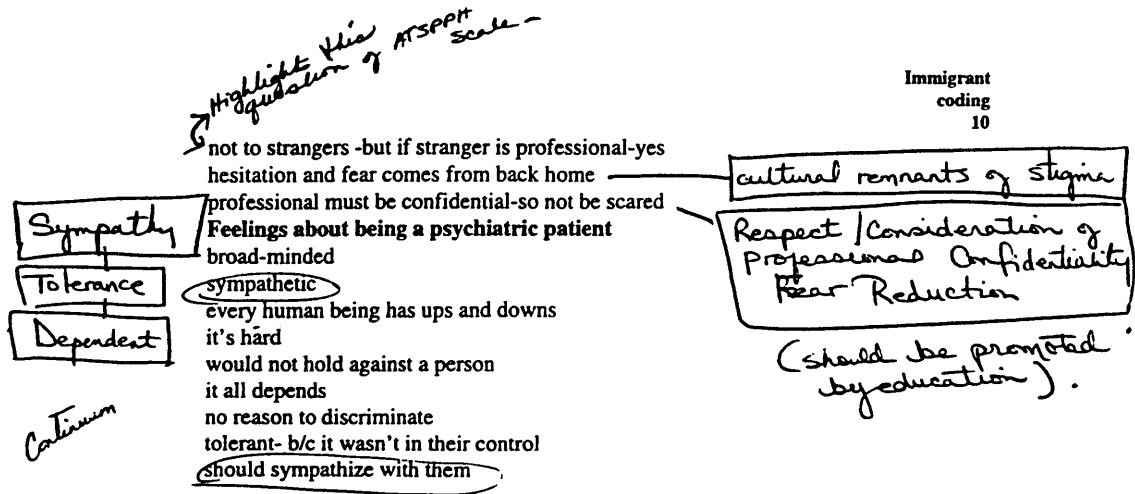
Stigma continuum

what is
this about?

Cultural Comparison of Stigma
re-negotiation

"SIN PAGER"

PROBLEM WITH...
- CRR Scale -



Acculturation

acculturation
Cultural displacement: "I feel that I am neither myself nor can I totally be Americanized nor can I return back to Pakistan and feel settled or comfortable as I was before coming here. That I think is the dilemma of immigrant women anywhere...you give up some really basic issues for the comfort of what the new country may give you...I think being Americanized gives a woman...especially coming from an eastern culture a lot more self-confidence...you start discovering yourself and you stop sacrificing."

Religiosity

ritual practices vs. spirituality (possible internal conflict)

you know...I don't follow the rituals as a good Muslim is supposed to do...but I feel that if I am a good person...to me I am not a hypocrite...not a back-biter...not have bad intentions dealing with people, I feel to me that that is more important to me than saying my prayers. I don't follow the rituals...I mean I would do it...I want to be able to follow the rituals and perform it if I really mean it...not just actions.

Gender role ideology

extended vs. nuclear ; role of mother (internal conflict)

me as a mother, it's very hard...I know that there are so many things that I may be saying or doing or not that may have consequences....i am not teaching[my son] rituals which he should see to be able to develop and understanding...to develop the faith...I am trying to place the emphasis on teaching him values and morals and how to be a good person rather than the ritual part of it.

negotiation of generational relationship

I feel the dilemma of taking care of them [my parents] physically and I don't know how I can deal with it but I just hope and pray that when the time arises I'll be there for them.

coping mechanisms

talking is the best way of trying to deal with certain emotional problems...but you have to have trust within the person and by trust I mean that whatever is said will be heard in the context and not thrown back into your face in another situation.

"Muslim by name": tell me about it

first generation
coding
1

Muslim Women's Voices: Generational Differences in the Perceptions
of Professional Psychological Help



Initial Coding

First Generation

Reasons for immigration

father's job (1111)
diverse opportunities
decision made by parents (fleeing war)
parent's decision (111)
better future (111)
financial opportunities
Natural Birth (1111) — No choice
Refugee status
educational aspirations

Refugee Status

FAMILY ASPIRATIONS

Acculturation

different idea from parents
taking the good from American values
good-manners, social skills
not good-family values

politically?

distinction between external appearance and internal values
parents tend to go to external appearance (dress, etc)
totally emerging self I American lifestyle - forgetting values
assimilating into society-sometimes just imitating them

liberal
ironically- more open-minded
more individualistic
more materialistic
more outspoken
more in your face
act like Americans

taught
American

usually associated with negative- but want to recognize positives
doing things differently from people back home

loss of identity-but could be both positive and/or negative - qualification
depends on how Americanized

we all lose a little of selves
not religious

qualifiers

Positives / Negatives

Inevitability of cultural influence

how this pits young Muslims
against one another

the "image/performance" thing

girls and boys dating
way kids speak to parents
dress-not conservative
more liberal

cultural relevance
cultural information
language
interaction

self in terms of Americanization

feeling against American society *****

it's hard-you have to be strong****(internal conflict)

negotiation of an in-between (fit in and maintain own culture)

concept of dual background

not typical FOB (fresh off boat)

not as dependent upon my parents or male role models

more individualistic-less collective

no problem sitting with a guy and eating lunch

what does this look like -vs. What does it really mean?

in the middle- can't help but to absorb some (111)

environment-liberal-

household-traditional culture

differing of perceptions of Americanization (back home vs. Other Americans)

have more freedom

changing norms/values (like girls staying out late).

Religiosity

meaning of being Muslim

technical vs. Personal opinion

technical being more objective T

do the basics-say the Shahada T

following the Quran (11) T

following will of Allah T

submission to Islam P

living a very ideal life P

set of rules you have to abide by T

if follow rules-full success- T

feel peace within P

follow the major pillars of Islam vs. Cultural practices

Islam is a way of life and a Muslim has to believe that represent self as role-model to others P

different than missionaries

association with respect P

controversy comes when interpreting

environment where you practice affects religion

RCID

Internal
Conflict

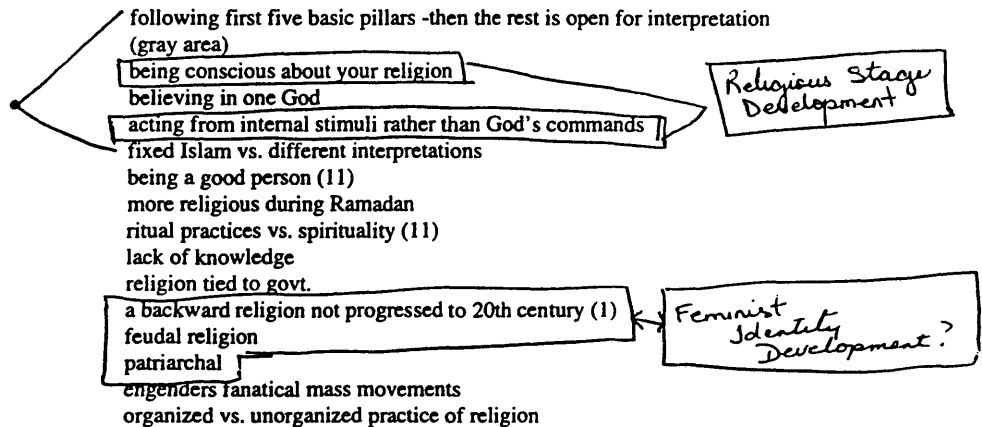
Image-oriented
community

duality
of Acculturation

Shifting Roles for
Muslim daughters

Distinction between
Religiosity & Culture

Environmental effects
on Religious Practice



meaning of religiosity

no such term as being very religious &
in your heart-within you I
different definitions between generations

differing level of religiosity based upon personal perception and comparisons

ideals are in the heart
hold self with respect
practice the ideals of religion
don't wear revealing things
depends on who is defining the word religious
external appearance and comparisons
if they really knew us....

Religious to some means I have to look a certain way

know one's limits
it is not a black and white term
has to do with intention

one who automatically first puts something in an Islamic context-then
broader circle of family and friends
the religious priority

use of Arabic verses for specific behaviors or feelings
being more careful about what you do
educating yourself

knowing Arabic
understanding philosophy behind Quran
having self-control
having self-discipline
holding self back from material desires

External vs. Internal

Generational Differences

Comparative Perceptions

INTENTION / NIYAT

LEVELS OF INTENT

EDUCATION

MORAL RESTRAINT
1) MORAL
2) Materialistic

MODEST BEHAVIOR

first generation
coding
4

hard to define (e.g., like man lowering his gaze & not just praying 5X/day)

being on either extreme is easy - in the middle is hard...

room for being modern and religious in one

universal fundamentals of all major religions

confusion in self-identification as a Muslim woman

religious artifacts (wearing of jewelry e.g., Ayatul Kursi)

feminist perspective (Mernissi) ..against polygamy, divorce, testimony

theoretical knowledge of Islam (non-practice)

two meanings - "the religious type" has negative meaning

if you practice - then you're religious

POST-MODERNISM
IN ISLAM

Religious
artifacts

"new practicing Muslim"

culture vs. Practice

difference between saying "I'm a Muslim" and practicing the faith

description of self religiously

would like to do more

"I'm working on it"

it's never enough

if you are religious - you can't say it - you feel the peace within you

it's between your heart and mind and Allah

pray in situation even if it's hard (airport)

learn Arabic and Fikh

more religious as got older

now it feels praying in a hurry - and it doesn't feel good

I am "religiously oriented"

use to be more religious in "standard form"

parents taught me values and morals - not Islamic law.

Internal peace

Religiously oriented

(new language of
expression)

Gender role ideology

family

family will always be there for you

unity

family is as important as religion

you learn from them

my world

unit to get nurturing

wouldn't be anything w/o family

extended family also imp.

only immediate

since didn't live with relatives - their opinion doesn't matter ****

will go against them if I'm unhappy (process of Americanization)

no sacrifice for the sake of family (process of Americanization)*****

most important thing in life - (11)

where you turn if need help

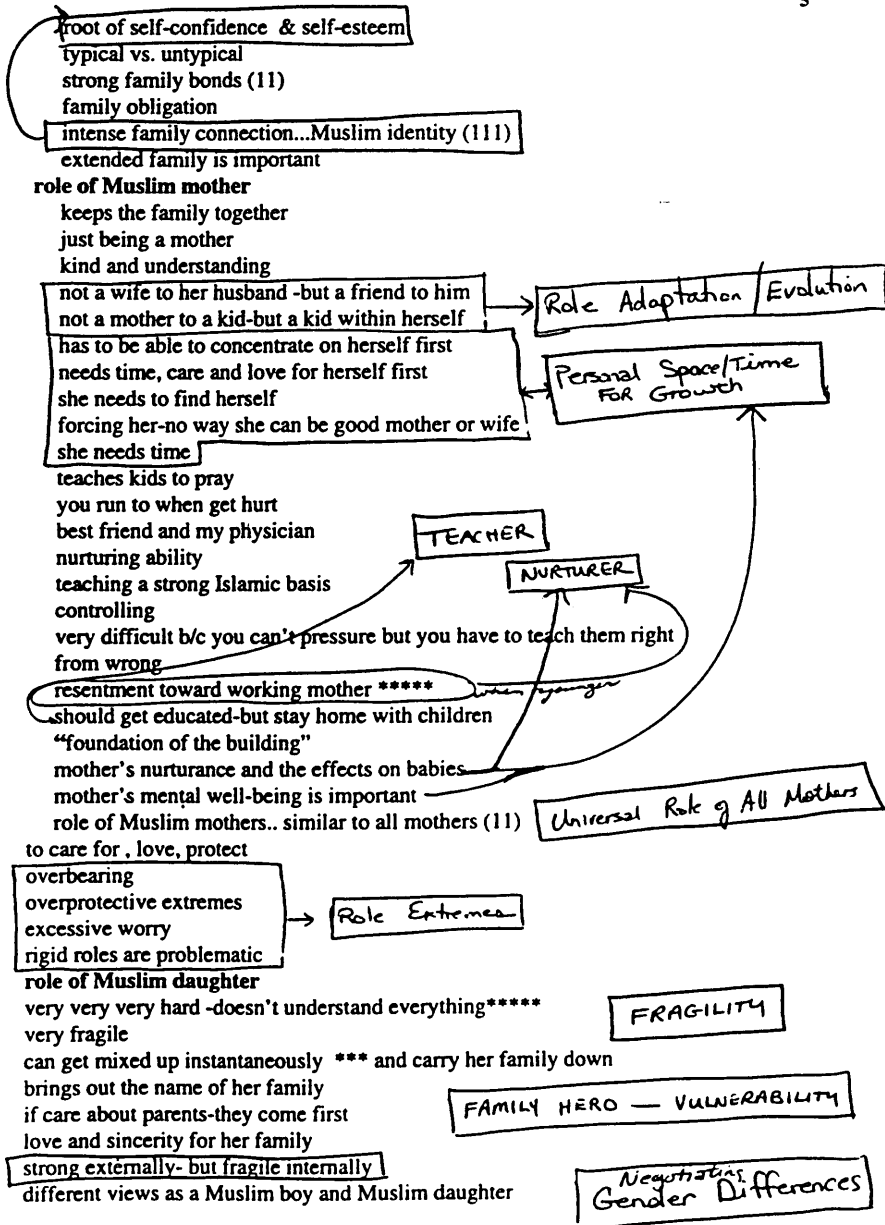
give advice on anything

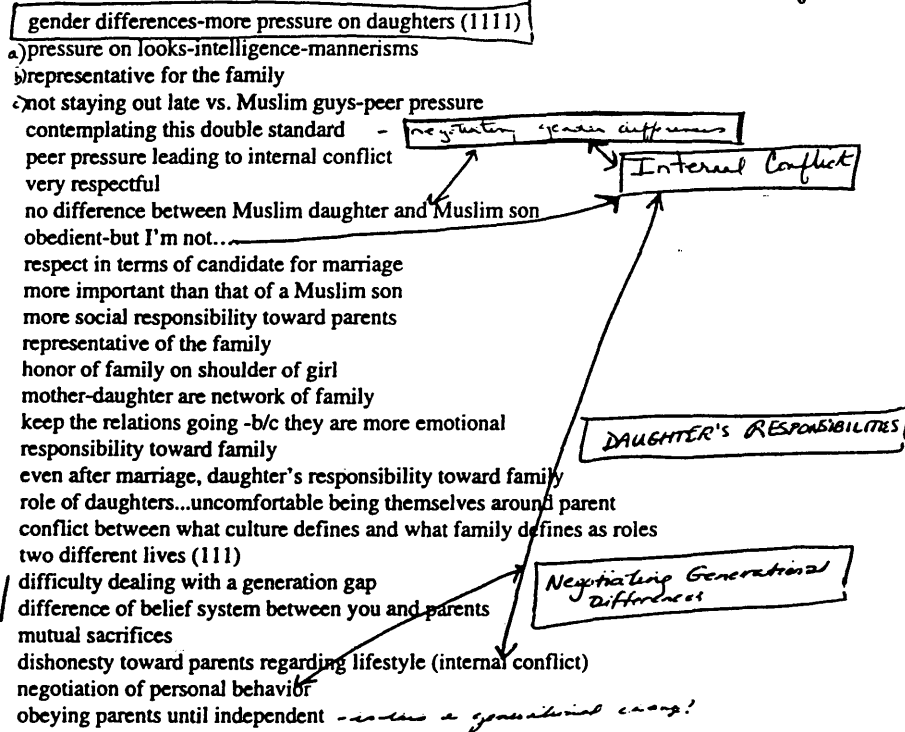
not a very good family (working mothers)

Diminished role of
extended family -

Americanization:
re-negotiation of
FAMILY DEPENDENCE

what is
happening here?





Perceived Prejudice

being more material- wanting a house-being in style
contradictory external appearance (outside like modern and liberal- and inside are conservative)
positives and/or negatives

positives

- being own self
- act how you want to
- land and govt. supports you
- opportunity to become the person you want to become
- having more freedom
- being more outgoing
- knowing about other people's culture
- meeting Christians and Jews
- trying to exchange ideas-can't do that in country of origin

Emphasis on material values

Contradictory external appearance
↓
internal conflict & challenging oneself

stronger in religion b/c you learn more when you explain
negatives

others don't know your cultural-religious norms (111)
dwell and think of the perception of you
do not allow for a chance to explain who you really are

constant comparison of American woman to Muslim woman-the stereotypes
not just outside-but inside home
constant struggle to prove ideals of being Muslim woman
negotiation of roles "in-between" (the equality issue-it's always there)

External Struggle
↓
Internal Struggle

Sexuality:
Ambivalence
the dating issue
interacting with guys
social construction of desire
sex in U.S. and obsession....
contemplating sexuality
physical appearance..the need to look socially desirable
chameleon, hypocrite, guilt complex (internal conflict)
compromising between two cultures
feeling schizo....
bicultural....multicultural....lack of an integrated self..no bridge (111)
difference between devout vs. non-devout
Islamic dress
non-participation of college social activities

New Challenges for
the Muslim woman
University Student in U.S.

these are the
things they
are thinking
about

Definitions of emotional/mental health

Something like:
negative vs pos synops?

might look like despair
very very hurt
just lost
no mind and no heart
everything she functions with is gone
she may not look like she wants help-but she is desperate
typical stereotype-someone freaking out -screaming -throwing things

Qualifiers

could be just having a stressful week
mental overload rather than breakdown

Mental Overload

depression
lost their spirit
no motivation
doesn't care about anything
burnt out
no happiness-utter confusion
very stressed
not normal
like doing one thing one moment-another the next

first generation
coding
8

like having two personalities

not acting in a certain expected way

behaving differently from what you've seen before

all of a sudden becoming quiet and withdrawn

severe vs. minor

difficulty with distinguishing between symptoms

difficulty defining a mental breakdown

obvious vs. unclear signs

abnormal actions

depression

suicidal

religious identity confusion?

someone who keeps going back to an abusive relationship

taking pills

Severe Vs. minor

Religious Identity
Confusion

Deviation from
predictable / normal
behavior

first reactions

tears

ask what was wrong and try to help (1111)

calm them down by normalizing the situation

levels of seriousness

- 1) talk in privacy
- 2) go to a brother-sister or adult
- 3) counselor

Depends on level of seriousness

since people are ashamed of that- I would help them get over it by telling

them that they weren't crazy or sick

give stern advice to find happiness

no pity

advice to change life

need to identify problem and change it

don't let people think you're overreacting

curiosity-then try to help

make them feel comfortable (help)

talking with someone (111)

talk to a doctor

sympathy

talk it out-try to get the person to talk

happen eventually

they'd be very unstable

if don't talk- then scarred forever

if finds help-then ok

never be completely ok

doesn't seek help-then commit suicide

Coping Mechanisms

cannot avoid them (111)

really understanding the person

STIGMA REDUCTION
(Education) ✓

ACTIVE ROLE FOR CHANGE

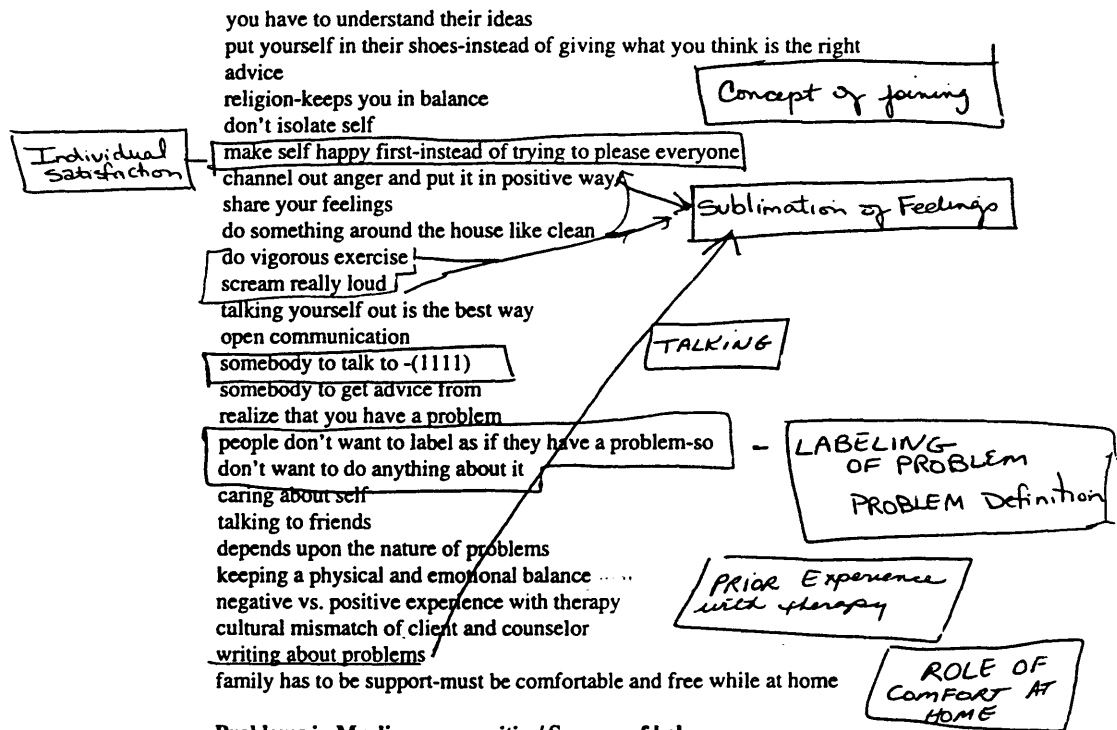
Initiation of Problem
Resolution

Pessimistic about
having completely normal life

- DRASTIC SOLUTIONS

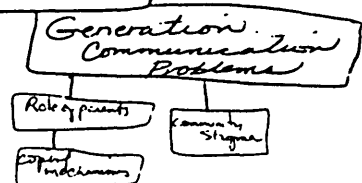
(look at these generationally)
what is it about this
nature generationally about
drastic actions/solutions?

Inevitability of Dealing
with emotional problems



Problems in Muslim communities/ Sources of help

peer pressure that children face
parents not knowing how to respond to kids (1111)
not listening-just condemning (1111)
new set of problems associated with migration-parents don't know how to deal with it
kids want to understand why wrong
problem either too much or none freedom
parents expecting others to do their job
nobody wants to deal with "embarrassing" issues
community tries to hide things
when bad happens-you're shunned
community puts you as an outcast rather than a support
parents to act as stronger information bases
everything is so hush-hush
problems with younger generation(1111)
youth trying to survive in society and parents suddenly freak out on them



the younger generation are not like an adult.

parents going to extreme to ultra conservatism
emotional abuse?
Men exploiting their power-and community falling for it
not much support for women
losing one's identity
Raising children

MALE EXPLOITATION
OF POWER

NON-SUPPORTIVE
WOMEN'S COMMUNITY

- children not respectful to parents
- raising daughters
- keeping control over their family
- clashes between parents and kids
- differences in gender and dress..cultural problem
- differences in views regarding fashion - *extreme opinions*
- hospitality with guests
- problems with expressing duality of culture
- negotiating bi-culturality....tension..constant part of life

Expected Roles
(differing expectations)

problems between husbands and wives
unhappy marriages
loveless marriages

Mental Problems

options for a person to seek help

put yourself in their shoes
talk to them on a daily basis
don't just react-not a solution
help to seek help for themselves
let the individual find themselves first
professional help
counselor- someone own age
girls should have other Muslim girl friends to talk about similar issues

not much available (11)

can't go to-psychologist or psychiatrist-lack of understanding (111)

mosque is not an option - *a generational conflict?*

a lot of women choose not to talk b/c of the "gossipy" consequences

FEAR OF
COMMUNITY
BACKLASH

down of
support system

back home-parents have family
only option to pack up and go home

therapy

talking with close friends

depends upon the nature of the problem (1111)

different levels of nature of problem (low, medium, high)

PROBLEM
DEPENDENT

informal indigenous support groups

concept of a therapists office most likely very foreign

have to want to be helped

INTERNAL READINESS

first choice for personal

mother

sister

this researcher (considered as older sister)

- some go to parents - some not - *what about?*

first generation
coding
11

The Aunty/Uncle Concept

aunty (close friends of family)

important to talk to someone who has gone through similar experiences
probably no one-b/c self help is imp.

Not parents b/c they wouldn't understand-most likely they would be cause
if Muslim woman psychiatrist-yes

parents-if unsatisfied- then friends-if still unsatisfied-then someone else-
then finally if needed-counselor

this researcher

somebody in family

would not seek professional help-b/c couldn't relate to my problem

maybe not parents first-but it will eventually come down to it

you may not think you are going through an emotional problem

(internal readiness)

Referential
understanding

Level of help for, personally

Ambivalence
of seeking help
from Parents

first choice for friend

wouldn't talk straight away

first have to feel comfortable

stages talked about

joining is imperative

cannot give advice unless in shoes

depends upon the situation (11)

If familiar-then I would help (11)

ask them who they wanted to help

ask them what they wanted

religious person-Imam

SITUATION DEPENDENT

Concept of "joining"

Imam good for some matters-but not in kid situations-maybe this is like the
5th or 6th step-b/c initially might get frightened off

like obesity-psychologist or psychiatrist

professional help if no-one around

maybe a religious person from mosque

may be go home and seek help

professional help should be from someone who understands religion and

culture

Role of psychologist in general

doing research

have to act like you are so caring and sincere

learned that from previously taken psyc courses

lots of studies to understand human life

care-takers

help you with appropriate medical attention or help you work through
problems

just a friend in many ways

mainly just talk

if functional and environmental -then psychologist

biological problem-psychiatrist

Research oriented

Concept of
a friend - and
then how does
that fit into
ethics &
deal/relationship

help to understand own actions and behavior
psychologists have studied and done research
know about different personalities
in general, uncertain
but should be able to engage in dialogue..not just talk to a wall - *is this from media?*
administer psychological tests
help work out problem-solving plan

cannot wave a magic wand (11)

sexual misconduct..abuse
counselor?

Can be anyone
friend

FRIEND CONCEPT

Self as counselor

Knowledgeable on how to listen-not just advise
know signs to look for
Coming from cultural background-not optimistic
like a good friend -so why pay money
major taboo
waste of time

Someone to hear you
institutionalized word
someone who helps you
person who is able to put things into perspective

job is to listen (1111)

give you advice (111)

just as important as a psychologist-as long as well -qualified

Counselor
↓
psychologist
↓
psychiatrist

level of seriousness

psychologist?

higher level than a counselor
real serious problem-scary that you have to go to one
you would try to avoid going

I consider myself as a counselor b/c of listening
has studied extensively and knows how to diagnose
broader spectrum and
more serious level

willing to care, love and understand
takes a lot of courage to do that
have to be able to differentiate between personal emotions and other's
has to have PhD-otherwise limited
done extensive research

make the person objectively deal with things

someone who watches your behavior and tries to figure out why you act a
certain way

old part of me says if you go- got to be cuckoo

HOLDING ON TO
CULTURAL STIGMA

help find the source of the problem
distinction between physical and mental
relieve your anxiety about the source and nature of the problem
"I would have more faith in a doctor of course"
someone who helps you with emotional problems
Western bend (lack of culture) (11111)
overpaid professionals
same as a counselor..but with different degree
skepticism (11)
overuse of the term...so no clear use of term
does more research

SKEPTICISM

MORE FAITH IN "DOCTOR"

psychiatrist?
Do more mental work-why the brain tells you to do certain things
prescribes medication (11)
not wanting to go
(thinking how down you are in life that you have to go to one)
psychologists and psychiatrists work closely together
understand chemical imbalances
drug-prescribing doctor
a cold, sterile room...negative

LAST RESORT
HIGH SEVERITY OF
PROBLEM

MEDICATION-ORIENTED

Problems Requiring seeking professional psychological help

any problem-little or big
little-argument with husband
big-dealing with death
depends upon the person seeking help (1111)
depression
suicidal feelings
loss of control over emotions
no set problem
anything that cannot be handled on own
on-going problem
crisis in family
substance abuse

FAMILY CRISIS

SUICIDAL FEELINGS

CONTINUUM

PERSON DEPENDENT

Attitude toward seeking help (stigma)

if someone were to find out
betrayed- broke professional rule of confidentiality
no-Arab mentality-no
American friends-possibly
due to personal self-confidence-I wouldn't mind
might even encourage someone else
major major stigma

CONTINUUM

and what is the
"best"?

RECIPIENT?
Self-confidence?

and where are
they on the
scale of RECD?

first generation
coding
14

if I'm comfortable-I'm ok
if it's really personal-then no
depends on seriousness of the problem

PROBLEM / PERSON DEPENDENT

situational dependency (1111)

everything should be hush..hush

knowledge vs. acknowledge

real psychologist vs. school counselor

psychology as hocus-pocus

psychologists have power to solve problem

easier to talk to strangers (process of Americanization)

not a problem-even fashionable in this society

constant comparison to medical doctor

PHYSICIAN - related
illness

Feelings about being a psychiatric patient

sincere and loving

aware b/c within personal family

FAMILY HISTORY

respect for going through and dealing with it (111)

try to figure out what makes this person so unhappy

caution (11)

uncertain about it

hesitant and possibly overcompensating

depends-been in institution?

PRE-CAUTION

If major problem-then not comfortable

Acculturation

Cultural information: "Americanized means being in touch with everything that makes up the culture..like knowing who the nine inch nails are."

Religiosity

ritual practices vs. spirituality

To me, religiosity means to follow a set pattern...a set school of thought..how to believe and how to act..and you can be religious in an organized way and also in an unorganized way which I call more spiritual..but basically it is a set of beliefs...

Gender role ideology

importance of family connection

family is everything basically...family is the central unit and I have decided being I college away from my family for four years..I have decided that I want to go back home and that I want to settle down nest to my family..I can't see myself doing anything other than that.

negotiation of generational relationship

I try to make it as easy for my parents as I can..even if it means I have to be dishonest with my lifestyle...I don't think that our parent are ready for that kind of revolutionary change....for me to say look this is my way of thinking and I want you to accept it

APPENDIX J

Detailed Flow Charts Using Generative Qualitative Questions

Immigrant

Reasons for Immigration

if there were personal choice, given assimilation issues, more positive experience

Forced/choice opportunity

Following friends

Acculturation

(i) Meaning of Being Americanized

Distinction between Religion & Culture

Cultural Relevance

REID

Quicker 'cultural' assimilation

Spoken vs. Individualism

(2) Self in terms of Americanization

Distinction between General Lifestyle & American moral system

Positives

Yes

Freedom - personal opportunities
Social attitudes
FRIENDLINESS
Running own business
Desired material
Food/Low cost/choice
Hard work

Negatives

No

Unlimited Freedom
Lack of American Influence
& time with family
Faster assimilation
LIVING WITH SEX
DRINKING
PARTIES
DRUGS
OPEN SEX / MEDIA

Challenging their values - that can't be easily lost against by immigrants

IMM

Religiosity

IMM

MEANING OF BEING MUSLIM

Ritual vs. Spirituality



"Ritual"

Pray 5 a day
FAST
REAL QURAN SUMMARI
GIVE ZAKAT
Focus on Religion etc

"Spiritual"

ALLAH IS A FRIEND
SUBMISSIVE TO ALLAH
HONEST PERSON
GOOD PERSON
Kind / Generous
therefore knowledge
religiosity and practice of
re-cycling-ecology, green space

MEANING OF BEING RELIGIOUS

Struggle for ideal

* NON-EXISTENCE OF EXTERNAL MEASURES OF RELIGIOSITY

Internal Personal Satisfaction

* NEW NEEDED CATEGORY

WOMEN WORKING FOR THE ISLAMIC COMMUNITY

NEGOTIATION OF RELIGIOUS PRINCIPLES: A NEW WAY TO PRACTICE ISLAM

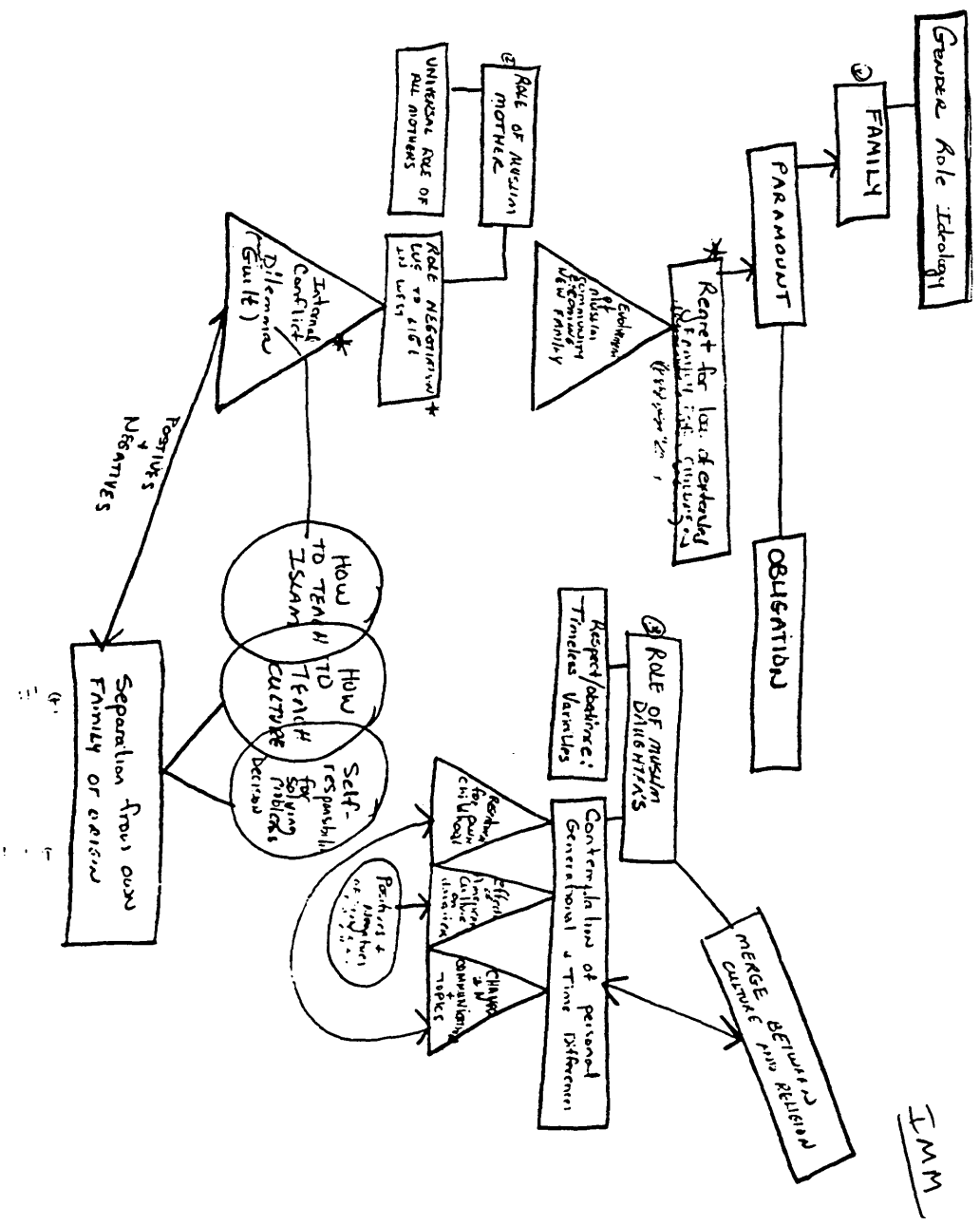
Religion: A New Evolution

NEW TENDENCY OF ISLAM

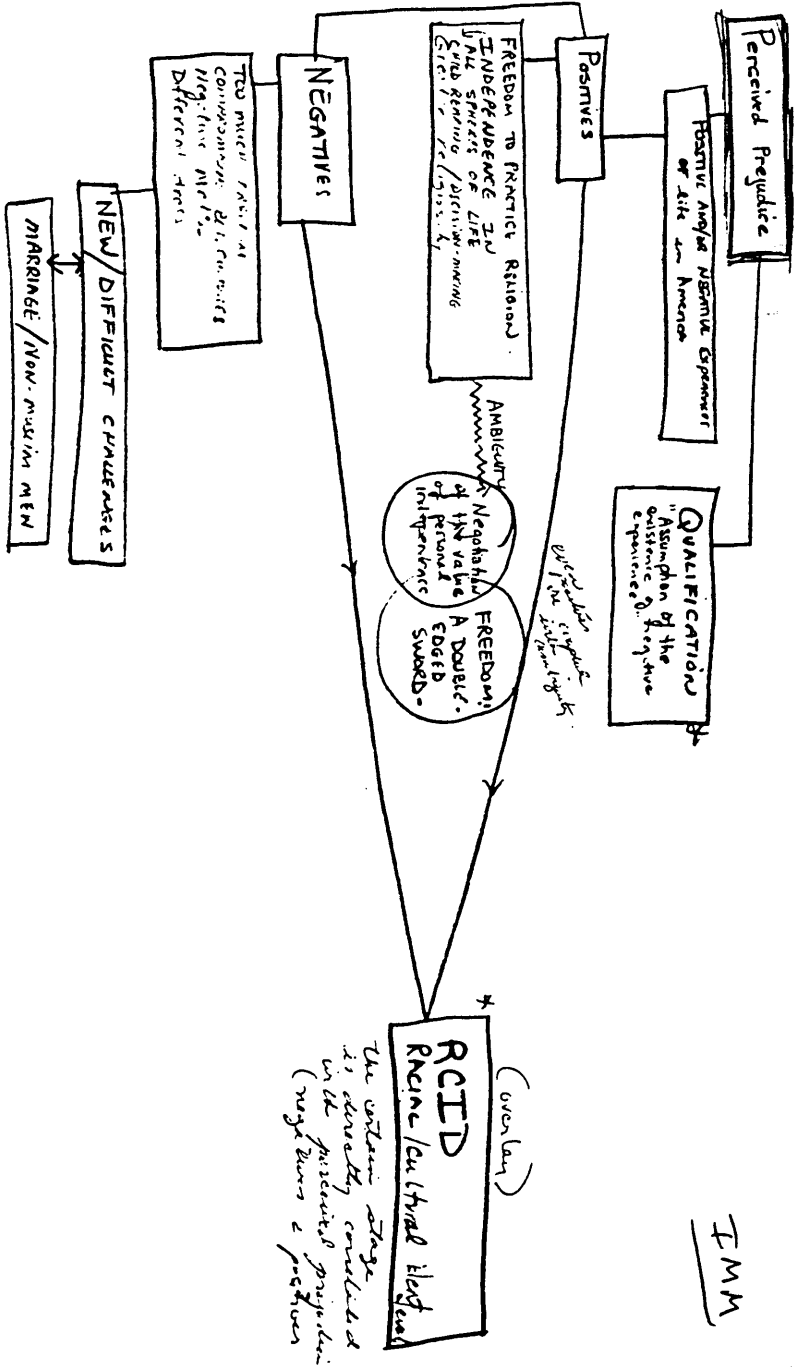
Differing Perceptions of levels of religiosity

Liberal
Moderate
Fundamentalist

Dependent upon who is "Perceiving"



IMM



Definitions of Emotional/Mental Health

1 Descriptions of Mental Breakdown

Physical Symptoms

Facial Expressions

Vague - Physical/emotional manifestations

UNPREDICTABLE BEHAVIOR

Continuum of symptoms
Depression → Mania
[no distinction]

acute? chronic? unpredictable?



Person/Family
Experience

Aggressive
expression
unpredictable
no distinction

Negative
Blaming
Victim
self-indulgent
selfish

Adaptive
and
maladaptive
behavior

Individual
Experience

Media portrayal

Stigma

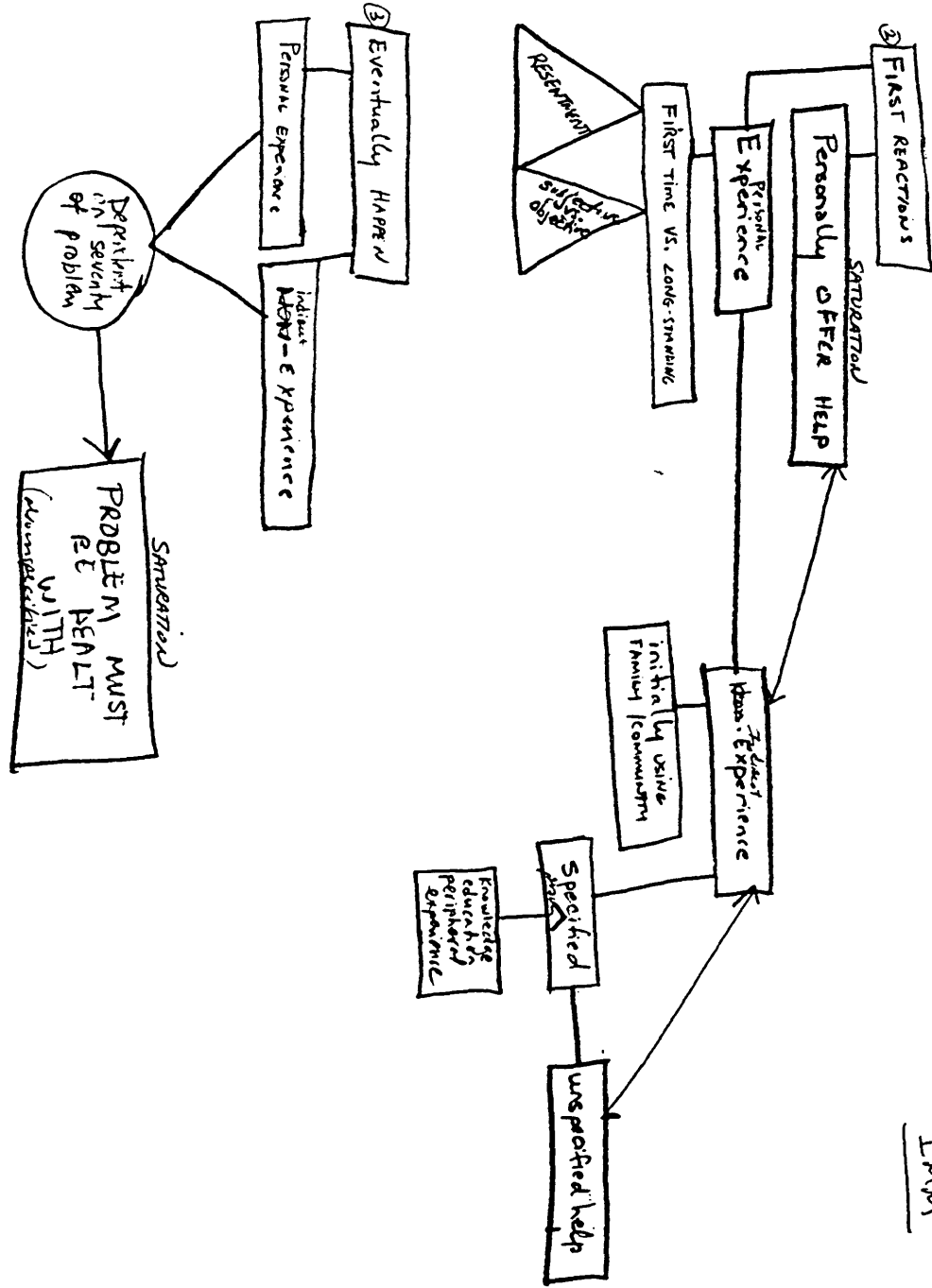
IMM

2/25

Enthusiasm in first aid

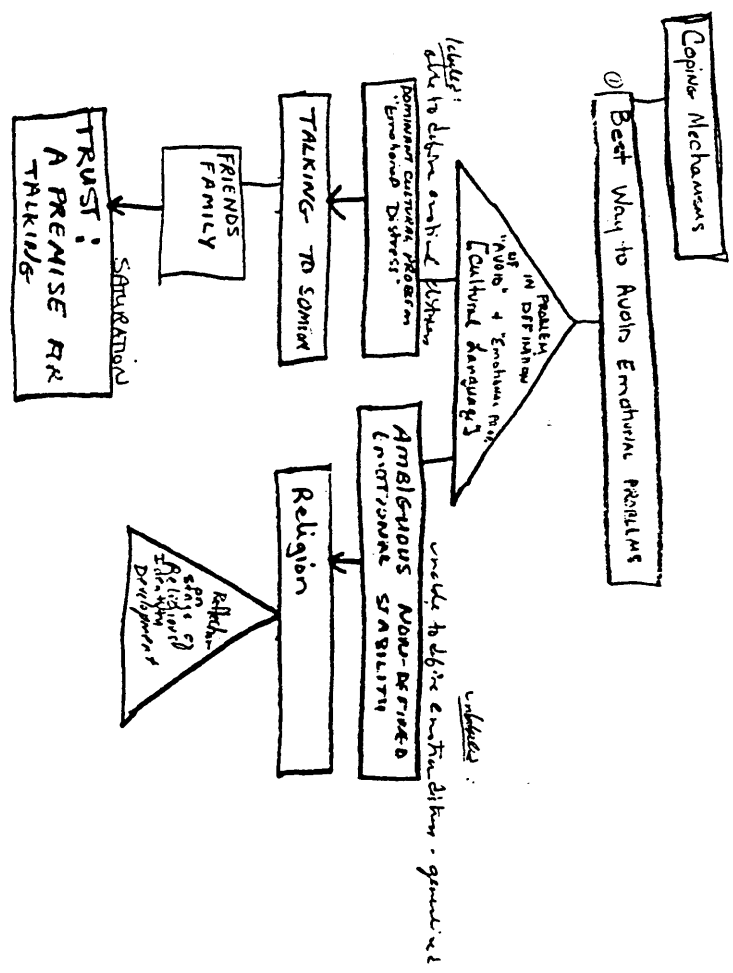
IMM

⑥

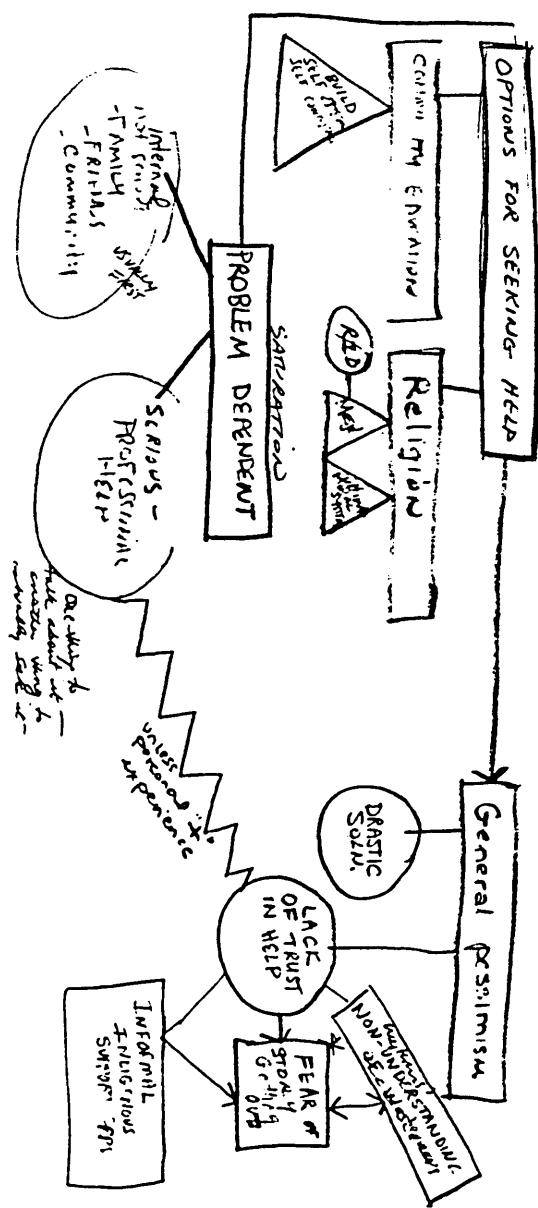
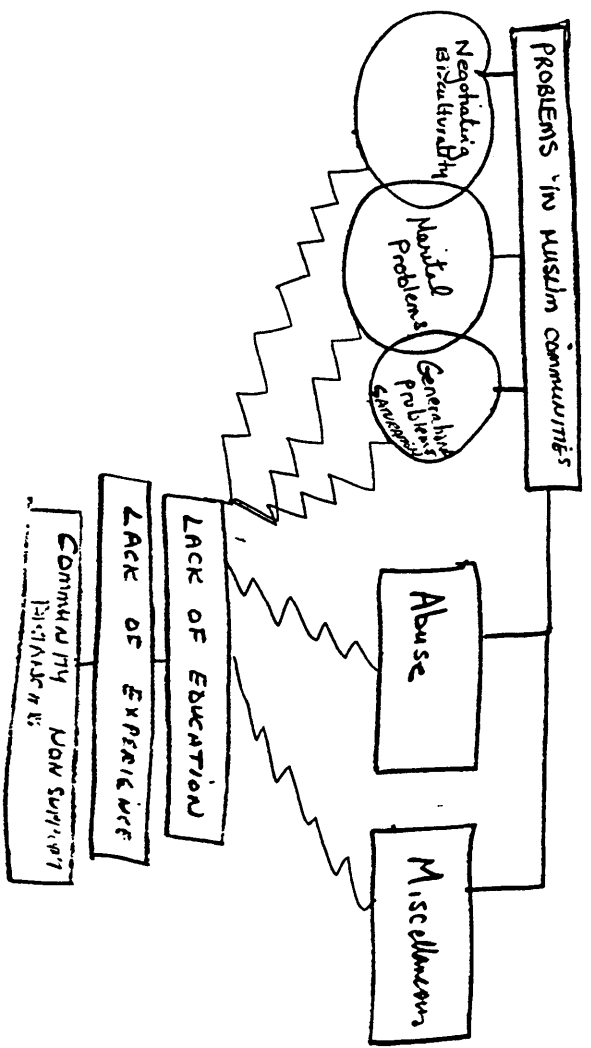


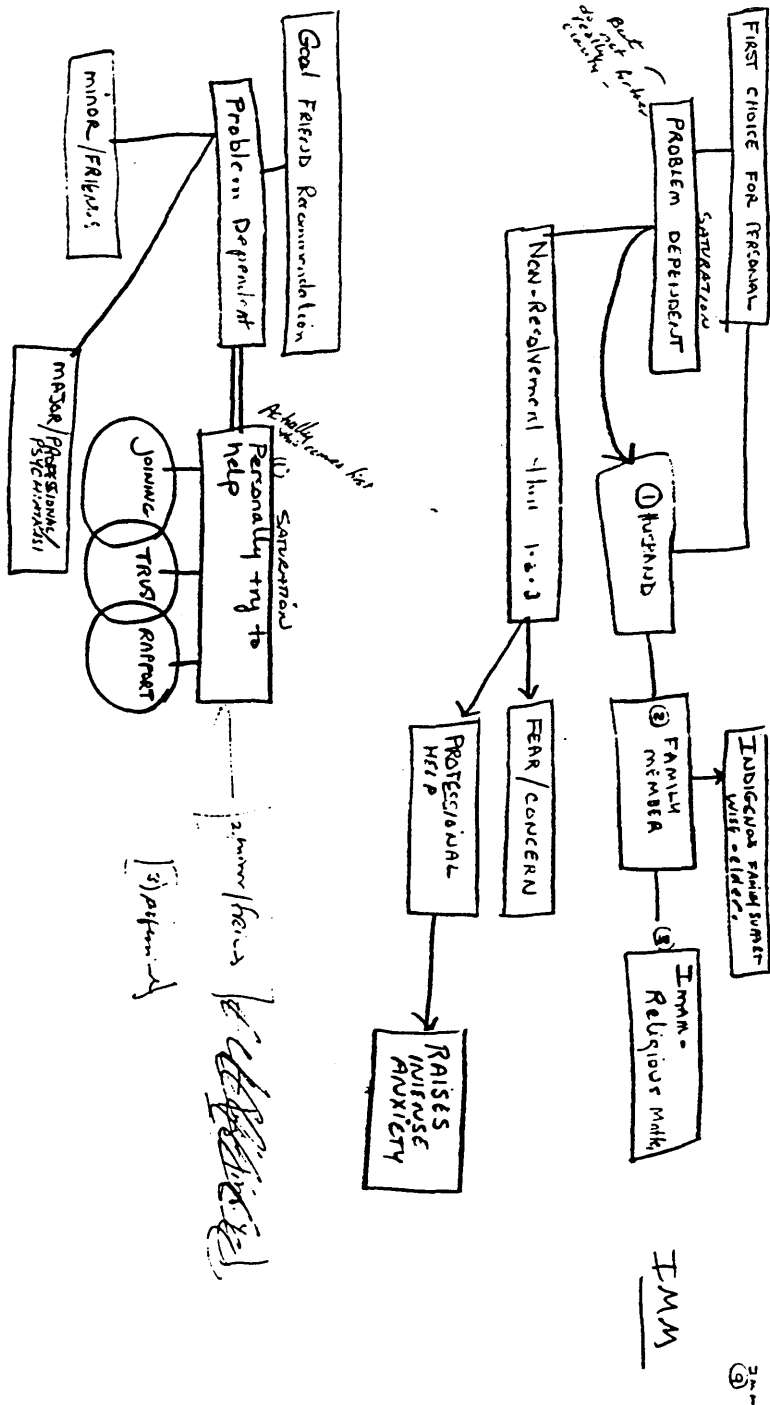
10

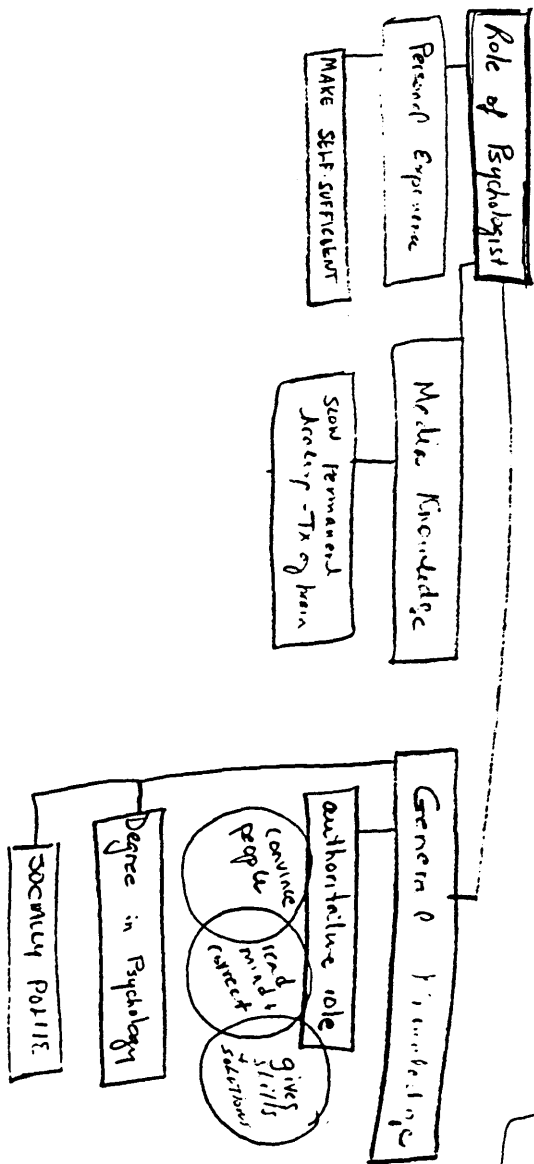
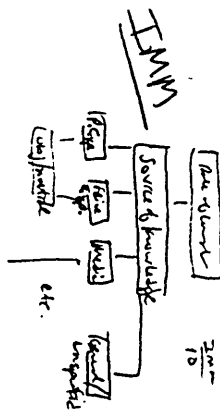
IMH



IMM

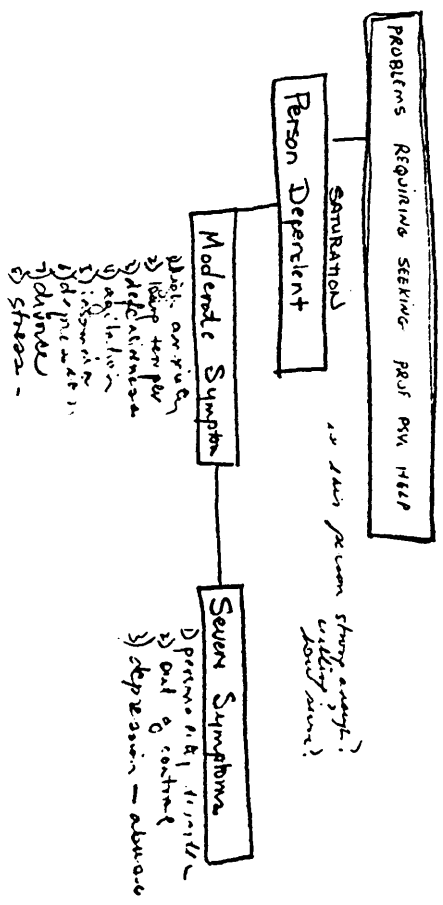
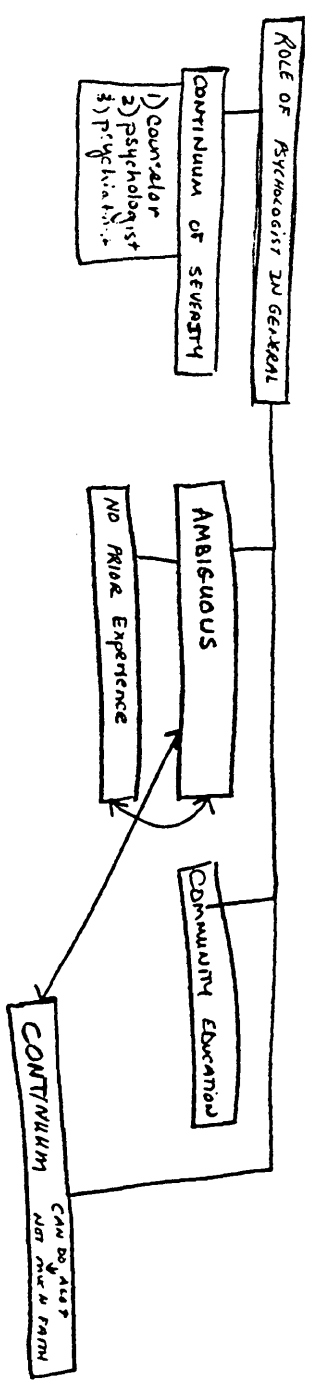
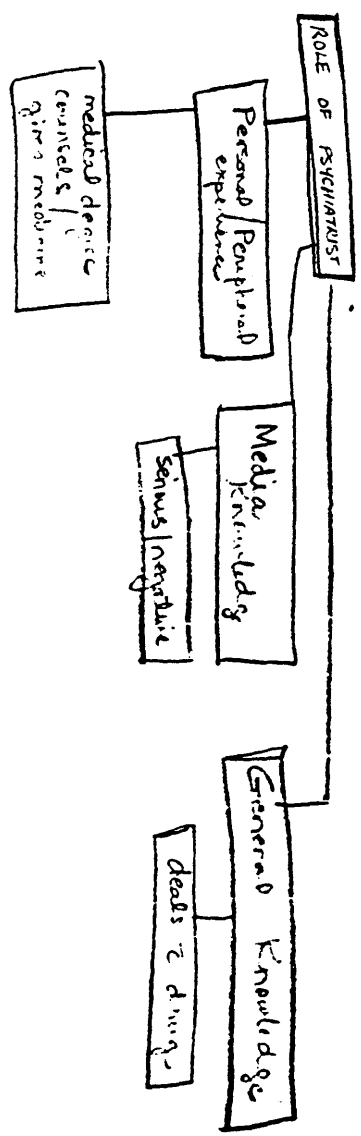


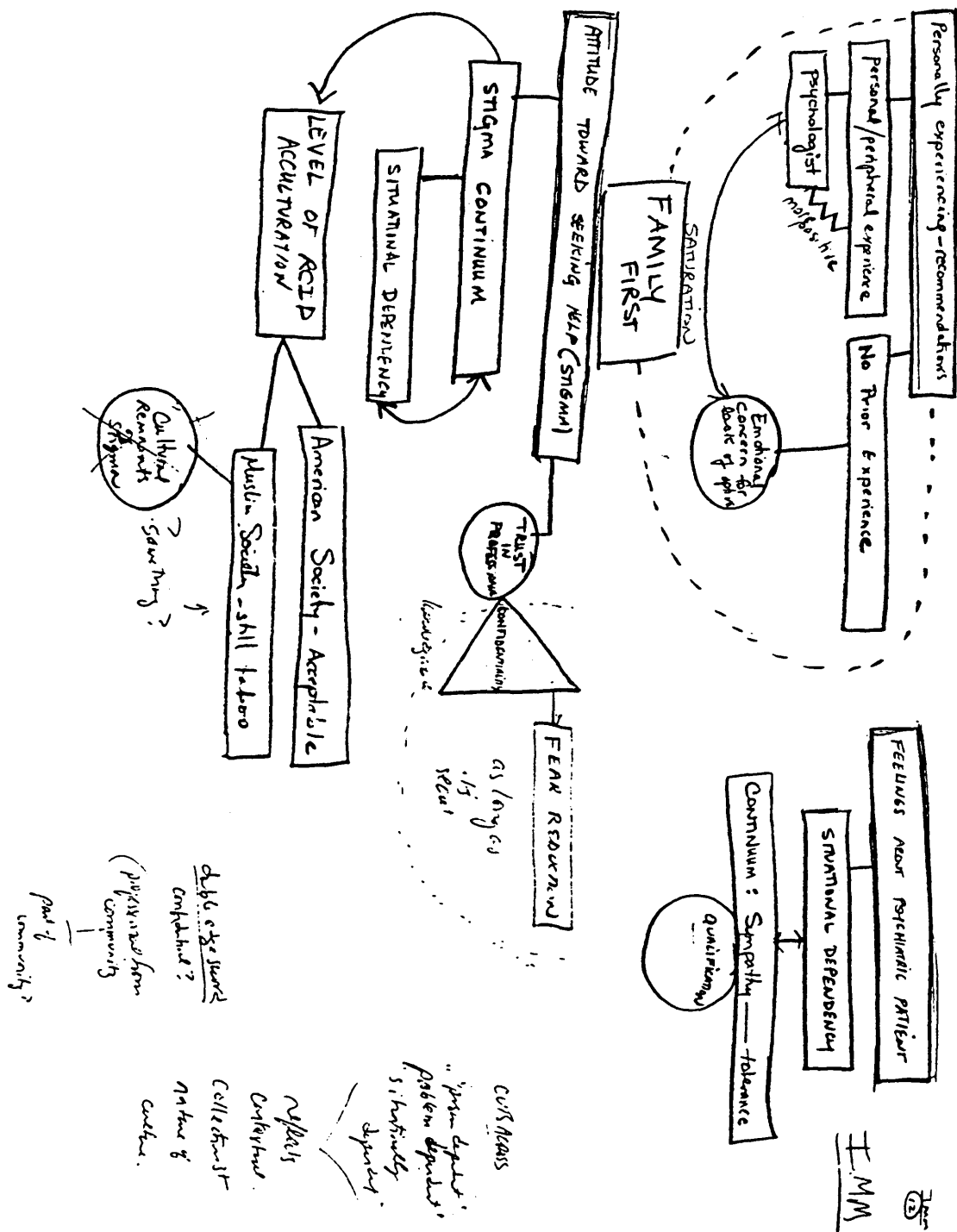


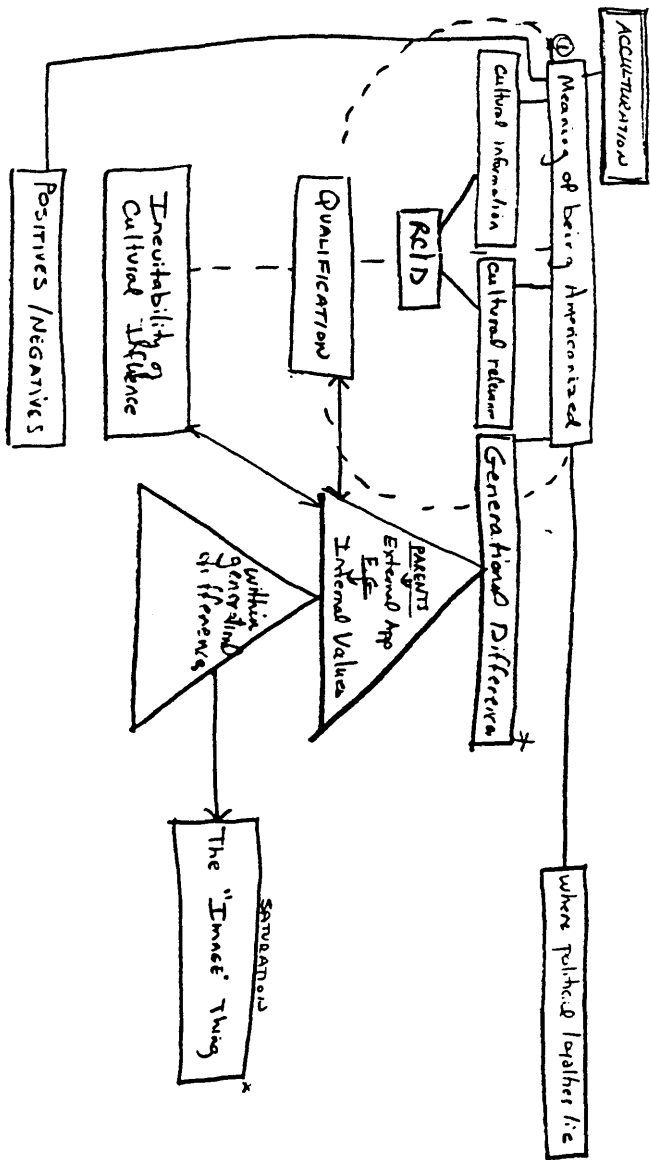
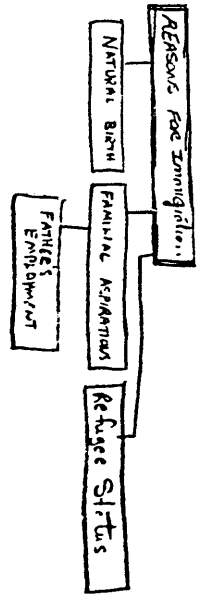


200

IMM

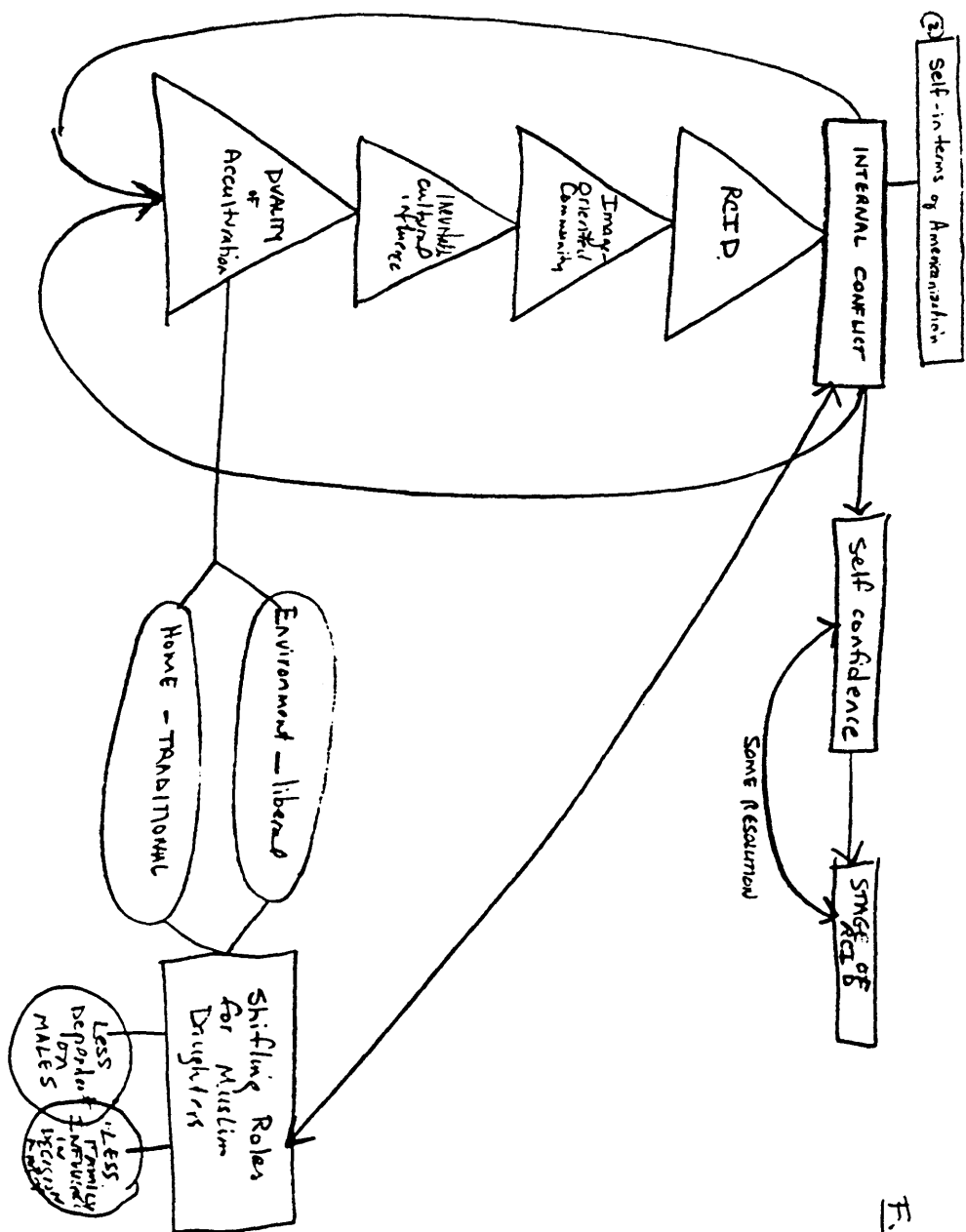






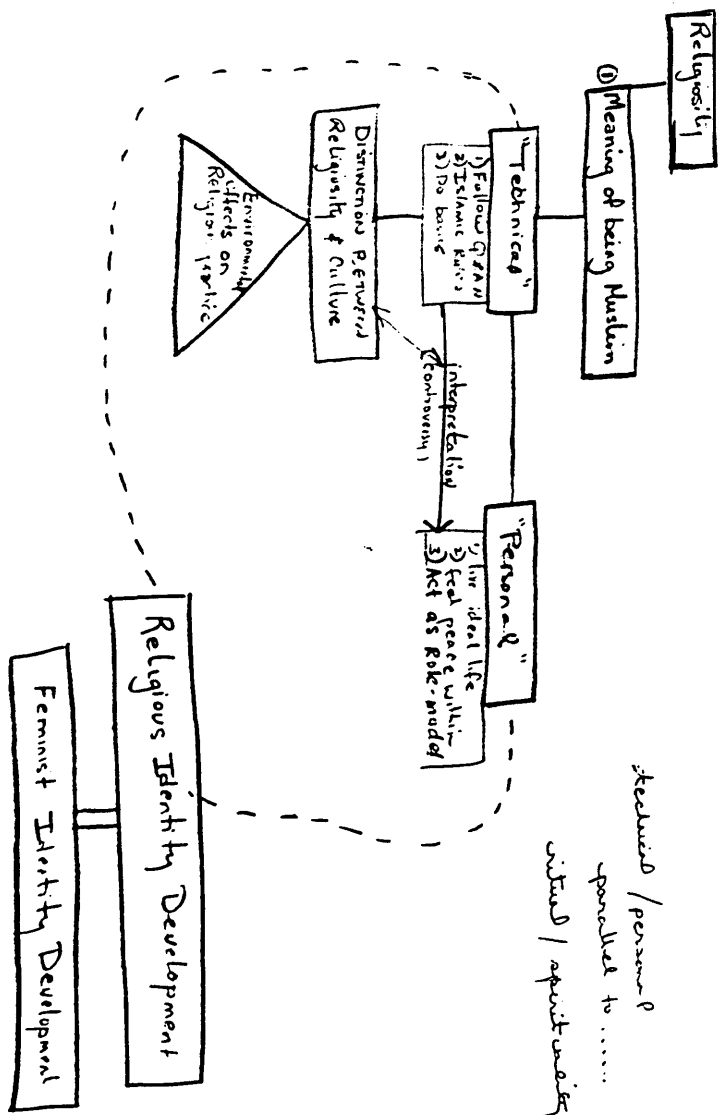
F.6

Fig



F.6

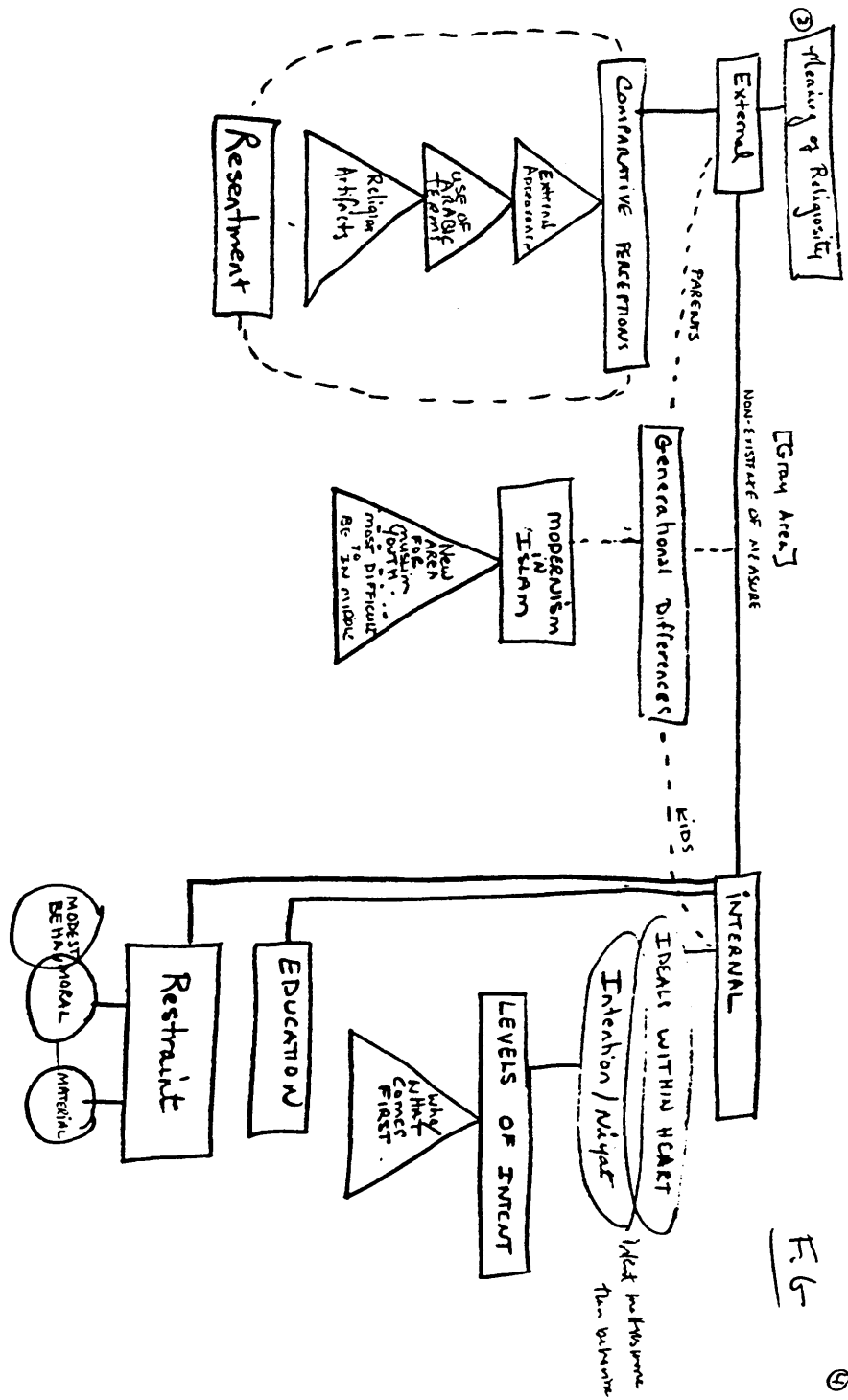
20



Typology?

F.6

Fig. 3



F. 6

Fig ④

Description of Self Religiosity

New Language of Expression

- Religiosity Oriented
- Religious Practice
- Muslim duty by name

Something to the
similarity - again - and
Christian and

SUBJECTIVE FEELING OF Inner Peace

Religious Identity Development

Gender Role Ideology

FAMILY

EXTENDED

NUCLEAR

Being Role to do
of person

fully
independent

REID

Religious
practice

Re-negotiation of Family dependence

Re-negotiation
structures:
Stronger as
independent

Conflict

Also Dependent
upon connection
to support for
extended family
community style

F.6

Fig-6

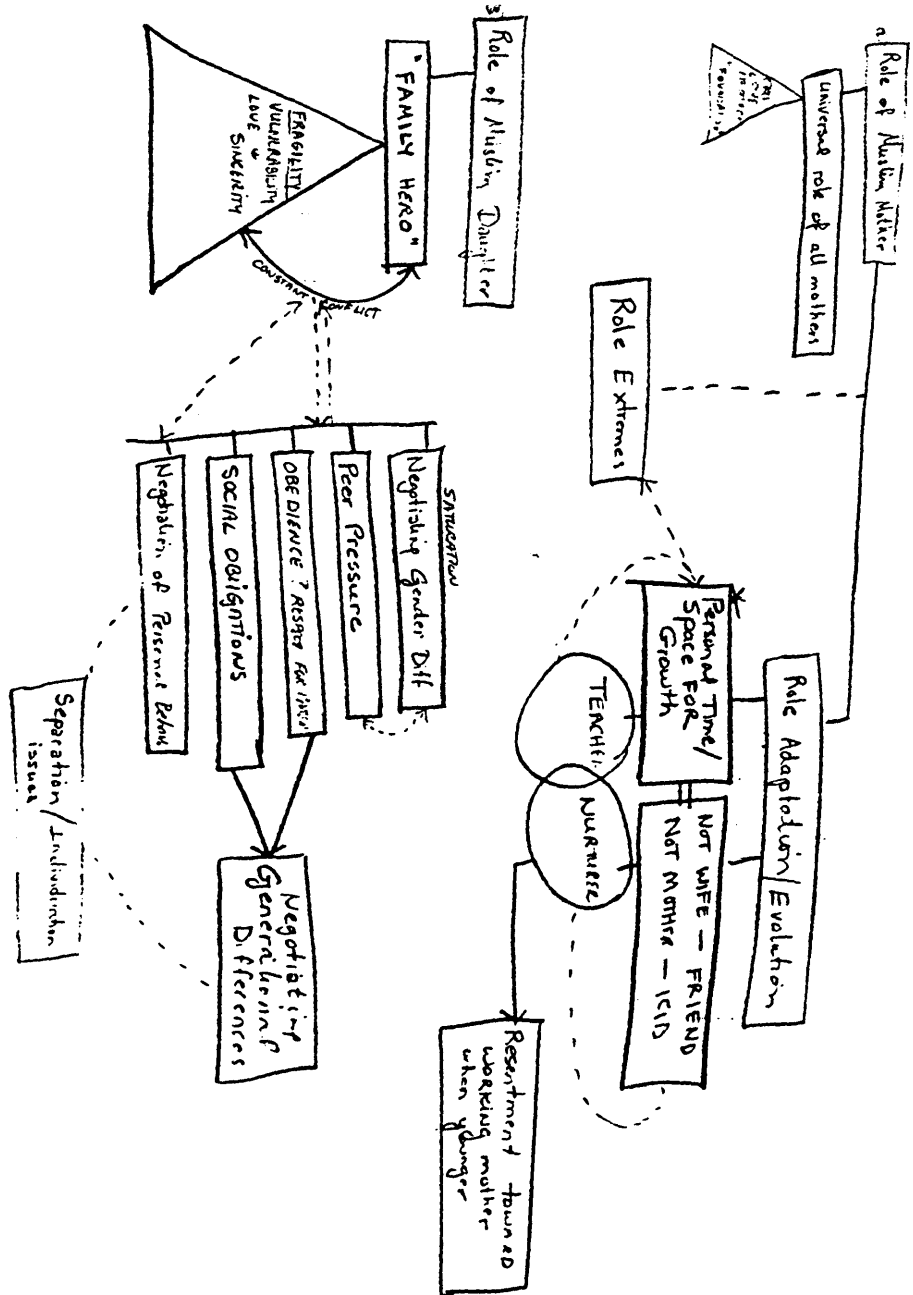
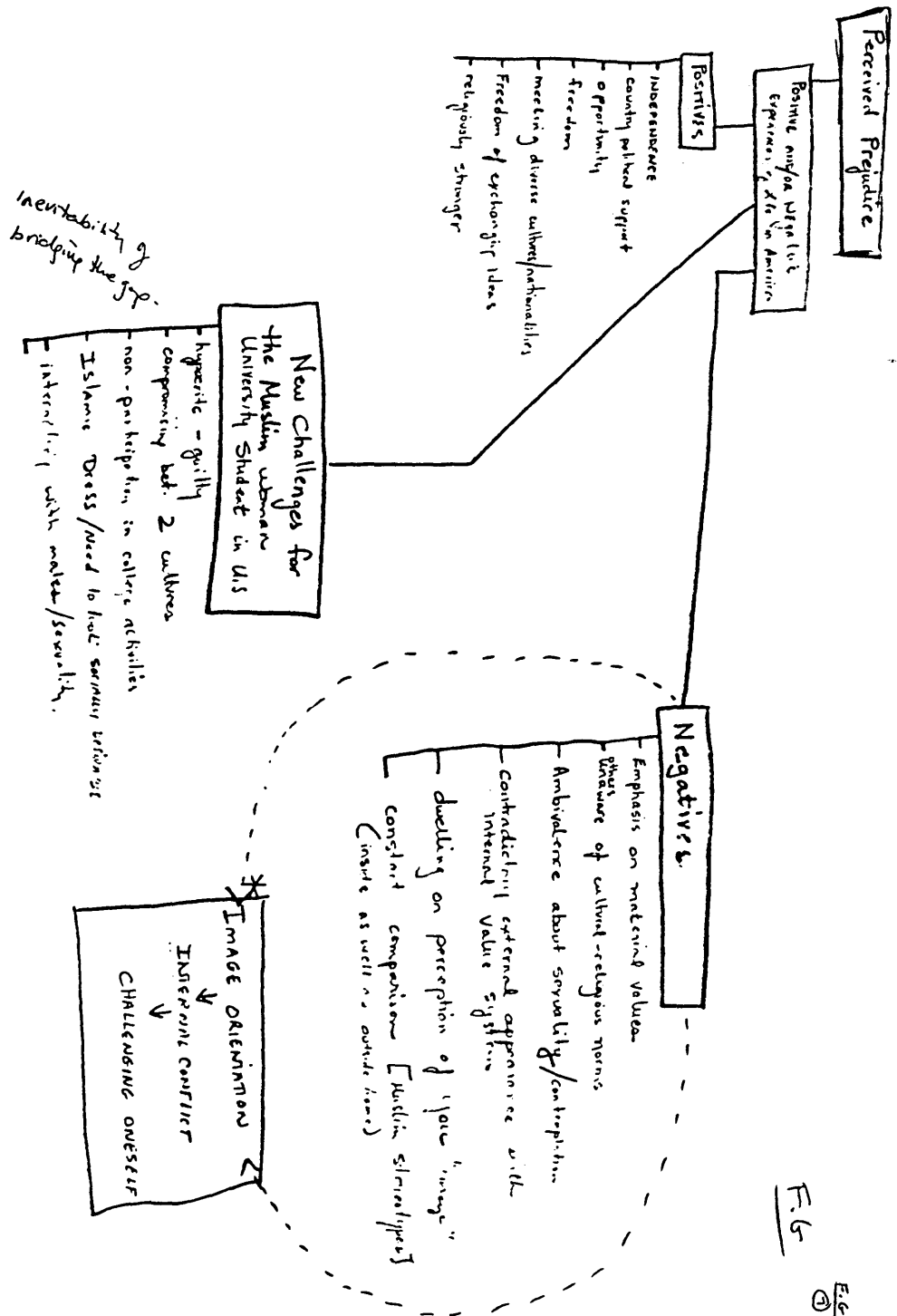


Fig. 6



Definition of Emotional/Mental Health

1 Descriptions of Mental Breakdown

Deviation from predictable/normal behavior

VERGE
psych/emotional manifestations

- very very busy
- no mind - no heart
- lost spirit
- no motivation
- no happiness
- utter confusion
- stressed
- scattered / impulsive behavior
- mental overload

QUALIFICATION

- it's not freezing out
- it's not thawing thing
- it's not screaming unthinkably

SEVERE VS. MILD

- SUICIDAL
- THINKING APTS
- going back to abusive reln.
- PC: mental sexual
- Religious identity confusion

- mental overload
- stress at school

2 FIRST REACTIONS

SATURATION
OFFER HELP

CALM DOWN

ASSESS LEVEL OF SERIOUSNESS

- 1st → talk in privacy
- 2nd → go to family member
- 3rd → go to counselor

- 1) Joining
- 2) Active Role for change (Advice)
- 3) Initiation + Completion of Problem Resolution

Stigma Reduction Education

3 Eventually Happen

Necessity to talk

Yes

NO

Scared Answer

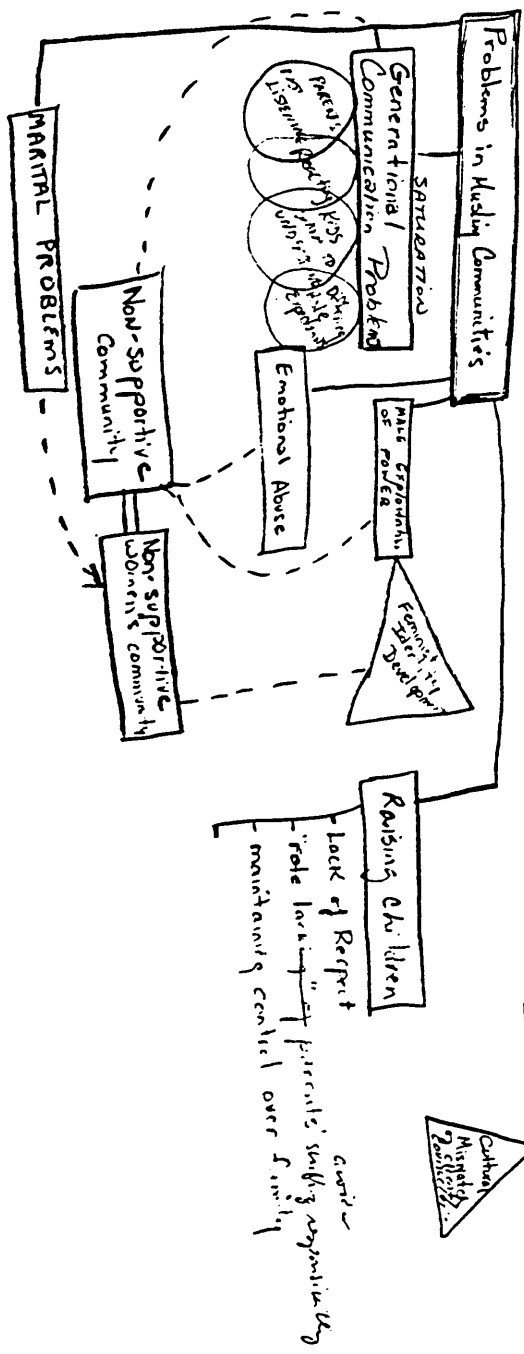
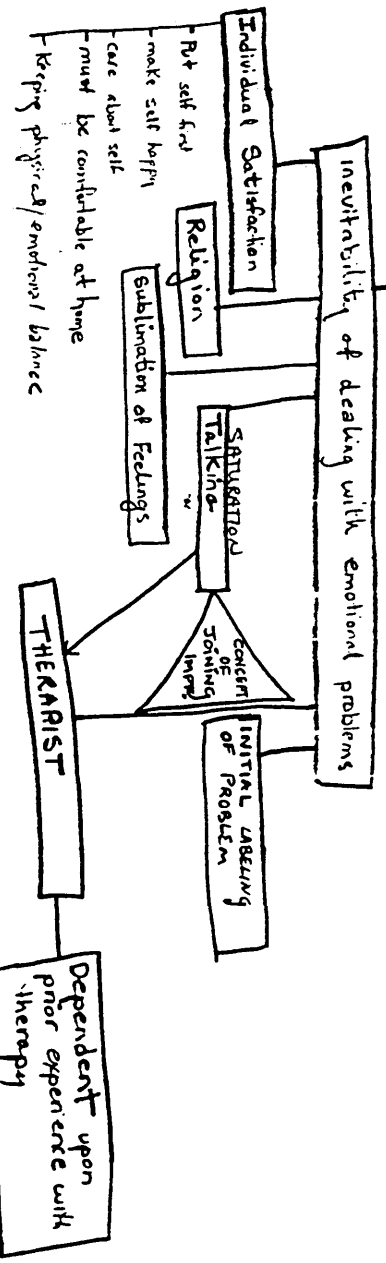
DRASTIC SOLN (suicide)

General Pessimism

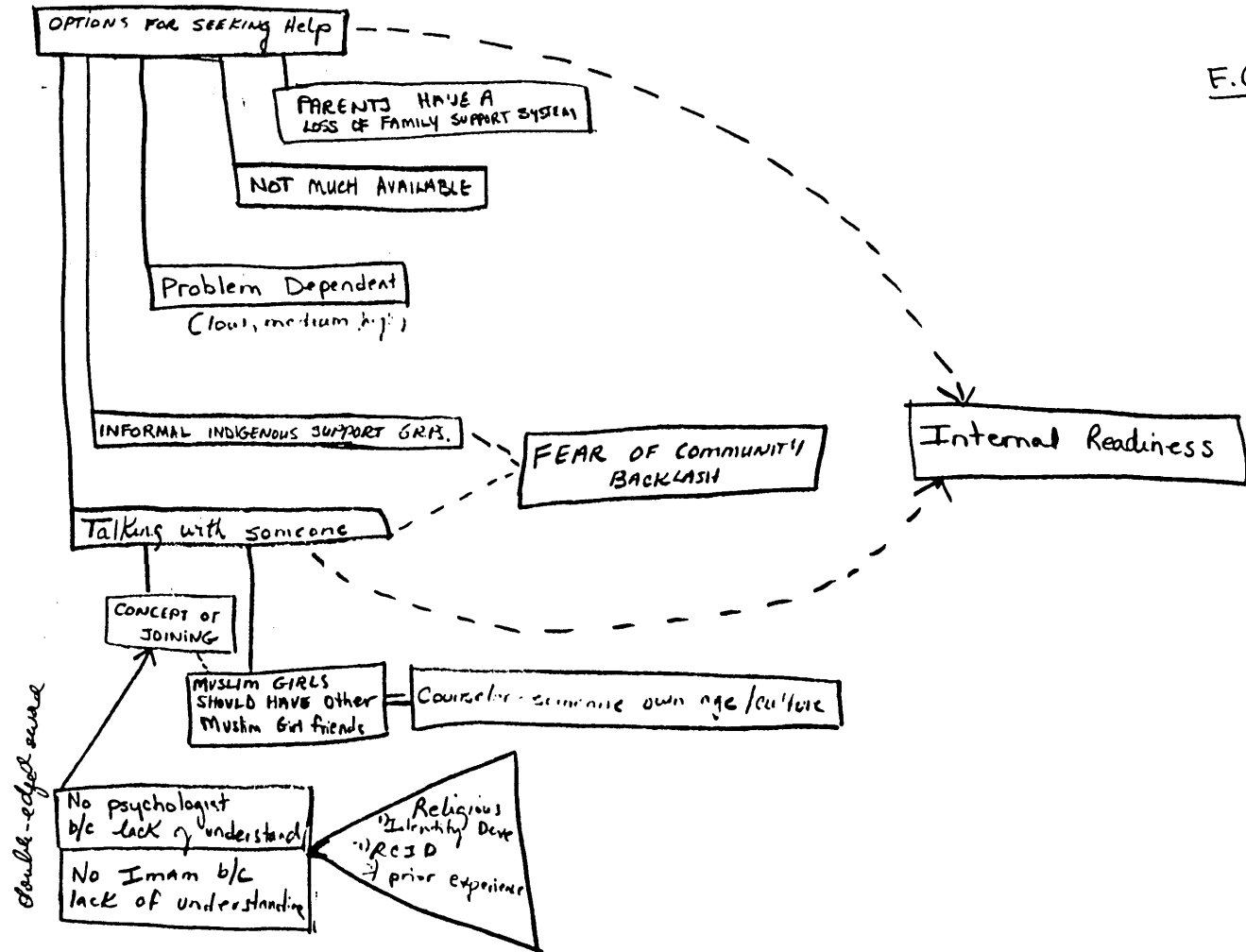
F. G. 3

Coping Mechanisms

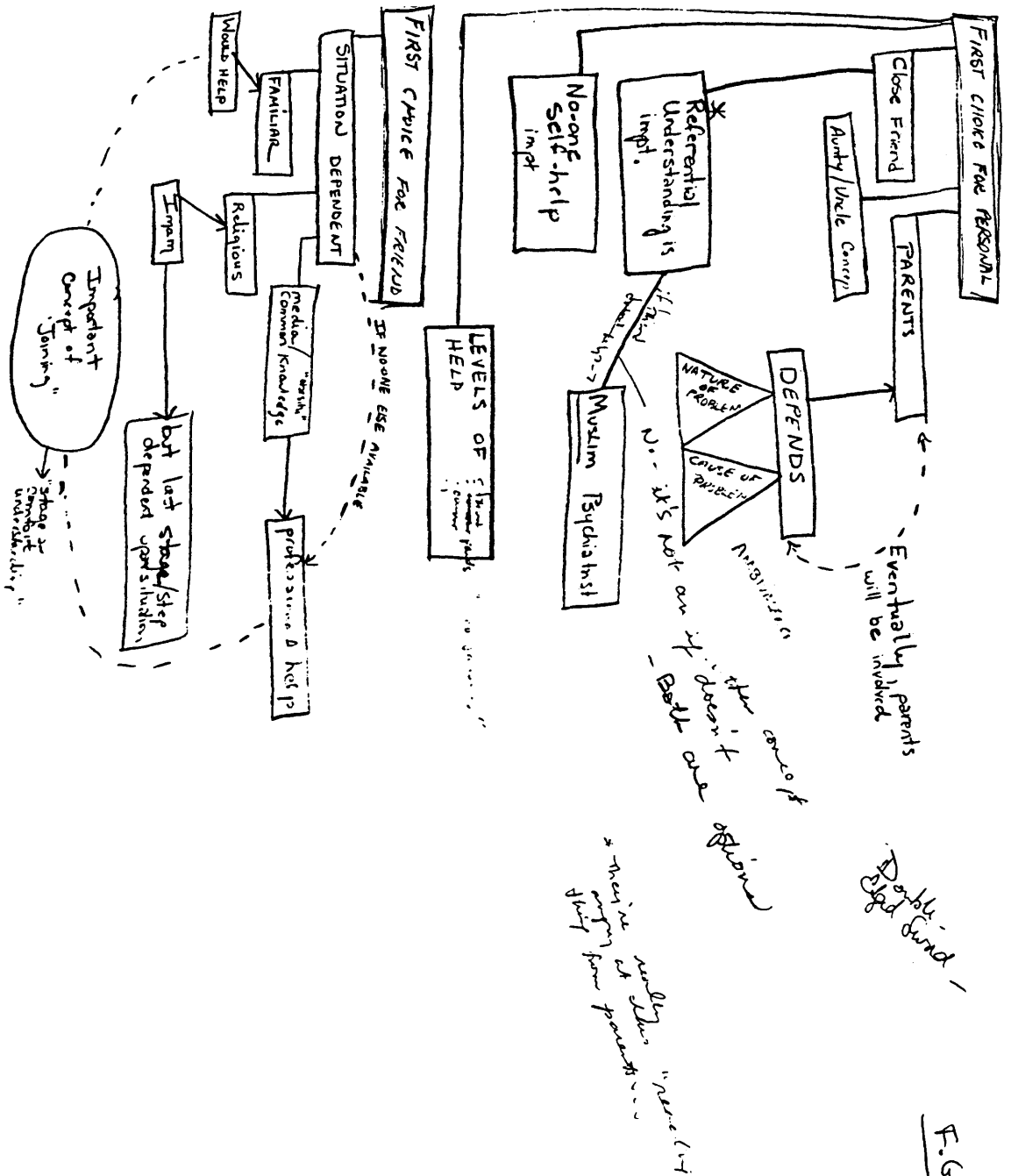
BEST WAY TO AVOID EMOTIONAL PROBLEMS



E-G 10

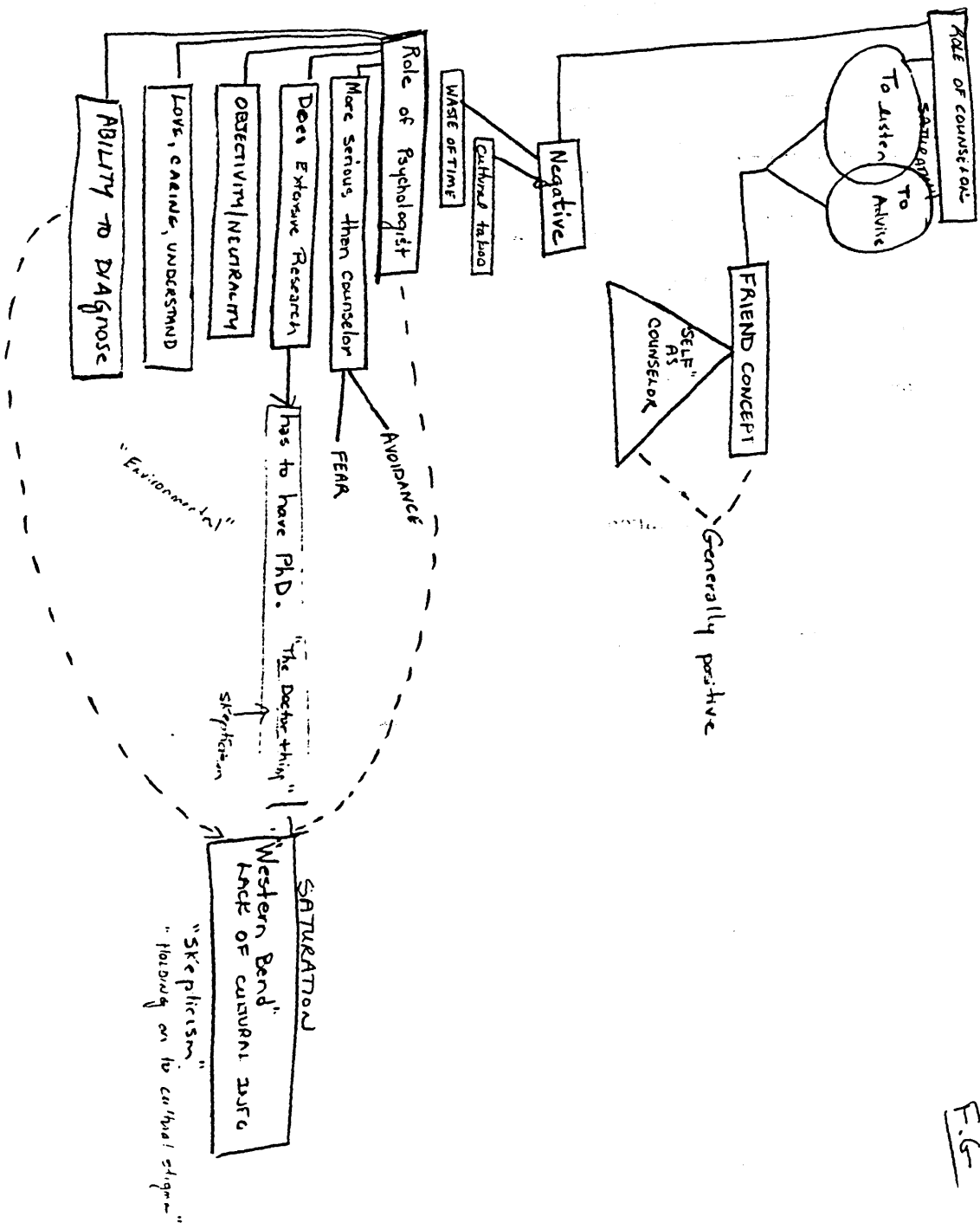


F.G
F.G
10



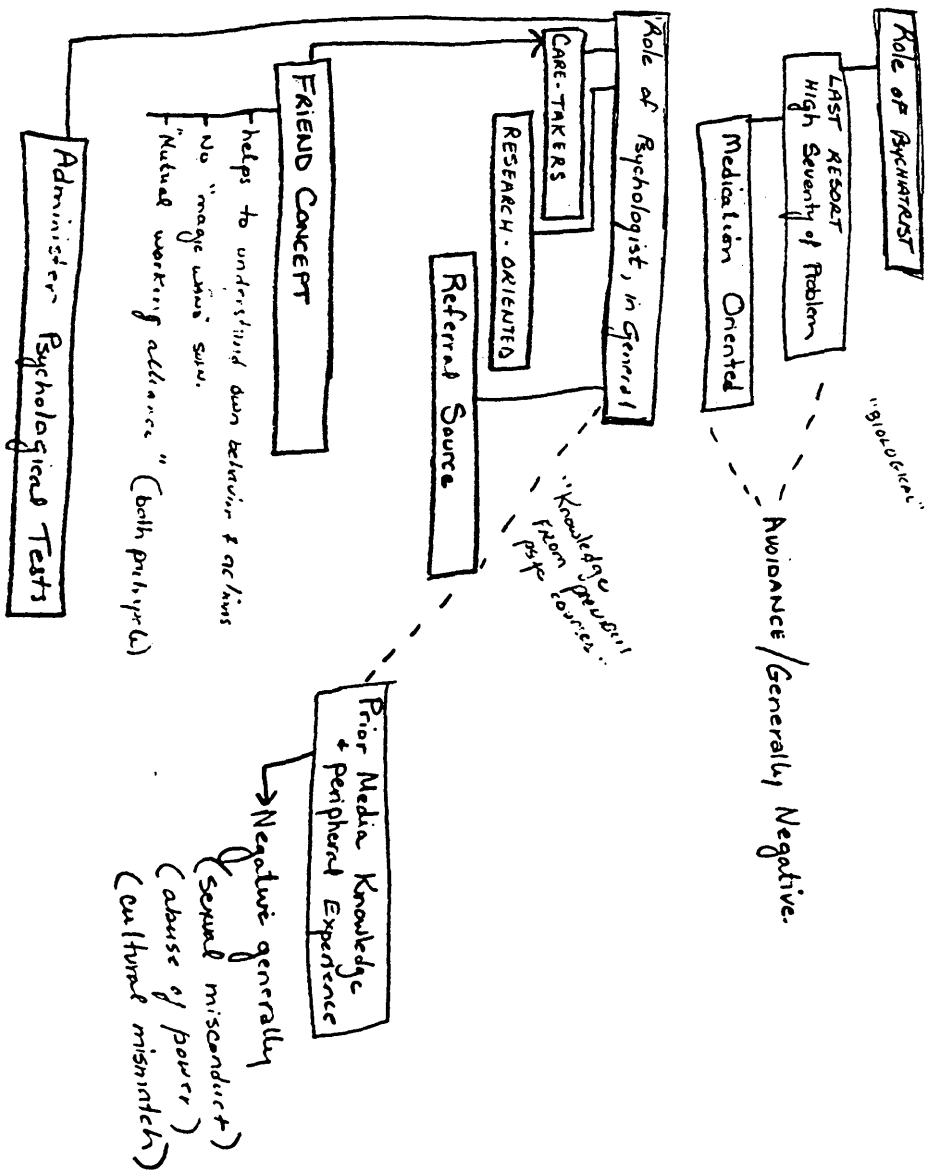
F.G

②

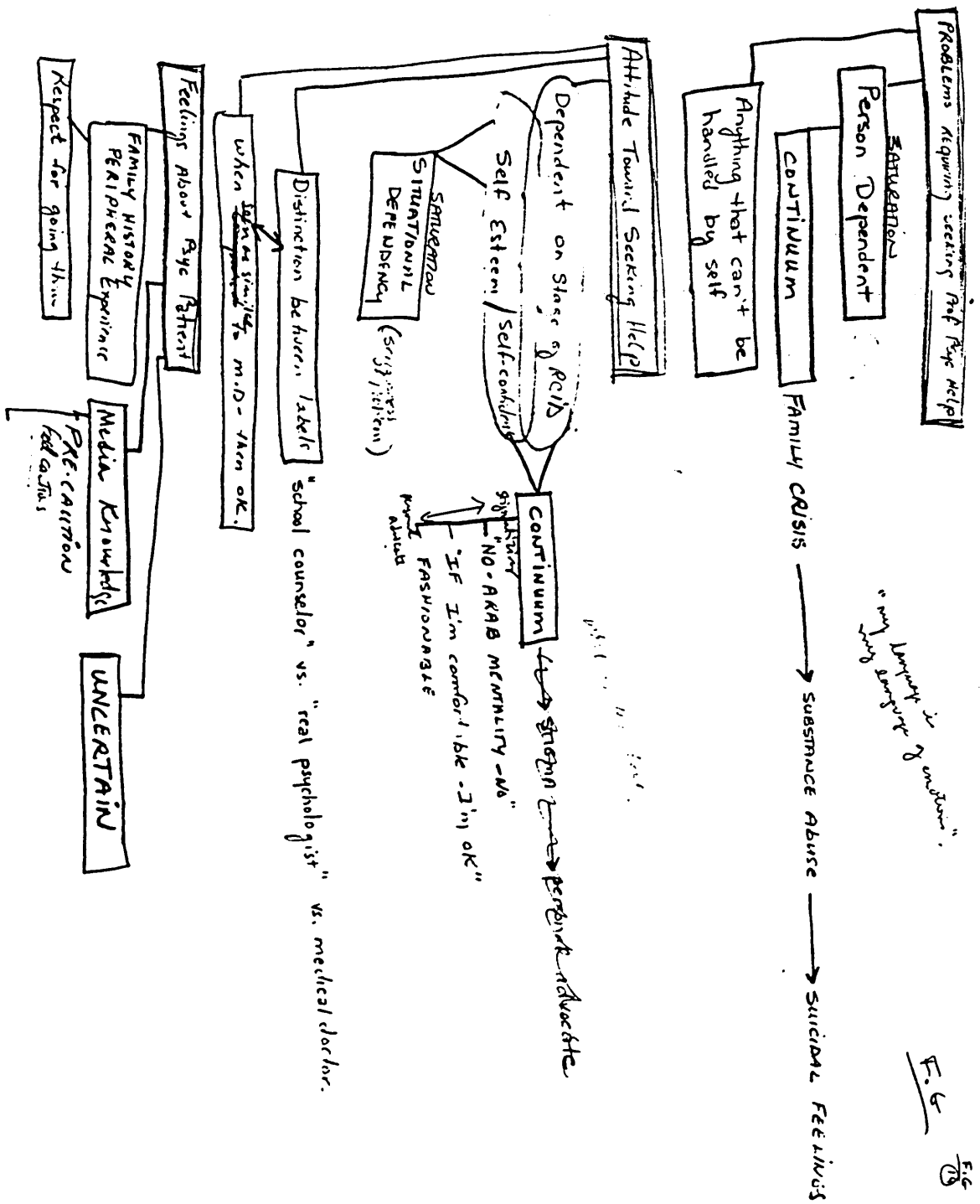


F.6

②



F.5



APPENDIX K

Memos

Initial Memos (preproposal)

8-3-95. Met with Dr. Stabb today to discuss my concern about getting a focus to this dissertation. We came across and further pursued the idea of a modified version of the ATSPPH scale. The goal was to make the question more of an open-ended question. In doing so, we realized that the choice of words such as “mental problem” and “psychiatrist” would raise language concerns. It was therefore suggested that I review the instrument with both Arabic and Urdu speakers to gain a better understanding of contextual terminology. Then write the questions according to this “temporary pilot study”.

Dr. Stabb said that she noted a difference in the amount of context used as compared with U.S. trend. Also U.S. culture may use “discrete labels for descriptions of mental health symptoms, where this may not be the same for Muslim populations (language indirectness).

We also discussed the option of using case scenarios in open-ended format.

It appears that I am interested in generational differences so Dr. Stabb suggested that I might use purposive sampling with 10-15 families who have first generation and immigrant parents. This way I might tap into level of acculturation, religiosity and generational differences as they relate to attitudes and expectations about counseling.

9-19-95: Met with Allen Ivey and discussed research proposal. He was very enthusiastic about the study and felt that I appeared “on focus” regarding the area of study.

9-21-95: Met with Leila Ahmed . Although not matching my expectations, she was very friendly. She offered her full support to me for this research project, and affirmed that it was a much needed topic of study.

9-21-95. The more that I am thinking about this entire area of research, I realize that I am interested in the issues of Muslim women. For practical reasons, my sampling will be a much easier and enjoyable experience. I am torn between the decisions, but I am drawn toward this focus as of now.

I am still contemplating research methodology and will go through Bogden and Biklen, 1992.

9-23-95. Went to first Muslim Students Association meeting here on the Umass campus. Approximately 25 students were present. (4 women including myself). Very welcoming, mix of cultures including African American, Palestinian, African, Malaysian, Iranian, and Pakistani. Males and females sat together, however we were on opposite sides. Good interaction and introductions of each. Projects for the semester were planned. One male introduced the need for Muslim women to participate more and encouraged the attendance at the Friday prayers.

At the meeting, one Iranian woman invited me to participate in Thursday women's meetings. They sit together and discuss various issues of concern. This appears to be a good site to collect data.

9-23-95. Watched Islam in America (television show) Dr. Maher Mathout discussed the importance of interaction with the Muslim youth group (18-25) as

they have very low attendance at local mosques (statistic needed). He talked about them having low understanding of Islam and low positive self esteem. He suggested that if we do not attend to this, we will definitely lose a generation of Muslims. We have to show this youth group the many opportunities to live a happy, successful life as Muslims in America. He said that what he would first do is take a group of youth and sit with open discussion about their fears and concerns, then talk about what is it about Islam that is so appealing and how they can combine the two into a good life (use example of the prophet's life to build strength). He said that often we are asking for the impossible when we ask youth to the mosque and avoid interactions with the general life in America. Incorporation must be made.

9-23-95. I am thinking about using the term women of Muslim background/ethnicity. This is in response to the constant voicing that there are many Muslims who have Muslim heritage, but they are not strictly conforming to the practices of religion. So, in order to collect data from a population that might not consider themselves as Muslims in a stereotypical way, this might provide more information.

10-10-95: Had a student meeting with Dr. Ivey at his home. I had the great opportunity to discuss my proposal with the group of students. They really like the idea of my research and support that it is a much needed study.

One student, suggested that it might be wiser to focus on the methodology and then the rest will fall into place. He stated that he liked the group discussion and said

that it would be a wonderful thing to really pay attention to the communication pattern that occurs between the space between them.

Dr. Ivey said that the questions should be more family oriented rather than individual oriented according to multicultural theory. He suggested to really pay attention to the questions I am asking.

He talked about the voices that they present might not even be their own voices. in fact their voices have been shaped by the cultural context they live in. Explore this.

I have been thinking about these issues and will plan to integrate parts of his "psychotherapy as liberation" paper. There are some important questions stated there as a student of multicultural theory.

1/7/96. I have been working very hard on getting my proposal together. Things are falling together quite nicely.

Spoke with Farah Ibrahim a few weeks ago and requested her scale to assess World view. I thought that it might fit with my dissertation, but looking at it; I changed my opinion. I am going to stick with Sodowsky's scale (AIRS). 1) because it has a measure of perceived prejudice and 2) it has good acculturation measures.

I have asked Dr. Haddad to look at the Islamic religiosity scale. She will pass it on to her co-author Lummis for review. I still want to use it for a measure of religiosity followed up with a qualitative component.

Memos

First interview:

First interview went surprisingly well. Interviewee was open and candid, she did not express any concern with the informed consent forms and other pieces of confidentiality.

I need to confirm whether the interviewee gets a copy of this signed consent form.

The structured interview worked reasonably well, however, I felt myself concerned over whether to remain structured or to probe for more specificity. I was concerned that probing for more specificity may lead to leading questions.....etc.

It appeared that a few of the questions were open and general enough that other questions stems were being answered. I will attend to this fact for further revision of the questions.

The questions appeared to flow into one another quite easily. ...however, again, I found myself struggling with a few transitions. This may in part be related to the fact that this interviewer and interviewee relationship is different from my more formalized experiences in a therapeutic relationship.

Surprisingly, questions around the process of Americanization and coping mechanism were coupled with heightened levels of anger. When reflecting upon her own situations and the situations of her community, she became in touch with some anger and resentment. Allowing herself to sort of some of these emotions in reflective way appeared to be a helpful process.

Second Interview

This interview appeared to last longer than the first, and I was a bit more relaxed. however, it was a bit difficult b/c although this woman was a first-generation Pakistani female with Muslim ethnicity...she fluctuated between calling herself a Muslim and not being sure whether she felt comfortable calling herself a Muslim. For example, she commented that she had difficulty with the questions b/c they appeared to assume that she was indeed a practicing Muslim. The way she negotiated this dilemma was to then reflect upon answers from a "Muslim perspective" and then from her own perspective.

She also commented on the fact that she thought the questions were too broad. For example, the question on "comment on any issue...positive or negative...that affects you as a Muslim woman living in America was much too broad.

The “benefits” of seeing a psychologist question tended to be repeated and what they could do for you in general.

I should probably think about the question “what does a mental breakdown look Like?” This question appeared ambiguous and may benefit from being re-worded. it again appeared too broad.

The question “what might happen to this person eventually?” became confusing because lost the focus as she was answering the prior question. I will need to think about this question and use clarifiers as appropriate.

the question about going to a clinic appeared unclear. This was confused with “private office or overnight clinic...hospitalization. It may be kept intact...just to use as opening up discussions for the confusion of this overused word in general American terminology. I will make note of further responses by subsequent interviewees.

Third interview

This immigrant Pakistani woman was verbose in the initial portion of the interview, and then became tired at the end of the interview.

Most significant for this woman was her repeated use of “it’s a dilemma.” This statement was initiated repeatedly at times in which she was confronted with her role as a Muslim woman, mother and daughter while being acculturated to American society...again, heightened levels of emotionality emerged as she processed that she may not have felt this dilemma if she were in her own country of origin.

She felt as if the questions were very thorough, however tough.

I am struck by this woman’s physical appearance and her language of expression. What is striking and somewhat disturbing is the fact that I had certain assumptions of what her responses would entail. She was wearing her traditional clothes, long black hair tied in a ponytail, no make-up-sort of like the fresh New England look (Pakistani style). Anyway, she had had a personal experience (family member) in an in-patient psychiatric facility. What was clear was the fact that she was using culture specific terms such as “ I know I was enabling him” or he wasn’t taking his meds on time. This woman had clearly picked up the cultural jargon of an in-patient facility- the effects of how this and how she understands mental health appear to be associated.

Fourth interview

This immigrant woman tended to think that the questions were “too general”

She felt that the questions needed to be more specific in order to engage in a deeper conversation. In addition, she also came from a religious Muslim family, but was currently negotiating her religiosity depending upon the current lifestyle that she was adhering to. For example, she identified herself as a lesbian and therefore felt confused whether she had a right to identify herself as a Muslim. however, she stated that she believed in Shahada and the basic principles of Islam....but due to her lifestyle felt that the Muslim community would never allow her to self-identify as a Muslim woman.

I have lost track of the number of interviews at this point so I shall reflect upon the general experience of subsequent interviews.

I am struck as to the repetitive concern about confidentiality and the hesitation to speak on tape. There is what seems to be an intense concern that "some one will find out about the responses."

One woman requested that she not be taped until she felt better comfortable about the nature of the material. I also am struck as to the apparent difficulty of getting such an interview from an "outsider."

As interviews progressed, I became more comfortable with probing further into questions. It is here that I really felt the flexibility of the structured interview and the importance of contextual information.

At this point of the study, I know that I have sent out at least fifty-five packets and requested participation in Phase I of study-these, I must stress have been face to face contacts and I have spent at least one hour minimum getting to know the person and letting her feel comfortable with me.

I'm not sure about what this entails regarding sampling and bias, etc- but I am aware of the level of anxiety these women have in filling out these packets and mailing them back—and yet I am basically an insider.

Repeated questions regarding the confidentiality aspect of the study were asked and many felt as if they needed to inform me that people in the community "would find out."

I also had to spend a significant time preparing the women for the interview- this took place by a short time of socializing and "relaxing" the participant. I constantly found myself wondering how an outsider would manage to get any of the information that I was able to get.

There were some questions in the semi-structured interview which turned out to be not useful - for example, "given that clinics are available..." did not make sense to the interviewee and also

"the best way to avoid emotional trouble.." gave difficulty
I then began to use the word "prevent" rather than avoid.

Sept 25, 1996: As I have been reading my interviews, I am consumed with the amount of information. I have been thinking about the terms that a colleague of mine discussed as we talked about the social class system in Pakistan. I am struck thinking about how this well-known class system of elitism and life-style is negotiated when these women are taken out of their native culture and placed in a situation where common ethnicities are forced to "melt as one" what happens to these class structures -and to the identities that these women have for such a long time carried with them.

Sept 26- Initially I had thought about observing the difference in communication of mental health symptoms between generations...I still am interested in this-but I should make note that predominantly the sample used were educated and reasonably acculturated women -that likely made a great difference.

Sept 29: as I read through the interviews making my codes-it's pretty clear that the term Americanization has been associated with negativity-however, there is then this need to state that and state that it is actually not an all-negative process this appears to be the case across generational lines.

Sept. 29: A point that stands out is that one immigrant women strongly stated that the mosques are the only option while a first-generation women stated that mosque is definitely not an option. I am attending to why this difference and how can this diversity be accounted for.

Oct 1: there appears to be a distinction between the role of counselor, psychologists and psychiatrist predominantly based upon the level and seriousness of the problem.

Physicians are given much more respect and are gone to when the problems appear the most serious.

If they are family stress issues, etc-the counselor and psychologist are looked upon almost as a friend

Oct 1; Image and perception is a huge them. I find it ever present throughout the process of these interviews. I intend to discuss it as well as emphasize it.

APPENDIX L
Reflexive Journal

Reflexive journal:

Sept 1995: I am in a new city, Amherst, MA and am beginning a clinical internship at the University of Mass, center for Counseling and Academic Development. The city is new and the work is demanding. I will begin collecting information for my literature review and initiate writing my proposal.

Oct 1995: So much information both from work and for my study. However, I think I am narrowing my choice of study down. It's really very important to have a focus.

Nov 1995: I have narrowed my study down to working with Muslim women. It is a study that I am really excited about doing and have received positive feedback from a number of professors and friends. Reading all the literature has been tiring but it is helping me focus in on a topic and what I am really interested in researching.

Nov 1995: At the counseling center, I was assigned a young Muslim woman. She had come to the center on an emergency situation. I feel like I am going to get some practical training with this client in conjunction with writing my study.

Dec 1995: Working with my Muslim female client has opened up my eyes to a variety of issues. I have been working with my personal feelings with my clinical supervisor, however, I feel very encouraged about the work my client and I are doing. She never misses an appointment and informs me that she is learning so much about herself in therapy. The importance of family context is crucial in working with her.

Jan 1996: Already the new year....I have written quite a bit of my literature review and am working on finding the specific quantitative analyses I want to use for my study. I have read almost every book on qualitative analysis (feels like it anyway) and have come to the conclusion that they are all basically saying the same thing. I feel rather frustrated but will speak to my advisor for further suggestions.

Feb 1996: I have been meeting lots of Muslim women in this area. This is reassuring in that I will ask for their participation once this proposal has been approved. Getting things together with the Human Subjects Review Committee is also rather frustrating.

March 1996: I defend my proposal this month and am feeling rather confident. I think I have researched this study extensively and feel that it is right on time. My supervisor at the counseling center has reviewed it and given me positive feedback.

April 1996: The defense went well...a few minor changes but I have been approved to begin collecting data. I am really excited about doing the interviews. I have scheduled one next week. Also I have given out about ten quantitative packets to a diverse group of Muslim women. All in all, the Muslim women that I have interacted with seem inquisitive as to the nature of the study and pleased that I am initiating a study of this nature.

May 1996: The return rate of my quantitative packets has been slow. I have been frustrated, especially that the women showed interest and I spent a great deal of time gaining their trust.

May 1996: I am terminating my therapy with my Muslim client this month and it is a difficult process for us both. She has greatly benefited from this time as have I. I am even more convinced that this study has meaning and will be helpful for clinicians working with Muslim clients.

May 1996: My first interview went well. I felt as if my interviewing techniques, given my professional background, were an asset. However, I felt limited because this was not "therapy" or an "intake session." Sitting back and listening was great and I know that this experience will prepare me for the following interviews. Regarding my participant, I'm glad she was my first. She was emotional and dynamic and was not shy to say what was on her mind. She was a first generation Muslim woman.

May 1996: My second interview was more difficult. This first generation woman was more hesitant in her responses and stayed quiet most of the time. I knew she was nervous as she told me she felt like I was a "shrink." My first immigrant woman was verbose and I enjoyed speaking with her. This interview took place at her home and we drank tea together and talked. She told me that she really enjoyed the interview and was looking forward to seeing the results. Another immigrant woman came to my office and this felt like a more "professional" interview. It is amazing that the setting of the interview has a lot to do with the interview process.

June 1996: This is my final month in Amherst. Most of my time has been non-research related because there is just too much demanding work at the center. As I reflect upon this internship year, I am amazed that I found time to do as much research as I have done. Packing up my things, I am really very sad to leave to leave Amherst. It is an intellectual city and this center promotes hard work. I'll miss my independence, my clinical staff, my office, and most of all the bagel houses. I spent much time there drinking coffee and thinking about this study.

July 1996: Most of this month was spent in traveling and visiting. I still attempted to request participants to fill out the quantitative packets.

August 1996: Most of this month was spent doing preliminary analyses on the study. I presented these initial findings at the annual American Psychological Association meeting in Toronto, Canada.

August 1996: All interviews have been conducted. In general, participants were enthusiastic about participant but were hesitant in saying what was really on their mind. This is just a personal feeling reflected around the concern for confidentiality.

In general, participants were rather skeptical about this whole business of psychotherapy, yet they also wished for resources in seeking help.

Sept 1996: At this point in the study I have printed out all the documents (verbatim transcriptions of interviews). I have compiled two groups. One is for first-generation women and the other is immigrant women. I have begun the process of initial coding in which I will re-read through the data and highlight what I feel are emergent themes.

There is so much data and I am finding myself overwhelmed. However, in order to help myself get a hold of the data, I have attempted to sit with each of my broad categories and work in a systematic fashion.

I have been talking to colleagues to assist me with validating what I have seen as emergent themes and data analysis. I am also attempting to use a data matrix for subsequent analysis.

I have read the interviews so many times and thus I am satisfied to say that I have reached the point in which I can feel each woman within her own context. Having reached this point makes writing the results a much easier and thorough process. Again, the immense amount of information and emotion is overwhelming. I have chosen to write down all that I can in my results knowing that I will edit and tighten up my findings at a later point.

Oct 1996: Having reached a point in which I feel I know each participant's voice, I have created detailed flow charts from what I have observed in my data. This has probably been the most important part of data analysis for me. I am able to observe relationships between variables and can use the charts in writing my results.

Dr. Stabb and I met at a café and she took a look at my flow charts. She really like them and we had a chance to think about the data in detail and discuss some major emergent themes.

Nov. 8: I initially thought that I was getting close to finished at this time, however, there is so much work involved in creating this piece of work.

Regarding those broad themes, the theme of “dependency” has become apparent and so has the theme of Muslim women, in particular immigrant Muslim women experiencing a “double-edged sword.”

Dec, 1996: I am concerned about the number and length of quotations that I am using in this document. However, I am becoming clear about the fact that I do not want to compromise these voices. They are incredibly rich and full of context. I realize that I have an obligation to put more analyses together, but I still think that people will themselves benefit by hearing the entirety of these voices.

Dec 16: I find it amusing that I myself as a Muslim woman am living through the voices of these women. I too am part of a context and I am realizing this as I write....I am never alone...I function within a system for which my American counterparts will perhaps never comprehend. As a researcher on her last stage of writing, I find myself catering to the needs of my in-laws...who subsequently live with me....I guess I don't attend to the split in my life until it is others who point it out to me..."How do you do this?" I guess my answer is that this will always be part of my life. Nevertheless, I realize that having a family context to fall back upon, in good times and in bad, is something I won't take for granted.

Jan 1997: I have written close to 300 pages of text. Although pleased as to what I have written, it desperately needs editing and careful analyses. This month I will re-read with an editor's eye. I know that lots of work will be discarded and I am ready for this.

Keeping a reflexive journal is a great process. However, when you are so much into your work, it's difficult to take time to process through your thoughts and feelings. I realize that a great deal of my thoughts and feelings have been expressed through talking to friends, professors, and on my own.

Feb 1997: Dr. Stabb has re-read through portions of my study. She is satisfied with it so far and has given me some ideas as to how to create the section on integration and convergence of findings. This is really difficult because I feel that I am truly mentally exhausted. I know that there are major themes to discuss, but I am having an awful time thinking of them.

Feb 1997: I have decided to write down what I think should be incorporated in the discussion. Dr. Phillips has also given me some great suggestions. I know that I want to include implications for practice also.

Feb 1997: I have given the Discussion section to Dr. Stabb. There was quite a bit of re-organizing to be done. She gave me the suggestions to think about how

this study provides theoretical contributions and then to incorporate them into a clinical situation.

I have been working on the implications for practice, and I am satisfied with the outcome thus far. It is very brief and this was my struggle. I can't help but think about my Muslim client in Amherst this point. I somehow feel that I am getting her story out. I know that this study will have practical use in understanding some of the dynamics of Muslim women.

March 1997. I have scheduled my defense date for the end of March. Now the process entails getting copies together for my committee. Formatting this paper has been a true nightmare, however, I continue to try my best. SO MANY DETAILS!!! It feels like I have memorized the graduate school handbook as well as the APA publication manual.

At this point of the study, I am happy with my work. However, there are things that I may have done differently. For example, this study was HUGE, and I had difficulty in organizing the material. Therefore, I think that there was information that I missed in conjunction with making hypothetical relationships. I still do not feel complete in uncovering specific help seeking behavior within the Muslim population. Nevertheless, I am encouraged that this study will promote a solid base for future research.