Islamic Perceptions of mental illness amongst young South African Muslim women

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Declaration

I, Tasneem Bulbulia, understand what plagiarism entails and I am aware of the university's policy in this regard. I declare that this research report is my own original work. Secondary material has been carefully acknowledged and referenced in accordance with departmental requirements.

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Abstract

Attitudes, beliefs and responses to mental illness and the mentally ill are significantly affected by the way in which individuals conceptualise and understand mental illness. Religion and culture play a vital role in the way individuals perceive, interpret and experience mental illness (Gaw, 2008). It is thus important to explore and understand the way in which religion and culture influence individual's perceptions of mental illness as this may affect the nature of family and community support of those who are mentally ill as well as moderate the treatment process by psychologists and enable them to develop culturally specific interventions (Morrison & Thorton, 1999).

The religion of Islam is described as a way of life. Islamic beliefs and values therefore filter into all aspects of a practicing Muslim's life, including their attitudes, beliefs and responses to illness. This study aims to explore the way in which young South African Muslim women perceive mental illness with a specific focus on the influences that the religion of Islam may have on their perceptions.

A purposive sample of five Muslim women between the ages of 17 and 18 years was selected from an Islamic school situated in the Johannesburg area. Semi-structured interviews were conducted in order to gain information that was rich in nature and thematic content analysis was used to analyse the data.

The results of this study highlight that young Muslim women understand mental illness along

the lines of a biospychosocial model, believing that biological, psychological and social factors may cause or trigger a mental illness. Their responses to the mentally ill were characterised by compassion, respect and empathy. However, they viewed their community's attitudes and reactions towards mental illness as negative in nature, highlighting the existence of stigma. This study also found that education and exposure to mental illness may be influential in changing negative attitudes towards mental illness. It emerged that Islamic beliefs influence young Muslim women's perceptions and reactions to mental illness in a positive light. Furthermore this study found that it may be important for therapists to be aware of the basic beliefs of Islam in order to offer quality treatment to Muslim women suffering from emotional or mental problems.

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Chapter One: Literature review

1.1 Introduction

Perceptions of mental illness have changed over time and across societies (Barlow & Durand, 2009). As most contemporary understandings of mental illness have originated from a Western culture, there is a risk that aspects of other cultures and religions may have been overlooked (Haque, 2004). There is a growing appreciation of the important role that religion and culture play in individuals' perceptions of mental illness (Gaw, 2008).

This study seeks to explore the way young Muslim women understand and respond to mental illness, with a specific focus on the influences that the religion of Islam may have on their perceptions. In order to achieve this it is essential that one understands the terms mental illness, religion and culture as well as the intricate relationships that exist between them.

In the literature review that follows, the concepts of attitudes and beliefs will be defined. Understandings of mental illness will then be outlined, followed by a look at religion, culture and the influences they may have on perceptions of mental illness. The literature review will also provide a brief outline of the Islamic religion, the way this religion conceptualises mental illness, literature pertaining to Islamic perspectives on the treatment of illness as well as Islamic psychology. Furthermore, the importance of cultural competence will be defined as will negative attitudes towards mental illness. Women, society and mental illness will also be examined. The literature review concludes with an exploration of existing research which

highlights the link between religion and mental illness.

1.2 Attitudes and Beliefs

Throughout history human beings have attempted to understand and explain the nature of their environments. These understandings have and continue to evolve, shaping the world in which we live. Goins, Good and Harley (2010) emphasise that when examining these forms of understandings, it is clear that each individual embodies unique beliefs and attitudes. An attitude can be defined as "an overall evaluation of an object that is based on cognitive, affective, and behavioural information" (Maio & Haddock, 2010, p. 4). Attitudes differ with regards to valence or direction, in that they may be negative or positive. In addition, attitudes differ in terms of strength. Direction and strength play an important role in understanding the manner in which attitudes influence the way individuals behave and process information (Maio & Haddock, 2010). A belief refers to an acceptance or rejection of a proposition regarding reality (Sartain, North, Strange & Chapman, 1958). Many beliefs may be verifiable, based on or associated with factual evidence while others are concerned with matters of faith (Sartain et al. 1958). Both attitudes and beliefs are fairly stable, they determine the way in which individuals feel and think about various social, political, economic, and religious issues (Zubek & Solberg, 1954). These aspects are born during infancy and they are subject to change and modification in an attempt to meet the demands of an evolving environment. They may differ across societies and they are influenced by aspects such as education levels, ethnicity and to a large extent by religious and cultural affiliation.

1.3 Understandings of mental illness

Attitudes, beliefs and perceptions around mental illness are intricately connected to the manner in which individuals conceptualise mental illness. Understandings of mental illness have developed and evolved over centuries. Historically there have been three prominent approaches to understanding mental illness (Barlow & Durand, 2009). The supernatural tradition attributed mental illness to agents outside the body such as spirits and demons. However, this tradition was replaced by the biological approach which associated mental illness with disease and biochemical imbalances. Thirdly, the psychological tradition attributed mental illness to disrupted psychological development and to social context (Barlow & Durand, 2009).

With time it has been realised that no contributions to mental illnesses occur in isolation, and behaviour is thus a product of a continual interaction of psychological, biological and social influences (Barlow & Durand, 2009). The biopsychosocial model proposed by George Engel (1977) considers illness within a framework of multiple systems. It is regarded as a philosophical as well as a practical way of approaching clinical practice (Borrell-Carrio, Sunchman & Epstein, 2004). This approach revolves around understanding illness through the consideration of biological factors, psychological factors as well as sociocultural influences (Gabbard, 2009). These elements are seen as interrelated, where change in one level can affect the other levels, resulting in continuous and mutual feedback across levels (Ross & Deverell, 2004). The biopsychosocial approach also highlights that the patient's subjective experience of the illness is an important contributing factor in terms of the diagnosis and treatment process (Borrell-Carrio et al. 2004). It therefore indicates that treatment cannot occur in a 'vacuum', it needs to take into account a vast number of factors including genetic contributions, the person,

the family, the care-giver relationship and the social context (Gabbard, 2009).

Developments in psychological traditions have emerged predominantly in Western societies and religious and cultural aspects that lay outside the Western society were rarely, if ever taken into consideration. Thus many religious communities do not find Western models of psychology compatible with their lifestyles and belief systems (Haque, 2004). However, in recent years there has been a growing recognition of the importance of religious and cultural beliefs in the diagnosis and treatment of mental illness (Utz, 2011).

1.4 Culture, religion and mental illness

Culture and religion are vital aspects which influence individuals' perceptions regarding the world they live in. Culture can be defined as a set of "[m]eanings, values, and behavioural norms that are learned and transmitted in the dominant society and within its social groups" (Gaw, 2008, p. 1530). While religion, derived from the Latin word 'legare' which means 'to bind' is defined as people's striving for a sense of wholeness or completeness (Hague, 1998). Religious beliefs are also considered to be a central component of identity in individuals. These beliefs help attribute meaning and purpose to everyday life (Ali, Abu-Ras, & Hamid, 2009). In addition, spirituality can exist with or independent of religion, it can be defined as an individual's understanding of and quest for ultimate meaning of life's deepest questions and mysteries (Dell, 2010).

In a sense, religion and spirituality can be considered a subset of culture. However, they may also be viewed as a separate, unique aspect as religion and/or spirituality transcend diverse societies and deal with individual and collective values, norms, core beliefs, and relationships

with the divine or matters of 'ultimate importance' to members of a particular culture (Dell, 2010). Dell (2010) further states that many practical elements in the lives of families are influenced to varying degrees by their religious convictions. Practices or values which stem from spiritual beliefs such as childrearing practices and attitudes toward medical and psychiatric care, substance use, sexuality, and money may be influenced by one's religious or spiritual affiliations. They are thus a driving factor in the formation of one's beliefs and perceptions.

The importance of culture and religion is evident. All these factors influence the conceptualisation, diagnosis and treatment of illnesses. For example numerous studies in social psychiatry have emphasised the importance of cultural beliefs in shaping societal responses to individuals living with mental illnesses as well as playing a vital role in shaping processes such as help seeking, stereotyping, and the types of treatment models created for people with mental illnesses (Link, 1999). Culture and religion may also influence the causes individuals attribute to mental illness. In the West, mental illnesses are believed to be caused predominantly by biological factors, such as diseases of the brain or hereditary influences, and environmental factors, such as trauma and stress, while other societies, such as areas in Africa, tend to attribute mental illness to supernatural factors such as spirit possession (Adewuya & Makanjuola, 2008).

Furthermore, the important influence that religion, culture and spirituality have on the treatment process of mental illness has recently gained recognition (Utz, 2011). Over five hundred studies have indicated a positive association between religiosity and better mental health (Koenig,

McCullough & Larson, 2001). It is therefore evident that religious and cultural factors may influence the way in which individuals understand mental illness and the causes they associate with mental illness which in turn significantly influence their perceptions of and reaction to mental illness.

1.5 The religion of Islam

Islam is one of the fastest growing religions in the world (Springer, Abbott & Reisbig, 2009). The Islamic religion encourages Muslims to seek treatment for illnesses and the Muslim population therefore makes use of mental care services. It is likely that psychologists practicing in South Africa will come across Muslims patients. It is thus important to be aware of their basic beliefs and daily rituals in order to offer them efficient treatment (Haarmans, 2004).

There are five basic 'pillars' or principles of Islam which lay the foundation of a Muslim's life. The first principle of Islam is known as 'imaan' or faith. Having 'imaan' or faith highlights the Islamic belief that there is only one God, and a Muslim's purpose in life is to serve God through following the teachings and practices of His last messenger, the prophet Muhammad (Springer, Abbott & Reisbig, 2009).

'Salaah' or prayer is the second principle of the Islamic religion. It encompasses five daily prayers which should be observed by every Muslim. These prayers take place at specific hours of the day, the first being just before sunrise, the second on the declining of the zenith, the third in the late hours of the afternoon, the fourth once the sun has set, and the fifth in the early hours of the night (Ali Thanvi, 1999).

Fasting during the month of Ramadaan is the third principle of Islam. Muslims refrain from eating and drinking from before sunrise until sunset (Ali Thanvi, 1999). The fourth principle is known as 'zakaat' which is a financial obligation upon Muslims, involving the donation of a portion of one's wealth to charity (Ali Thanvi, 1999). The last principle of Islam is 'hajj', this is the pilgrimage to the city of Mecca and it is obligatory at least once in a lifetime, if one's health and finances permit (Springer, Abbott & Reisbig, 2009).

Features of an Islamic lifestyle which may prove important when treating a Muslim patient are vast. The most important may include aspects of gender rules which are emphasised within the Islamic religion. Men and women who are not directly related by blood or marriage are restricted from close interaction (Springer, Abbott & Reisbig, 2009). Thus for example, Muslim women may prefer to be treated by a female doctor while Muslim men are encouraged to visit male doctors. In addition, Muslims are directed in aspects which are 'halaal' meaning allowed; or 'haraam' meaning disallowed within the religion. For instance, the consumption of any intoxicants, such as alcohol, is considered 'haraam' (Ali Thanvi, 1999).

Within the Islamic religion, a great amount of emphasis is placed on community. According to Utz (2011), the Muslim community is a worldwide community which transcends all differences such as race, nationality, age and social class. It is a community with shared beliefs and objectives in which unity and empathy should exist. Utz (2011) further states that according to Islamic beliefs an ideal Muslim community should posses characteristics such as love, brotherhood, morals, humanity, solidarity, justice, equality, knowledge, tolerance, progress and

freedom, amongst others. In this way small Muslim communities as well as the global Muslim community are encouraged to show unity, support and love for one another.

Many Islamic beliefs are shared by other religions, for example the belief that, if one leads a moral life on earth, he/she will be resurrected and thereafter forever reside in paradise, resonates with Muslims (Springer, Abbott & Reisbig, 2009). Thus a Muslim is encouraged to lead a life characterized by morality, truthfulness and good deeds.

Islam is an all encompassing code of behaviour (Wan Hazmy, Zainur & Hussaini, 2003). Through the Quran and the teachings of the prophet Muhammad, Muslims are directed in all aspects of life. From matters of cleanliness, health, clothing, marriage and raising a family to legal matters such as divorce, property, finances and even the laws of government. Islam is a religion which cannot be separated from any aspects of a practicing Muslim's life, it is therefore important for clinicians to be aware of these religious beliefs and rituals when treating Muslim patients.

1.6 Islamic conceptualisations of mental illness

Islamic medicine is defined as a medicine with a faith, it cannot disengage itself from the teachings of Islam, especially those related to health and illness (Wan Hazmy, Zanier & Hussaini, 2003). Islamic understandings of mental illness are therefore intricately connected to the beliefs and teachings of the Islamic religion. These understandings can be traced back to the beginnings of Islamic literature, namely the Quran and the hadith (Okasha, 2001).

1.6.1 The holistic model of the self

The way Islam conceptualises the human self is an important component in understanding Islamic perspectives on mental illness. Within the Quran, five components are mentioned which have come to be defined as the holistic model of the self (Maynard, 2008). These components are the heart, the soul, the intellect and the drives or desires, which merge through the consciousness (Maynard, 2008).

One of the most important components mentioned in Islamic psychology is the heart. Deuraseh and Talib (2005) highlight the manner in which the Prophet Muhammad described the heart, stating that he said, in the body there is a morsel of flesh, and when it is corrupted the body is corrupted, and when it is sound, the body is sound, truly it is the qalb (heart). Thus the heart refers to more than one's biological heart. In addition it refers to the complex cognitive and perceptual part of an individual, which has numerous unique and interrelated characteristics, as highlighted by Deuraseh and Talib (2005). The heart is characterised as both a vehicle for life and as an organ central to affecting emotions, attitudes, knowledge, diseases, desires, truthfulness, actions and intentions (Loukas, Saad, Tubbs & Shoja, 2009). Thus Islamically it is the core of every human being, as it is directly involved in the relationship between the individual and God and governs all actions, while it also serves as the possessor of all emotional faculties (Loukas, et al. 2009).

According to Islamic beliefs the soul is said to be the vehicle of life, while the intellect is described as the divine inherent knowledge instilled in each individual (Ahmed, 2010). These desires or drives refer to the power of an individual's lusts, passions and instincts. It describes

the psyche of an individual. These components interact and are influenced by various factors. The spiritual practice of the remembrance of Allah (God) known as Zikr (individual or group remembrance), or Ibadat (active remembrance and/or the service of God) influence and enhance the heart and the soul. Where as external factors such as knowledge through education affect the intellect as well as drives or desires (Maynard, 2008).

Mental illness in Islam is perceived as a condition that results from an unbalanced lifestyle or an unbalanced body (Rahman, 2008). Lifestyle refers to aspects such as diet, sleeping patterns, spiritual activities, and the remembrance of God, while an unbalanced body is characterised by physical ailments or chemical imbalances (Rahman, 2008). Islam emphasises that all these elements are intricately connected, continuously influencing each other. It thus highlights that the physical condition is closely connected to the psychological condition. When an individual is physically ill, his/her psychological condition is affected, for example: if the body gets sick, the desires or drives loses much of its cognitive and comprehensive ability and fails to enjoy the desirous aspects of life (Deuresh & Talib, 2005). On the other hand, if an individual is afflicted by a mental illness, his/her body may also find no joy in life and may eventually develop a physical illness, thus mental and physical illnesses are interrelated and they are described as affecting all aspects of an individual (Deuraseh & Talib, 2005).

Islam therefore understands mental illness in a holistic manner. The religion acknowledges that biological factors, learning experiences and social factors may cause mental illness (Utz, 2011). However, an important factor which Islam also places a great amount of emphasis on is spirituality, believing that if an individual does not have a connection to God or lacks faith, he/

she may be more susceptible to emotional and mental afflictions (Utz, 2011).

Mental illness is also understood as a disharmony or constriction of consciousness (Okasha, 2001). Okasha (2001) further states that this relates to the existence of a denaturing of our basic structure and disruption of our harmonious existence by egotism, detachment or alienation. This highlights the important concept of a 'balance' or 'equilibrium'. Al-Ghazali highlighted the importance of this balance by stating that to be content one has to continuously try and seek out a state of balance, he also believed that a state of equilibrium is achieved by simultaneously training the body, mind and emotions (Haj, 2009).

In addition to mental and physical illnesses, spiritual illnesses are also acknowledged in Islam. While possession is also believed to influence the psychological or physical state of an individual, Islam conceptualises it as separate from mental illness.

1.6.2 Spiritual illness

The belief in spiritual illness, possession and the existence of jinn form part of the culture of Islam (Utz, 2011; Ally & Laher, 2007). This belief in spiritual ailments is common across populations, including Western societies (Ally & Laher, 2007).

Islam describes spirits or 'jinns', as beings made of fire, able to take on any form and invisible to most people (Ally & Laher, 2007). These beings are mentioned in the Quran almost always simultaneously with men. Like men they are believed to embody good or bad characteristics. They are also believed to be capable of causing harm by possessing an individual, resulting in

physical illness, a high fever, anger or sadness. In some cases these individuals may display abnormal strength as well as split personalities (Ally & Laher, 2007). Stein (2000) states that these beliefs are evident in countries such as Morocco, where illnesses such as the beginnings of schizophrenia as well as depression are attributed to the possession or vengeance of jinn.

In addition, sorcery and witchcraft are also recognised in Islam. Morrison and Thorton (1999) describe them as systems of magic, divination and herbalism where mythical possession is also a common part of the rituals. They are believed to bring one closer to the devil and in some cases are noted as the causes of epileptic fits, excessive weight gain, death, illness, accidents, wrecked marriages, infertility and miscarriages (Abdussalam-Bali, 2004; Ally & Laher, 2007). Furthermore, according to Muslim faith healers, if the medicinal properties of plants are mastered by individuals, they can be placed in food or rubbed onto the clothing of individuals and might result in erratic behaviour, fear and hallucinations (Ally & Laher, 2007).

Ill will or jealous intentions are referred to as 'nazr' (Stein, 2000) and are believed to be a cause of illness. The effects of ill will often seem to mirror those of clinical depression as they include a loss of appetite, disturbance in sleep patterns, misfortune as well as being lethargic (Ally & Laher, 2007).

Attributing the causes of mental illness to spiritual or supernatural aspects is a widespread occurrence. In such cases individuals often turn to traditional and faith healers for treatment options instead of Western therapy (Adewuya & Makanjola, 2008).

1.6.3 Islamic perspectives on the treatment of illness

It has been narrated that the prophet Muhammad said "Allah has not sent down a disease except that He has also sent down its cure" (Al-Jauziyah, 1999, p. 25). Islam has thus always promoted the search for knowledge in all aspects including illness as well as the search for cures. Through the implementation of guidelines from the Quran and Sunnah, the Islamic medical tradition developed (Rahman, 2008). This tradition started with the analysis of Quranic verses and by following the guidance of the prophet Muhammad.

Prophetic medicine (Tibb Nabawi) is based on the words and actions of prophet Muhammad. Tibb Nabawi includes preventative medicine, curative medicine, mental well-being, spiritual cures as well as medical and surgical treatments (Wan Hazmy, Zainur & Hussaini, 2003). The prophet's medical teachings most importantly integrate mind and body, matter and spirit. They included general guidance on physical and mental health that is applicable to all places, all times and all circumstances and are therefore still utilised today (Wan Hazmy, Zainur & Hussaini, 2003). The prophet Muhammad encouraged the recitation of prayers and certain verses from the Quran as a treatment for emotional and mental distress (Utz, 2011). Utz (2011) further highlights that spiritual treatments were often used in conjunction with medical treatments.

The traditional source of healing within Islam is referred to as Moulanas and/or Sheikhs (Ally & Laher, 2007). These healers are consulted for a variety of reasons, ranging from guidance on a specific matter to physical and spiritual illnesses. Their treatments for physical ailments include herbal remedies, massage therapy and cupping, amongst others (Asefzadeh &

Sameefar, 2001). Treatments for spiritual ailments include attempts to remove the impact of possession or 'nazr'. However, Ally and Laher (2007) found that Islamic traditional healers often note that if psychological or medical symptoms are present, assistance from a psychologist or doctor may be necessary. Moulanas and Sheiks are consulted in both under developed and developed countries. A study in South Western Nigeria highlighted that supernatural causes were found to be the leading cause attributed to mental illness. In this community Western therapy seems to be overlooked and traditional healers were sought out in hopes of finding a cure (Adewuya & Makanjola, 2008). While Asefzadeh and Sameefar (2001) highlight that in developed areas where Western medicine is readily available, Muslims continue seeking traditional healers. As such Islamic traditional healers form an important aspect in the mental health domain.

1.7 Islamic psychology

Using an Islamic framework as a basis, centuries of Islamic philosophers and scholars developed ideas around medicine as well as psychology as early as 800 A.D (Rahman, 2008; Haque, 2004). Haque (2004) states that the first Muslim philosopher to contribute to psychology was Al-Kindi (800 A.D.). His work included writings on 'sleep and dreams', 'philosophy and the eradication of grief' as well as 'used cognitive strategies for combating depression' (Adamsin & Taylor, 2005; Haque, 2004).

In the years that followed, Al-Tabari (838 A.D.) wrote on the need for psychotherapy as he believed that being smart and witty as well as winning the patient's confidence led to positive outcomes. Abu Zaid Al-Balkhi (850 A.D.) a cognitive and medical psychologist, explored

neurosis, psychosis as well as the link between physical and psychological disorders (Haque, 2004). He also emphasised the Islamic concept of a balance between the mind and the body in order to achieve mental health, while noting that an imbalance results in illness. His work extended to that of treatment as he believed that the treatment of illnesses follows opposite and reciprocal approaches with respect to the imbalance, for example: a fever should be treated with cold (Haque, 2004). Following him, Al-Razi's (884 A.D.) writings included 'Medical healing art' as well as 'Al-tibb al-Ruhani' which explored psychotherapy and discussions regarding the treatment of moral and psychological ills of man's spirit. Furthermore, Abul Hasan Ali Abbas Al Majusi or Haly Abbas (982 A.D.), as he was recognised in Europe, wrote Al Kitab Al-Malaki or the Royal Notebook. This is recognised as one of the classical works of Islamic medicine. His writings cover the entire health field including mental illness, the brain, anatomy, physiology, sleeping sickness, loss of memory, hypochondria and love sickness. He also believed that the doctor-patient relationship as well as the worship of Allah (God) was an important aspect in the treatment of mental illnesses (Haque, 2004). The writings of these Muslim scholars and philosophers as well as the teachings of the Quran, the hadith and sunnah of the Prophet have led to a body of researchers advocating for an Islamic psychology.

Islamic psychology is thus centred around understanding human behaviour within an Islamic framework (Haque, 1998). It is a developing form of psychology, which seems to differ in some aspects from Western psychology. Western psychology tends to operate largely in the materialistic system dictated by materialistic values, while Islamic psychology is said to aim at regulating behaviour in the direction of the divine will, with the goal of achieving worldly as well as spiritual success (Haque, 1998).

Today Islamic psychology is described as the study of the soul; the ensuing behavioural, emotional and mental processes as well as both the seen and unseen factors that may influence these elements (Utz, 2011).

Thus, like the Islamic religion, Islamic psychology is concerned with promoting a healthy life in terms of an individual's psychological, physical and spiritual state. For example, this includes ensuring that an individual achieves contentment and fulfillment as well as achieving spiritual success, living one's life according to Islamic principles and thus attaining closeness to one's creator. In this way it diverges from Western psychology as it is in essence intricately related to the teachings of the Islamic religion (Utz, 2011). Therefore Islamic therapy may include trust in God, the power of prayer and meditation, fasting, pilgrimage, charity, recitation of the Quran, moderation and balance, various behavioural prohibitions, the importance of knowledge, including self-knowledge, and the functioning of family and community (Ansari & Olson, 2002). It is a psychology that advocates for a balance between the physical, mental and spiritual dimensions to maintain physical and mental health.

1.8 The importance of cultural competence

It is evident that religion and culture are often a means of understanding and making sense of one's mental illness. As such being aware of and addressing cultural and religious beliefs are important components in a therapy situation as it serves to enhance the quality of the health care provided (Laher & Khan, 2011). Cultural competence is defined as a "set of congruent behaviours, attitudes and policies that come together in a system, agency or amongst

professionals and enables that system, agency or those professionals to work effectively in cross cultural situations" (Haarmans, 2004, p. 19). Laher and Khan (2011) outline three goals of cultural competency. The first goal revolves around becoming aware of one's personal views of human behaviour. The second goal is based on attempting to understand the way in which the patient perceives the world while the third goal revolves around continuously developing new approaches to treatment that are culturally sensitive.

Cultural competency is deemed an important aspect in the mental health profession as it encourages professionals to recognise that each patient is unique and as such requires individual assessment in all regards (Haarmans, 2004). Furthermore, research shows that individuals prefer to be treated by a professional who they believe to have a sufficient understanding of their religion and culture, this understanding is highlighted as an aspect that puts them at ease (Laher & Khan, 2011).

1.9 Negative attitudes, beliefs and responses towards the mentally ill

Although there is a lack of research regarding perceptions of mental illness with South African communities, the existing research shows that within South African communities, attitudes, beliefs and responses to mental illness are often negative in nature. Hugo, Boshoff, Traut, Zungu-Dirwayi and Stein (2003) investigated knowledge and attitudes of the general South African public toward mental illness and found that negative attitudes, particularly stigma and misinformation regarding mental illness existed. Kakuma, Kleintjes, Lund, Drew, Green and Fisher (2010) also highlight that the few studies which have addressed perceptions of mental illness amongst South African community members found that high levels of stigmatising

attitudes towards individuals suffering from a mental illness existed.

Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others; while stigma around mental illness is often associated with a sense of shame and holds powerful negative attributes in social settings and relations (Byrne, 2000). Those experiencing a mental illness may be exposed to stigmatising attitudes which create feelings of intense shame, lack of confidence and self-worth, fear, anger and helplessness (Byrne, 2000). Within the South African community these individuals often face unfair discrimination, such as difficulties accessing housing, employment, and other societal roles (Kakuma, et al. 2010). Research highlights that fear of negative attitudes may lead individuals living with a mental illness, as well as their families, to conceal the existence of their illness from others (Byrne, 2000). This sense of secrecy is stated to be an adaptive response to negative community reactions (Byrne, 2000). The adaptive response of secrecy may affect the treatment process of mental illness as individuals suffering from a mental illness may be influenced by the stigma associated with seeking mental health care (Kakuma, et al. 2010). They may therefore refrain from getting treatment due to the fear of negative community responses and thus have to endure the disability that is attached to their mental illness and in some cases experience a greater deterioration in their mental health.

Stigma around mental illness may be created and fuelled by various factors. Gureje, et al. (2005) found that understandings of mental illness influence community members' attitudes and responses to mental illness. Misconceptions and lack of knowledge around mental illness may be linked to negative responses and stigma, as research shows that education which

replaces myths about mental illness with accurate conceptions improves attitudes towards mental illness (Corrigan, River, Lundin, Pennn, Uphoff-Wasowski, Campion, Mathisen, Gagon, Bergman, Goldstein & Kubiak, 2001). Beliefs around the cause of mental illness also affect the attitudes of communities and responses to mental illness (Gureje, et al. 2005; Byrne, 2000). Inaccurate conceptualisations concerning the causes of mental illness fuel stigmatising attitudes as Gureje, et al. (2005) highlight that individuals who believe the mentally ill are responsible for causing the existence of their own mental illness react negatively towards them.

Byrne (2000) states that stereotypes relate to selective perceptions that place individuals in categories, thereby exaggerating differences between them and creating a sense of 'us' and 'them'. This adds to negative responses to the mentally ill as it makes it easier to dismiss individuals and therefore maintain a social distance from them (Byrne, 2000). The lack of familiarity between community members and the mentally ill may also affect negative reactions, as research highlights that individuals who were familiar with mental illness were less likely to have negative beliefs around mental illness (Angermeyer, Matschinger & Corrigan, 2004). These individuals did not perceive the mentally ill as dangerous and they therefore desired less social distance from the mentally ill (Angermeyer, Matschinger & Corrigan, 2004).

1.10 Women, society and mental illness

Mental illness may be experienced and perceived differently by men and women. Schön (2010) explains that this gender disparity may be due to the difference in society's expectations of men and women. The prevalence of some mental illnesses also indicates

gender differences Mirowsky and Ross (2012) note that females consistently have higher rates of mental illness than males. A finding which Mirowsky and Ross (2012) explains may be significantly influenced by societal roles. Research concerning depression highlights this factor, as the prevalence of depression is higher in women (Piccinelli & Wilkinson, 2000). Piccinelli and Wilkinson (2000) also highlight that this gender difference may be due to various factors, including sociocultural roles.

Schön (2010) states that gender differences exist with regards to the recovery process of mental illness. Females tend to focus on making sense and meaning in their recovery process, while males seem to focus on gaining control over their symptoms and regaining their traditional roles (Schön, 2010).

Furthermore, Bener and Ghuloum (2011) also found gender differences in knowledge, attitudes and practices towards mental illness. Within their research it emerged that women held more cultural understandings of mental illness than men, they were more likely to seek traditional treatment for mental illness over mainstream treatment, they also held more negative attitudes towards the mentally ill and their knowledge regarding mental illness was lower than the males in the study (Bener & Ghuloum, 2011). Gender differences are also found in the caring of ill family members as women often care for both male and female patients, across a broad range of relationships, while men only tend to care for their female partners (Perz, Ussher, Butow & Wain, 2011). The way women experience, perceive and respond to mental illness can be seen as different from that of men. It is therefore important to be aware of the way women perceive mental illness.

The position of women in the Islamic religion has received much attention over recent years. Utz (2011) highlights that according to Islamic beliefs, men and women were created as equals, with the same spiritual nature. Within the Islamic religion there is therefore no superiority of one gender over the other.

During his last sermon the prophet Muhammad described women in Islam as partners and committed helpers. Amongst Muslims, the patriarchal family is the most common type of Muslim family. Within the Islamic religion, the management of the family requires complementary gender roles (Springer, Abbott & Reisbig, 2009). A woman is described as one of the best assets in the world, as she has an extraordinarily role of running the household and regulating its economy (Qasmi, 2006). Thus the wives in the family typically perform domestic chores and manage the household (Springer, Abbott & Reisbig, 2009). Women in Islam are also charged with the important role of looking after the children in the family. Utz (2011) emphasises that women are responsible for raising and inspiring the next generation. A woman's duties include nurturing, teaching and guiding her children (Utz, 2011). Thus her perceptions may ultimately shape her children's understandings.

Springer, Abbott and Reisbig (2009) state that women in Islam are encouraged to pursue an education and that they may work outside of their homes. Within the South African society many Muslim women, like women from other religions, receive an education, pursue a profession of their choice and take on the role of care-giver to their husband and children. However, being a practising Muslim woman revolves around executing these tasks while living

one's life according to the teachings of the Islamic religion (Utz, 2011).

1.11 Previous research

The link between religion and mental health is an aspect that has been debated for centuries (Koenig & Larson, 2001).

Cinnirella and Loewenthal (2010) aimed to explore the religious impacts on mental illness. Their results show that different religious groups were influenced to varying degrees by their religion. For example, Afro-Caribbean Christian and Pakistani Muslim groups perceived prayer as being particularly effective in coping with depression as well as schizophrenia. It was also evident that all non-white groups as well as Jewish groups feared being misunderstood by 'out-group' health professionals. Furthermore, there was evidence of a significant amount of stigma associated with mental illness amongst Afro-Caribbean Christian and Pakistani Muslim participants (Cinnirella & Loewenthal, 2010). These results highlight the need for ethnic-specific mental health services as well as the need for an increased amount of research exploring the link between religion and lay beliefs concerning mental illness (Cinnirella & Loewenthal, 2010).

1.12 Conclusion

Perceptions around mental illness are connected to the manner in which individuals understand mental illness. Mental illness tends to be diagnosed and treated through predominantly western models, which focus on physical, biological and environmental factors, while cultural and religious aspects tend to be overlooked (Utz, 2011). This needs to be addressed as the unique

role culture and religion play, in all populations, and their influence on the way mental illness is presented, experienced and perceived merit special consideration.

Islam is described as a religion which plays an important role in all aspects of a Muslim's life. Islamic perceptions of mental illness can be traced to the Quran itself and the causes are attributed to a physical imbalance and/or a psychological imbalance (Okasha, 2001). The balance between mind and body is constantly promoted in the teachings of Islam as well as the early writings of Muslim scholars. Furthermore spiritual illnesses are acknowledged in Islam.

In order to be cultural competent it is important for mental health professionals to be familiar with the basic beliefs of different religion and cultures as this may put their patients at ease (Laher & Khan, 2011). Previous research has indicated that religion may influence perceptions and responses to mental illness. This study aims to explore Islamic perceptions of mental illness amongst young South African Muslim women.

Chapter 2: Methodology

2.1 Research aims

The aim of this research is to understand the way young Muslim women perceive mental illness. It specifically aims to explore the influences that their Islamic beliefs may have on these perceptions.

2.2 Rationale

The manner in which individuals and societies perceive and respond to mental illness and the mentally ill is significantly affected by the way in which they conceptualise and understand mental illness. Understandings of mental illness have been developing for centuries and are effected by numerous factors (Barlow & Durand, 2009). Gaw (2008) highlights that religion and culture play a vital role in the way individuals perceive, interpret and experience mental illness (Gaw, 2008). As most contemporary understandings of mental illness have arisen out of a Western culture, there is a risk that aspects of other cultures and religions may have been overlooked (Haque, 2004). It is thus important to explore and understand the way in which religion and culture influence individual's perceptions of mental illness as this may affect their experience of a mental illness, the nature of family and community support of those who are mentally ill, treatment seeking, as well as moderate the treatment process by psychologists and enable them to develop culturally specific interventions (Morrison & Thorton, 1999).

Theoretically it is important to be aware of the way different religions and cultures understand mental illness as this may aid the development of theories, enabling mental health practitioners

to work effectively in multicultural and religious situations (Morrison & Thorton, 1999). While it is important for psychologists and psychiatrists to be familiar with cultural and religious perceptions of mental illness, it is not feasible nor realistic for psychologists to be knowledgeable of each religion. However, it is important for them to be familiar with the basic beliefs and rituals of the various faith traditions found in the surrounding areas where they practice (Dell, 2010). This may increase cultural competency and therefore enhance practice.

South Africa is a diverse and multicultural country which includes a growing Muslim population. Practicing Muslims live their lives according to teachings from the Quran and the prophet Mohammed (Jones, 2007). The Islamic religion is said to be a way of life, as such its teachings influence all aspects of a Muslim's life, including their experience and response to illness. This study aims to explore the way religion, specifically the Islamic religion influences perceptions of mental illness. While there is limited research surrounding the way in which Islam influences perceptions of mental illness, there is even less regarding the Islamic influences on South African Muslim's perceptions of mental illness. This research therefore aims to increase knowledge around the way Islam influences perceptions of mental illness and broaden South African psychologist's knowledge regarding Muslim women's understandings and responses to mental illness and thereby contribute to understanding religious influences on mental illness.

The study aims to specifically understand the way young Muslim women (age 17 to 18) perceive mental illness, noting that perceptions of mental illness may be understood differently by individuals of different ages and gender (Bhana & Bhana, 1985). Although Bhana and

Bhana's (1985) research is dated it has merit as it highlights that age may influence the way individuals in South Africa perceive mental illness. It is important to explore the way young Muslim women perceive mental illness as young women in grade 12, who have yet to start families and purse career paths of their own, may have a different perception of mental illness compared to women of older generations.

2.3 Research question

In order to explore the perceptions of young Muslim women, two research questions were developed. The research questions are as follows:

1. How do young practicing Muslim women perceive mental illness?
2. Do Islamic beliefs influence the way in which they view and respond to mental illness?

2.4 Research design

Like other forms of scientific research, qualitative research consists of an investigation that seeks to answer a question through the collection of evidence and the generation of conclusions (Mack & Macqueen, 2005). It is a form of research that is concerned with meaning and it is centered on exploring the way individuals make sense of the world around them (Willig, 2008). Unlike quantitative data which is often deductive and completed with the intention of testing a hypothesis, qualitative research is more often inductive, intended to explore and draw meanings from the data (Zhang & Wildemuth, 2009). Therefore this method is less concerned with producing numbers and statistics and more concerned with describing and understanding a particular phenomenon.

Qualitative research can be defined as the interpretive study of a specific issue in which the researcher is central to the sense that is made (Parker, 1994). It is therefore viewed as less objective in comparison to quantitative research as the researcher plays an imperative role in collecting, understanding and interpreting the data. Despite this characteristic qualitative research is incredibly valuable as it provides deep descriptions and explanations of how individuals perceive and understand experiences and events (Coyle, 2007).

This research design is effective in its ability to gain information that is specific to a certain culture, including perceptions and behaviours (Mack & Macqueen, 2005). Qualitative research is beneficial in that it explores influences that are not readily apparent, such as gender roles, social norms, ethnicity and religion (Mack & Macqueen, 2005). Thus this design was most suitable for researching the perceptions of young Muslim women with regards to mental illness.

Within the qualitative research design there are numerous ways of collecting data. This research utilised semi-structured interviews. Semi-structured interviews are compatible with a variety of analyses methods and they are reasonably easy to conduct (Willig, 2008). This method aims to attain in-depth information that is rich in nature (Mack & Macqueen, 2005). Furthermore, it is designed to allow the participant to speak freely and openly (Willig, 2008). However it is important to reflect on the meaning of the interview for the participant as well as the researcher and to be aware that factors such as the researcher's social identity may influence the participant (Willig, 2008).

The questions within semi-structured interviews are formulated in a way which will allow the

researcher to obtain information that will answer his/her research question. They act as triggers steering and driving the interview as well as encouraging the participant to talk about their experience (Willig, 2008). The interview schedule within this research included a range of questions covering four main ideas. These ideas were; the way they conceptulised the term mental illness, the way participants viewed individuals experiencing a mental illness, their reaction to 'experiencing' a mental illness, the manner in which their communities responded to the mentally ill and the way their religion influenced their thoughts and behaviour regarding mental illness. The questions were piloted prior to the interviews, and necessary changes were made in order to ensure that they would be effective in attaining the best possible information.

In order to analyse the interviews, thematic content analyses was utilised by the researcher. Thematic content analyses is one way in which data can be organised and described. It is a method which identifies, analyses and reports patterns or themes within a set of data (Braun & Clarke, 2006). Unlike the analyses of quantitative data, this form of analyses pays attention to unique themes within the data which illustrate the meanings of the phenomenon rather than the statistical significance of the occurrence (Zhang & Wildemuth, 2009). Braun and Clarke (2006) state that themes capture important aspects in the data that represent meanings in relation to the research question. In essence the themes which are generated illustrate the way the participants make sense of the world. The conclusions that are generated from qualitative analyses may be applicable beyond the immediate boundaries of the study (Mack & Macqueen, 2009). However as small numbers of participants are usually used in qualitative research, it is important to consider concepts such as reflexivity transferability, dependability and credibility in order to achieve results which may be applicable beyond the boundaries of the immediate study (Zhang

& Wildemuth, 2009).

"Through it's theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of the data" (Braun & Clarke, 2006 p. 78). This approach is used to both reflect reality, and to unpick or unravel the surface of reality (Braun & Clarke, 2006). It was therefore suitable for this research as it reflected the perceptions of young Muslim women and to a certain extent 'unravaled' the reasons behind their perceptions.

2.5 Participants

The participants were all female Muslim students between the ages of 17 and 18 years. They were all South African born and resided in the Johannesburg area. All the participants were in the process of completing grade twelve at the same private school. The private school was chosen as the education it provides includes both mainstream curricular activities as well as Islamic teachings.

The researcher obtained this sample through contacting the Principal of the private school. With her permission, appendix E, the researcher provided the grade twelve class with details of the nature and purpose of the study. From this class an initial list of fourteen potential participants was drawn up. These students provided the researcher with their contact details and they were subsequently contacted to set up a time and date for the interview that was convenient to them. From the initial list seven students were successfully contacted and a time and date that was convenient to them was set up in order to conduct the interview. However,

two of these students contacted the researcher at a later date with regrets that they could not make the interview. The number of girls who participated was therefore five. The small number of participants allowed for in-depth interviews and extensive analyses.

2.6 Ethical considerations

Ethical clearance was received from the Higher Degrees Committee of the University of Johannesburg. Participation in this study was voluntary and parental consent, appendix F, was sought prior to the interview. The participant's informed verbal and written consent was also received before the interview took place. This consisted of the signing of two consent forms, appendix C being their consent for the interview and appendix D being their consent for the recording of the interview.

The participants were made aware that they may only answer the questions that they felt comfortable with. They were able to withdraw themselves from the study at any time without any negative consequences. The participants were also aware that there were no benefits, rewards or risks associated with their participation. The sample was not considered a vulnerable group and the questions included in the interview were non-intrusive. Furthermore the interview process was not traumatic and there were no aspects of deception or unpleasant procedures used.

All information was kept confidential and the participants were referred to by means of pseudonyms such as participant A. In addition no information that may reveal the identity of the participant or her family was referred to in the study.

If the participant requires feedback on the study, this will be provided after the research has been completed. The researcher's contact details were made available to the participants as well as their parents/guardians on both the information sheet, appendix A, as well as the parent/guardian consent form, appendix F.

2.7 Data collection

With permission from the principal of the private school, the grade twelve class was approached with details pertaining to the nature of the study as well as the procedure of the interviews. Each potential participant was given a parental consent form as well as a subject information form.

Five interviews were conducted. These interviews took place outside school hours. The length of the interviews were between twenty to thirty minutes. These interviews were recorded and later transcribed and analysed by the researcher.

2.8 Data analyses

Thematic content analyses was used in order to analyse the data. Through the usage of thematic content analyses, the data's themes and patterns were identified and interpreted (Braun & Clark, 2006). Braun and Clark (2006) outline six steps which define the process of thematic content analysis. The first being familiarizing one's self with the data which involves transcribing the data, reading and re-reading the data. This is followed by writing down initial ideas. The second step is generating initial codes, which is centered on coding interesting

features that one finds in the entire data and collecting data relevant to each code (Braun & Clark, 2006). Searching for themes and gathering data relevant to each theme is the third step. The fourth step is the reviewing or creating a map of the themes one has found through considering if the identified themes form a coherent pattern and if they are valid. This helps one gain a sense of how the themes fit together, as well as the overall story they tell about the data (Braun & Clark, 2006). Step five, involves developing clear definitions and names for each theme. The final step involves the analysis and write up of the report (Braun & Clark, 2006). These six steps were followed in order to analyse the research material.

2.9 Trustworthiness of the data

2.9.1 Reflexivity

Reflexivity encourages us to understand the way in which a researcher's involvement in a study informs, influences and acts upon the research (Nightingale & Cromby, 1999). It is defined by Nightingale and Cromby (1999) as the researcher's awareness of his/her personal contribution to the construction of the meanings within the study. To ensure that that this research was trustworthy I kept a diary wherein I noted my feelings regarding the research process. I was thereby continuously able to reflect on my own bias.

It was essential that I reflected upon my feelings and expectations as I collected and analysed the data. As a Muslim, I am able to understand and appreciate Islamic conceptualisations of mental illness. The religion of Islam has always played an important role in my life. I have been brought up in a Muslim household, attended an Islamic primary school and I continue to

read Islamic literature. I hold my religion close to my heart. These factors may have added depth and enhanced the Islamic aspects of the study. However, my feelings towards Islam may have led me to enhance the benefits of being influenced by this religion in all aspects of life. I therefore continuously reflected on my own feelings as I analysed information concerning Islam in an attempt to remain as objective as possible.

Furthermore it was important to reflect upon the impact which my social identity had on the study. As all the participants were young Muslim women, my social identity may have made it easier for them to express themselves and talk openly and freely with ease and comfort. There is often stigma associated with concepts such as mental illness, I did take into consideration that as I am a Muslim woman residing in Johannesburg and as such can be seen as part of the participant's broader Muslim community, they may have held back their true feelings in fear that I may be judgmental. My social identity could therefore be seen as both a positive and negative feature of the study.

As a student of psychology, I do possess some knowledge on the mainstream definition of mental illness. This may have effected the study as I may have enhanced psychological, social and biological definitions of mental illness and overlooked spiritual conceptualisations. Therefore, I reflected upon my own definitions of mental illness and ensured that I did not let this definition influence my analyses of the participant's conceptualisations.

In noting my ideas and feelings throughout the research process, I was able to continuously reflect on the way I influenced this research. I therefore am aware that this research is

subjective in nature. However, I hope that my subjectivities have served to enhance the richness and quality of this study.

2.9.2 Credibility, transferability and dependability

In order to produce a valuable piece of research concepts such as credibility, transferability and dependability should be upheld (Zhang & Wildemuth, 2009).

According to Trochim (2006) credibility is concerned with ensuring that the results of the research are credible and believable. This concept focuses on the perspective of the participants in the research, as one of the main purposes of qualitative methods is to describe or understand phenomena from the eyes of the participants (Trochim, 2006). To ensure that this research is credible, the results will be made available to the participants and their opinions and criticisms will be taken into consideration.

The concept of transferability refers to the degree to which the results of the study may be generalised or applied to settings and contexts outside the immediate boundaries of the study (Trochim, 2006). In order to increase transferability the researcher needs to provide descriptions and data sets that are rich in detail (Zhang & Wildemuth, 2009). Furthermore the research context, settings and the assumptions that were central to the research should be effectively described (Trochim, 2006). This ensures that future researchers are able to make judgments about the studies transferability to different contexts (Zhang & Wildemuth, 2009). The material within the literature review defines and explores the assumptions that this research is based on. Furthermore information regarding the context and settings of this study are

referred to within the method chapter.

Dependability highlights the need for the researcher to account for the ever-changing conditions in the phenomena (Zhang & Wildemuth, 2009). This entails documenting changes that occur in the research and how these changes affect the way the researcher approaches the study (Trochim, 2006). Within this study the researcher kept a diary wherein her thoughts and feelings were noted as the study progressed. Any changes to the context or settings of the study were also documented and reflected upon thereby increasing the dependability.

2.10 Conclusion

In conclusion, a qualitative study design, with semi structured interviews was used in order to explore the manner in which young Muslim women perceive mental illness. This design was chosen as it effectively gains in depth information from the participants. As a researcher I am aware that my subjectivities have affected the study. Through the use of self reflexivity I hoped to use my subjectivity as a means of enhancing the uniqueness and depth of this study. In addition I continuously considered aspects such as transferability, dependability and credibility to ensure the quality of this research project.

Chapter Three: Analysis and results

3.1 Introduction

In order to analyse and draw conclusions from the data, thematic content analysis was used. Steps outlined by Braun and Clarke (2006) were followed. Upon closely analyzing each interview various important themes emerged. It became clear that these themes could be consolidated and clustered into six broad themes, namely understanding mental illness, responses to the mentally ill, community responses to mental illness, prospects of changing negative attitudes regarding mental illness, participants' 'experience' of a mental illness and religious influences on perceptions of mental illness. The consolidated themes were thereafter integrated. The manner in which the themes were discovered will be outlined below, followed by a list of the consolidated themes which emerged. Lastly the integration of the consolidated themes will be outlined.

3.2 Process of Analysis

3.2.1 Introduction

What follows is an example of the manner in which the themes were extracted from the interviews. All five interviews were analysed this way.

Interview material: Participant E	**Themes**
I: Have you ever known anyone who has suffered from a mental illness?	
P: What type of mental illness?	
I: Any mental illness, anything	
P: Not personally but I have heard of other people	No personal relationship with anyone suffering from a mental illness
I: Or someone that you thought had a mental illness?	
P: There's certain people you know they tell you things and you wonder are you really serious or something but other than that no not really.	
I: Not really, ok so the people that you thought may have had a metal illness or the ones that you actually knew of, not personally but that you knew. What did you think was wrong with him or her?	
P: Just the fact that they weren't able to have that normal mind set like umm the mental capacity of a normal person, so thinking capabilities and stuff and not that there was anything wrong with them in the way that they weren't average or anything just you know ,ok because they are normal people like any person with a disability or anything, they are normal people , there's absolutely nothing wrong with them but just maybe the way they think or the way their mind works maybe a bit different.	Inability to have the mindset/mental capacity of a healthy individual. The mentally ill are normal individuals Their mind works in a different way
I: What did you think were the reasons for their behavior, why they acted the way they did?	
P: Maybe a mental imbalance of hormones or something in their brain or a lack of something in their bodies or brain defects from birth or something like that, maybe some injury that caused something Or something like family problems or something that might have triggered	Biological imbalances may cause a mental illness Birth defects may cause a mental illness Injuries may cause a mental illness Family problems may cause or trigger a mental illness
I: So how did you react to him or her?	
P: Just try making them not feel out of place you know, treat them like a normal person because when you tend to that they feel worst about themselves and they already have like when they have a mental illness they're really aware of it and they tend to have low self esteem. So you just treat	Treat the mentally ill as one would treat a healthy individual, normally. Compassionate and kind towards them The mentally ill may have low self-esteem

43 them as normal people and most of the time a 44 person who has a mental, illness maybe you wont 45 even recognise it at first because they really 46 average people you wont even notice that they 47 have something different about them and yeah you 48 just have regular conversations with them.	Mentally ill individuals may appear normal (mental illness isn't always visible)
49 I: So why do you think you reacted this way?	
50 P: Because, I don't know that's just the type of 51 person I am I just wouldn't make someone feel out 52 of place and I wouldn't make them feel bad about 53 themselves and I know that it wasn't their fault 54 that they have this mental illness or whatever and 55 its already hard on them in the first place so 56 wouldn't make it worst for them.	The type of person one is influences the way they treat others. The mentally ill are not responsible for the existence of their illness. Compassion
57 I: So the people that you know of who might have 58 had a mental illness, how did everybody else treat 59 them?	
60 P: Some people treat them differently and make 61 them feel uncomfortable; they tend to make them 62 feel stupid. Like they don't fit in with society they 63 should be out casted or they just shouldn't be 64 spoke to, they think they dumb or they wouldn't 65 understand certain situations, they tend to keep 66 things from them and whatever, and I think that's 67 completely wrong.	Individuals may treat the mentally ill differently The mentally ill are often treated as stupid and as if they do not belong The mentally ill may be outcast from society
68 I: Why do you think some people act like that 69 towards people with mental illness?	
70 P: I just guess generalisations and that and they 71 don't understand that they're normal people, 72 they're really stereotypical maybe and they just 73 don't understand the circumstance they probably 74 haven't had anyone in their family or anyone close 75 to them suffer from it and maybe they don't 76 understand that a person with mental illness can 77 really lead a normal life.	Generalisations and stereotypes exists around metal illness A lack of understanding around mental illness exists Individuals may lack empathy Individuals do not understand that mental illness is a treatable illness
78 I: Do you think being a Muslim influences any of 79 these thoughts, that you've talked about? like for 80 yourself?	
81 P: Mm, to an extent because Islam teaches you to 82 accept people with all their flaws , not to be 83 judgmental and to accept people, to guide them to 84 advise them and of course those people that aren't 85 really nice to people with mental illness maybe 86 you could speak to them and whatever and yeah to 87 an extent it does, but not really like on the whole it 88 depends on the type of person you are.	Islam encourages/teaches acceptance Islam encourages individuals to be non-judgmental Islam encourages the guidance of those who do not show kindness to the mentally ill The type of person you are influences you behaviour
89 I: What does the term mental illness mean to you?	

90 What do you think it is?	
91 P: Its (giggles) ummm, it just having like not 92 average capacity to think like a normal person or 93 mmm yeah like I said maybe it could be caused by 94 family problem maybe it could be caused by gens 95 or something or maybe its just a defect that you 96 have that's picked up later on due to certain 97 behaviour, maybe someone in your family notices 98 that you aren't acting the way you should be acting 99 or whatever and yeah.	Mental illness means not having an average thinking capacity of a healthy individual Mental illness may be caused by family problems Biological causes Birth defects 'Abnormal' behaviour is a sign of a mental illness
100 I: Ok, perfect and in terms of treatment, what do 101 you think the treatment for mental illness is?	
102 P: Maybe like an occupational therapist or 103 something and counseling, speaking to someone 104 about it, finding out more.	Treatments for mental illness include different forms of therapy Speaking about the problem
105 I: And why do you think it's important to speak 106 to someone about it?	Increasing one's understanding of the illness is important
107 P: Maybe to find out more about it because 108 sometimes you don't really know a lot about it. 109 you need more insight into it and stuff and … you 110 need the support system I guess	Increasing one's knowledge and understanding of the illness is important A support system is valuable in the treatment of mental illness
111 I: What do you think about spiritual illness? Do 112 you believe in it?	
113 P: Mmm, not really I think maybe it's all in some 114 peoples minds, maybe if they don't have an 115 answer to certain things like if there's no medical 116 back up for it and if a doctor cant find a cause 117 then they'll just blame it on like you said spiritual 118 illness.	Don't really believe in the existence of spiritual illness Imaginary/only exists in peoples minds When there is no other explanation for an illness, people turn to spiritual aspects for answers
119 I: Ok, cool..So have you known anybody in your 120 community who people say 'they're spiritually 121 ill'	
122 P: Yeah	Have heard of spiritual illnesses occurring
123 I: Yeah?	
124 P: We've heard about it because you know how 125 Muslim people tend to be, especially Indians, so 126 yeah	
127 I: So what happened? What were people saying?	
128 P: They'll jus say that the person is acting strange 129 and they think that there possessed or they have 130 something in them that's not normal or another 131 force like evil force you know yeah. 132Which doesn't make sense you know	Strange behaviour is a possible indication of a spiritual illness Possesion by evil forces

	Spiritual illness does not resonate with me
133 I: Do you think being a Muslim influences these 134 thoughts? Like the causes of mental illness or 135 spiritual illness	
136 P: To an extent	To an extent, my religion influences the way I understand mental illness
137 I: In what way?	
138 P: Umm, ok you know that as a Muslim you are 139 allowed to go to a doctor and whatever because 140 you are able to receive treatment to better 141 yourself and to be healthy again but about the 142 possession and the spiritual illness I don't know	Islam encourages one to seek the best treatment in order to better oneself
143 I: What would you do if you were experiencing 144 symptoms of a mental illness?	Uncertain about Islamic influences on spiritual illness
145 P: Ok like recently, in December they picked up 146 that I had temporal lobe epilepsy so everyone 147 thought it was because I was stressed out and 148 depressed and it was frustrating because you need 149 to let people know and get them to understand 150 that its not like …I don't know how to explain 151 ..its just that they don't see your point of view 152 like	Personal experience of an illness lead to frustration When ill, individuals do not see your point of view Feel the need to make others understand, which is difficult
153 I: They don't listen?	
154 P: Yeah and they think that your just lying and 155 trying to get out of something but umm, yeah	Individuals believe that you are untruthful Individuals believe that your illness is an excuse for laziness
156 I: Ok, who would you feel most comfortable 157 taking to? In that situation who did you feel most 158 comfortable taking to?	
159 P: My sister and my mummy	Comfortable confiding in close family members (mother and sister)
160 P: Coz my brothers, ok yeah I would speak to 161 them and stuff about certain things you know you 162 just could speak to them because its just 163 uncomfortable you know, they just , I just tend to 164 believe that they wouldn't understand or they'd 165 think that I was trying to hide something or that I 166 was really stressed or depressed about something 167 or something's effecting me or worrying me or 168 you know how boys are generally so yeah	Others (brothers) wouldn't understand Assume that I am attempting to hid something Assume that there are other causes for my illness
169 I: And what about something mainstream like a 170 doctor or psychologist or something like that?	
171 P: They did get for awhile they got a psychiatrist 172 to come in and speak to me and stuff and I really 173 wasn't comfortable speaking because I find it 174 impersonal, because you don't know the person at 175 all you wouldn't want..im not the type of person	Mainstream treatment was uncomfortable Personal experience with mainstream treatment proved impersonal

that would like for someone else to know about my family life or tell them if there's any problems or if there was something effecting me I just wouldn't open up to someone and tell them so I don't believe in speaking to a psychiatrist or psychologist	Treatment seeking may be influenced by the type of person you are Don't believe in divulging my feelings to a psychiatrist or psychologist
I: So you feel more comfortable speaking to someone that you know?	
P: Like within family or like a friend or yeah	Comfortable in confiding in close family or friends
I: How do you think your friends, family and community would react if you had a mental illness?	
I: Friends?	
P: They'd, okay I think at first they'd be a bit worried because it would be out of nowhere and maybe they'd start treating you a bit differently and	Expect friends to worry Possibility that friends may treat me differently
I: Y?	
P: Because don't know sometimes people just tend to do that they just think you no longer the same person and they think because you have a sickness now that you not able to do the things you used to do before you not able to say maintain the same type of relationship with them and	When one is ill, people perceive you as a different person Believe that illness leads to an inability to behave normally and maintain friendships
I: And family?	
P: I think they'd be really supportive and they'd try and help me get through it the best way they can and	Expect help and support from family members
I: Community?	
P: Ok in an Indian community you know they talk and you know they wouldn't really I dno be supportive or something but generally some members of your community would be supportive and others wouldn't, they wouldn't involve themselves in your life and they wouldn't offer any moral support or anything	Community members enjoy 'talking' Possible judgment or rumours Do not expect support from community members Some members of the community may be supportive Some members of the community would avoid involving themselves in the lives of others
I: Do you think being a Muslim influence any of this?	
P: No, not really, its just preference	
I: So do you think if you were of a different religion it would be the same? Like you would	

still want to speak to your family?	
P: Its, at the end of the day it depends on the type of person you are and who you comfortable speaking to	The type of person one is influences their decisions with regards to who to confide in when ill
I: Ok, so to your knowledge how does Islam conceptualise mental illness? What does Islam say it is? like the religion not our community?	
P: Umm, ok people with mental illnesses will be in Islam like you know they not allowed to take on major roles in the community. So like you know with being an imaam and whatever umm with maybe being a witness to something they not really allowed to do that because no one would really take their word for it because you wouldn't know if they imagined it because of their illness or whether they talking the truth so just to be safe Islam advices you not to take their word for it	The religion of Islam highlights that the mentally ill should not take on any major community roles. The judgment of those experiencing a mental illness may be impaired according to the Islamic religion As their judgment may be impaired it is unwise to believe them
I: Umm so how do you think Islam views the cause of a metal illness?	
P: I dno its just the way you were created and the way things were meant to be in your life things were planned and meant to happen	Illness is just a part of the way individuals are created It is a predetermined part of one's life
I: And what do you think Islam would say about treatment for mental illness?	
P: That you should try to receive the best treatment, you shouldn't stay away from going to doctors and whatever because you should try to treat yourself and maybe going to a doctor could help you through it and help you lead a normal life so it doesn't advice you not to go for treatment or anything.	Islam encourages the ill to seek the best treatment Seek treatment in order to reach your full potential

3.3 Consolidated Themes

3.3.1 Introduction

When the interviews were analysed, numerous themes emerged. These themes have been consolidated and clustered into six broad themes. As the participants were referred to by pseudonyms, the letters A, B, C, D and E represent their respective interviews. For the purpose of the reader the themes found in interview E are outlined and the line in which they were found is indicated by their line number.

Clustered theme 1: Understanding mental illness

- Mental illness is an actual, treatable illness (B, E: 76-77)
- The mentally ill do not have the mental capacity of a normal person (B, C, E: 16-18, 92)
- Their minds works differently (C, E: 25-26)
- Emotionally they're not ok (B)
- Mental illness is associated with distress (E: 55)

- Biological explanations (B, C, D, E: 29-30, 94-96)
- Birth defects (C, E: 31,95)
- Injuries and accidents as a cause of mental illness (C, E: 32)
- Family problems and stress as a cause or trigger of a mental illness (A, C, D, E: 34, 94)
- Past events may cause mental illness (B)
- Loss of possessions and particularly loved ones may cause mental illness (A, B)

- Various forms of therapy as a treatment for mental illness (A, B, C, E: 102-103)
- Talking through ones problems as a treatment (B, E: 103-104)
- Finding out more / researching the illness (E: 104, 107-109)
- A support system is important with regards to treatment (A, E: 110)
- Medication is used to treat mental illness (B)
- Love, care and understanding as a treatment of mental illness (D)

Clustered theme 2: Reactions to the mentally ill

- Treat the mentally ill normally / no different (C, D, E: 38)
- Comfort the mentally ill (B)
- Compassion and kindness (E: 37-40, 56)
- Be there for those experiencing a mental illness (B)
- Offer one's help (A, C)
- Research / learn more about the illness in order to help those suffering from a mental illness (A, C)
- Fearful of the mentally ill (D)
- Stay out of their way (A)
- Ignore the mentally ill (A)

- Type of person I am influences my reaction to the mentally ill (E: 50, 88)
- Heartbreaking (B)
- The mentally ill are normal human beings (C)
- The mentally ill may have unpredictable behavior (A, D)

- The mentally ill are special people (C)

Clustered theme 3: Community reactions to the mentally ill

- The mentally ill are treated differently (D, E: 60)
- They don't fit in with society (E: 62)
- The mentally ill are outcast / shunned (A, E: 63)
- Generalisations and stereotypes exists around mental illness (A, E: 70, 72)
- Community members may lack empathy (B, E: 75)
- The mentally ill are perceived as 'dumb', unable to understand certain situations (E: 64-65)
- Community members like to talk, gossip, spread stories and rumors (A, B, D, E: 206)
- Avoid involving themselves in others lives (A, E: 211)
- Judgmental (B)
- Fearful (A, B)
- Blame the mentally ill or their families for the existence of their illness (B)
- Label (A)
- Stigmatise (B)
- Don't want to burden themselves (A)
- Lack of understanding (A, B, E: 73, 76,)
- Some community members are helpful (A, B, E: 209)
- Some community members are not supportive (E: 208, 212)

- Judgmental friends (B)
- Supportive/ Helpful friends (A, B)

- Shocked Community (C)

Clustered theme 4: My 'experience' of a mental illness

- (Previous experience) uncomfortable with psychiatry/psychology (E: 171-174)
- Religious help such as a moulana as well as specific prayers (A, B, C)
- Open to mainstream treatment (A, C, D, B)

- Overall uncertainty concerning the exact terminology used in the Quran and Hadith to conceptualise mental illness (A, B, C, D)
- According to Islamic beliefs the mentally ill should not take on community roles as their judgment may be impaired (E: 226-234)
- The way we were created (C, D, E: 237)
- Mental illness is a test from God (A, C)
- Accept one's illness (C)
- Learn about it, understand it and find the best way of approaching it (C)
- Equality: healthy or ill (C)
- Everything will be ok as no burden is too great to bear (A)
- Turn to God (B, C, D)
- Islam encourages one to seek the best treatment (A, B, C, D, E: 242-248)

Clustered theme 5: Changing negative reactions to mental illness

- Important to create awareness about mental illness (A, B)
- Inform and educate communities about mental illness (A, B, C)

- Support groups, schools, 'madressas' for the mentally ill exist in our communities (A, C, D)
- Exposure and contact with the mentally ill changes reactions, in a positive way (C, D)
- Family teachings shape individuals (D)

Clustered theme 6: Islamic influences on perceptions of mental illness

- Islam encourages/teaches acceptance (A, E: 81-82)
- Islam teaches one to be non- judgmental (E: 82-83)
- Guide those who treat the mentally ill differently or unkindly (E: 83-86)
- Islam encourages one to seek the best treatment (A, B, E: 242-248)
- Turn to God (B, C, D)
- First a Muslim (act within the boundaries of your religion) (A)
- Test from Allah (A, C,)
- Equality is emphasised in Islam (C)
- Spiritual illness exists according to Islamic beliefs (A, B, D)
- Family, love and bonds are emphasised in Islam (D)

3.4 Results: Integrated consolidated themes

3.4.1 Introduction

What follows is an integration of the consolidated themes which emerged from the five interviews.

The young Muslim women interviewed stated that they react to and treat the mentally ill as they would treat anyone else, normally and with no difference. Additional themes were found, namely those of comfort, help and showing compassion towards those experiencing a mental illness. Participants noted that they try to research the problem so that they themselves can understand the illness and try to help those who suffer from it. However, themes of fear also emerged. In addition participants noted to have stayed away and ignored those who are mentally imbalanced. Though, it was found that these themes were connected to mental illnesses such as bipolar disorder, which was described as unpredictable and scary. Therefore, reactions to the mentally ill may depend on the type of mental illness one is faced with.

Themes describing the reasoning behind reactions to the mentally ill include empathy as well as the idea that those who are ill are normal human beings. It was also noted that the mentally ill are special people and should therefore be treated with compassion and respect.

Themes were discovered describing the way participants understood mental illness. They believed that mental illness is an actual illness that can be treated. They perceived the mentally ill as individuals who were not able to have the mental capacity or mind set of a normal person. Participants noted that the minds of those experiencing a mental illness work differently and that emotionally they are not ok. Furthermore illnesses such as bipolar, depression and schizophrenia were often associated with mental illness.

The way the participants understood the causes of mental illness reflected various themes. Biological explanations were dominant, as participants noted that a mental illness could be

caused by a biological imbalance or genetic defect. Participants also believed that injuries and accidents may lead to a mental illness, as may birth defects. Furthermore, the theme of stress caused by family problems, as a possible cause or trigger of mental illness prevailed. Past events were also seen as cause of mental illness, with particular reference to the theme of loss as participants explained that experiencing a loss of a loved one or of possessions may cause one to become mentally ill.

Participants believed that one should seek treatment for mental illnesses. A dominant theme regarding treatment of mental illness was therapy. Participants believed that various kinds of therapies are used to treat mental illness. They also believed that talking through the problem is beneficial, as is medication. Researching and finding out more about the mental illness was also mentioned as being involved in the treatment process. In addition participants felt that having a good support system was essential. Furthermore themes of love, care and understanding were also discovered as possible treatments of mental illness.

Community reactions to the mentally ill, as stated by participants, were described as being varied as some members reacted positively while others seem to react negatively. Positive reactions seem to come from community members who knew mentally ill individuals on a personal level. However, negative reactions dominated and were described as unsupportive and isolating. Participants stated that community members tend to treat the mentally ill differently in comparison to healthy individuals. Those faced with mental illness are often out casted and shunned and made to feel like they don't fit in with society. Participants also stated that community members do not want to involve themselves in the lives of other's and therefore

offer no support. A dominant theme was that of gossip as participants stated that their communities like to talk, spread rumours and stories. Their communities are also described as being prone to generalise, blame and label those who are mentally ill.

Participants stated that the reasons for these reactions were mainly fear and most importantly a lack of understanding around mental illness. It was also noted that different generations perceive mental illness differently. Older generations were described as having less of an understanding regarding mental illness. Participants highlighted that in order to better understandings of mental illness and thereby reactions to the mentally ill, awareness needs to be created. Furthermore it was noted that exposure to the mentally ill may help one understand mental illness and realise that those experiencing a mental illness are normal human beings.

The participants were asked what they would do if faced with what they thought was a mental illness. Their initial reaction was that of fear and uncertainty. However all the participants stated that they would be most comfortable speaking to a family member or a close friend. They expressed a fear of being judged and treated differently by their wider circle of friends and especially their communities. Most of the participants noted that they would be open to seeking treatment from a psychologist or a psychiatrist. However, it was also mentioned that mainstream treatment is impersonal and therefore uncomfortable. Participants also stated that they would seek religious help and turn to God.

The young women highlighted the way their religion influenced their perceptions of mental illness. They noted that mental illness is referred to within the Quran and the hadith. It was also

mentioned that within Islam the mentally ill are not allowed to take on any major community roles.

Dominant themes which also emerged were those of the values which Islam teaches such as being accepting, non-judgemental and helpful towards the mentally ill. It was stated that Islam emphasises equality and the importance of guiding others who do not treat individuals equally. Participants noted that Islam accentuates the importance of family, love and bonds, an aspect which may influence decisions to turn to family members for support when faced with an illness. Further themes emerged which highlighted that in the presence of a mental illness one should turn to God as illness is a test from God. It was also stated that one should learn to understand the illness, accept it and find the best way of approaching it. All the participants also noted that the Islamic religion encourages individuals to seek the best treatment available for their illness in order to function at one's full potential. Inclusively, the religion of Islam was described as having a positive influence on participants' perceptions of mental illness.

3.5 Conclusion

All five interviews were analysed using the six steps outlined by Braun and Clark. From these interviews various themes emerged which were consolidated and clustered into six broad themes. Upon integrating the consolidated themes it became clear that the participants conceptualized mental illness as an illness which effects an individual's mental capacity. They appear to treat the mentally ill with kindness and compassion. However the participants' communities seemed to react negatively towards the mentally ill. The religion of Islam was described as having a positive influence on the participants.

Chapter Four: Discussion

4.1 Introduction

This chapter draws on the literature found in chapter one in order to make sense of and identify the meanings of the themes found in this study. These themes have been clustered as themes one to six and are as follows:

- Understanding mental illness.
- Responses to the mentally ill.
- Community Reactions to mental illness and the mentally ill.
- Changing negative attitudes.
- Religious influences on participants' perceptions of mental illness.
- My 'experience' of a mental illness.

The implications that this research proposes for the treatment of emotional and mental problems amongst young Muslim women will also be explored in this chapter.

4.2 Clustered themes

The six clustered themes will be discussed below.

4.2.1 Understanding mental illness

The young Muslim women interviewed defined mental illness as an illness which affects an individual's mental capacity, emotions, physical being, behaviour and the way their mind

works. It was also highlighted that a mental illness is not always a visible illness and that the experience of a mental illness is associated with hardship and distress. This conceptualisation reflects some aspects of the DSM-IV-TR (2004, p. xxxi) definition which states that a mental illness is a "clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress, disability or significantly increased risk of suffering death, pain, disability, or an important loss of freedom". Although participants did not include all these factors in their definition, it is clear that they understood mental illness to be a clinical illness which contributes to various disabilities, be it mental, emotional or physical.

The causes that the participants attributed to mental illness highlighted aspects of the biopsychosocial model. This approach to illness revolves around understanding illness through the consideration of biological factors, psychological factors as well as sociocultural influences (Gabbard, 2009). Participants noted that a mental illness may be caused by biological defects as well as imbalances within the body. Furthermore, they stated that the loss of possessions and particularly the loss of loved ones may cause a mental illness. This reflects their belief that psychological factors may cause or trigger a mental illness. It was also stated that stress caused by family problems may cause or trigger a mental illness which may be viewed as sociocultural influences on mental illness. The participants therefore believed that the causes of mental illnesses are vast, emphasising elements of the biopsychosocial approach (Gabbard, 2009).

Psychotherapy is a process of engagement between two people, where counselors facilitate healing through the process of genuine dialogue with their clients (Corey, 2009). Participants

indicated that the treatment for a mental illness involves therapy. They believed that it is essential to talk about the problem, in order to improve one's mental health which highlights features of the psychotheraputic relationship.

Barlow and Durand (2009) highlight that various medications are often used to treat mental illnesses. Participants also indicated this idea, stating that medication is used to treat mental illnesses, especially illnesses such as bipolar disorder.

In addition, participants stated that a good support system as well as love, care and understanding are important components in the treatment of a mental illness. Barlow and Durand (2009) highlight this aspect, noting that a support system is needed in the treatment of various mental illnesses. Furthermore, Corey (2009) suggests that some forms of therapy are centered around the family support which an individual receives, highlighting the importance of a support system.

Most mainstream approaches to understanding mental illness have emerged out of a Western culture, rarely taking religious and cultural aspects into consideration (Utz, 2011). Many religious communities have therefore not found Western models of psychology to be compatible with their lifestyles and beliefs (Haque, 2004). However, the way the participants conceptualised mental illness, and the manner in which they understood the causes and treatment of mental illness did not highlight this concern as their conceptualisations seem to be similar to understandings of mental illness found in Western models of psychology. Their religious and cultural roots did not seem to influence the way they conceptualised mental

illness, and their understandings of mental illness therefore appear to be compatible with those of Western or mainstream models of psychology.

4.2.2 Responses to mental illness and the mentally ill

The way in which individuals understand mental illness may influence their perceptions, beliefs and attitudes regarding mental illness. Beliefs and attitudes are considered to be fairly stable (Zubek & Solberg, 1954). This research echoed this idea as participants expressed their beliefs concerning mental illness with a sense of certainty.

They perceived mental illnesses as treatable illnesses which are most likely to be caused by factors beyond the control of the individual. Their attitudes and beliefs regarding mental illness therefore reflect this conceptualisation. Their view of the mentally ill can be described as empathic as they seemed to understand the difficulty and disability experienced by those suffering from emotional and mental problems. Corsini (2002) states that individuals' attitudes and beliefs affect their personal behaviour. This concept is highlighted as the participants' behaviour towards those who they believed to be mentally ill appeared to be influenced by their understandings, beliefs and attitudes regarding mental illness. The participants' responses to the mentally ill were characterised by compassion, offers of help and support, and overall respect. Participants believed that the mentally ill are special individuals, indicating that they require support and comfort. The participants therefore seemed to behave in a gentle and supportive manner towards those experiencing emotional and mental difficulties. Furthermore it was noted that participants perceived the mentally ill as normal human beings and they therefore treated them as they would treat healthy individuals.

Negative responses to the mentally ill emerged as some participants noted that they have often avoided those experiencing mental illness. These reactions were associated with individuals experiencing illnesses such as bipolar disorder as well as overt behavioural problems. The participants explained that they were fearful of these individuals as they believed that their behaviour was unpredictable. Byrne (2000) highlights these reactions, stating that individuals often fear those experiencing a mental illness due to their belief that the mentally ill are violent and that their behaviour is unpredictable. One participant described her experience stating that initially she was afraid of the mentally ill due to their erratic behaviour, however, after spending time at a school for the mentally ill she realised that the children there were not violent and behaved like everybody else. This decreased her fear immensely, highlighting the possibility that if one's understandings and beliefs of mental illness change, one's reactions to the mentally ill may change as well.

Thus, it is evident that the participants' understandings, beliefs and attitudes regarding mental illness are intricately related to the way in which they respond to those experiencing a mental illness.

4.2.3 Community Reactions to mental illness and the mentally ill

The participants described their communites' reactions to mental illness as varied and they stated that some members of the community may be supportive and helpful while others react negatively. The communities of the participants were noted to be Indian communities, thereby belonging to various religious groups, including Islam. Utz (2011) describes the ideal Muslim

community as being united, supportive, and empathic as well as embodying characteristics such as equality, justice and freedom. From the descriptions provided by the participants pertaining to community reactions to the mentally ill, it is evident that these characteristics may not be present in all Muslim communities. Although some community members were described as helpful and caring, many were described as unsupportive which highlights that individuals may be influenced to varying degrees by the values and beliefs their religion advocates.

Angermeyer, Matschinger and Corrigan (2004) highlight that familiarity with mental illness may result in more positive reactions towards the mentally ill. Community members' reactions to the mentally ill supports this view as those who were familiar with mental illness were described as having a positive attitude towards mental illness. These individuals knew mentally ill individuals on a personal level, had a family member suffering from a mental illness or were involved in some sort of community project for the mentally ill. It was also highlighted that when individuals were knowledgeable about the illness the individual was suffering from, they reacted in a more positive light. This emphasises the idea that knowledge around mental illness may be linked to positive treatment of the mentally ill.

Negative community reactions towards the mentally ill were more prominent. Participants stated that members of the community were often fearful of those who were mentally ill. Gureje, Lasebikan, Ephraim-Oluwanuga, Olley, and Kola (2005) highlight that negative responses to the mentally ill are often associated with fear as individuals believe that the mentally ill are dangerous. In addition, Gureje, et al. (2005) states that negative attitudes to mental illness may also be fuelled by the idea that affected people are in some way responsible

for their illness. This research also found that community members often blamed individuals experiencing a mental illness for their illness, highlighting that they too believed that the affected individuals were in some way responsible for their illness. Furthermore, participants stated that community members blamed parents for their children's emotional and mental problems. These ideas highlight that the causes community members attribute to mental illness may influence their reactions, since believing that either the sufferer or his/her family is responsible for the illness may fuel negative responses.

Stereotypes relate to selective perceptions that place individuals in categories, thereby exaggerating differences between them (Byrne, 2000). This tends to make it easier to dismiss individuals and therefore maintain a social distance from them (Byrne, 2000). Participants explained that their community members are often stereotypical and make generalisations about the mentally ill. Avoiding the mentally ill therefore comes easily. The participants noted that their community members keep their distance from those who suffer from emotional and mental problems and avoid involving themselves in their lives and in some cases shun them or treat them as outcasts.

Byrne (2000) highlights that the media may play a role in creating and fuelling the stereotypes around mental illness. Negative connotations are often associated with the mentally ill, particularly those of self-infliction, and their illness may also be seen as an excuse for laziness and criminality (Byrne, 2000). In support of this notion, participants stated that community members may perceive mental illness as an excuse to get out of something, and they often fear the mentally ill.

Participants explained that there is sense of secrecy around mental illness. They highlighted that if an individual was suffering from a mental illness, their family would most likely keep it a secret and not share it with their community. Byrne (2000) supports this, stating that in a study of 156 parents and spouses of first-admission patients, half of the respondents reported making efforts to conceal the presence of a mental illness from others. Participants noted that community members may keep this information a secret out of fear of being rejected or shunned. In a similar light, Byrne (2000) highlights that secrecy is an adaptive response to negative community reactions such as shame.

Participants indicated that stigma around mental illness did exist within their community. Stigma is defined as a symbol of disgrace or discredit which sets an individual apart from others (Byrne, 2000). From the participants' descriptions of their communities' reactions to mental illness, it is clear that a sense of stigma may indeed exist. Community members were noted to treat the mentally ill differently, they were described as believing that the mentally ill did not fit in with society, they blamed the sufferers' for their emotional and mental problems, and in some instances shunned those who were mentally ill. These factors indicate that the individuals suffering from a mental illness within these communities are perceived by some as a sign of disgrace or discredit and are therefore set apart from the larger community.

There are not many studies concerned with investigating the level of stigma within South African communities. However, Kakuma, Kleintjes, Lund, Drew, Green, and Fisher (2010) highlight that studies which have addressed this issue found high levels of stigmatising

attitudes towards individuals suffering from a mental illness within South African communities. Kakuma, et al. (2010) further state that stigma plays a significant role in the suffering and disability associated with mental illness.

Participants believed that a possible reason for the negative reactions and stigma concerned with mental illness may be caused by a lack of understanding around mental illness. As previously mentioned, the way individuals understand mental illness may influence their attitudes towards mental illness. Misconceptions and a lack of knowledge around mental illness my therefore fuel negative reactions. Gureje, et al. (2005) found that understandings of mental illness, particularly the way individuals perceive the causes of mental illness, may influence attitudes towards mental illness. Gureje, et al. (2005) further highlight that negativity towards mental illness may be fuelled by inaccurate notions of causation.

The participants believed that awareness needs to be created within their community in order to improve the treatment of the mentally ill. This notion is echoed in other South African research as Kakuma, et al. (2010) note that there is a crucial need to find effective strategies to increase awareness about mental illnesses and reduce stigma and discrimination.

4.2.4 Changing negative attitudes

Participants explained that their community members need to be informed and educated regarding mental illness. Byrne (2000) highlights the starting point of reducing negative attitudes around mental illness to be education. Research shows that educational interventions which replaced myths about mental illness with accurate conceptions, led to improved attitudes

(Corrigan, River, Lundin, Pennn, Uphoff-Wasowski, Campion, Mathisen, Gagon, Bergman, Goldstein & Kubiak, 2001). Spagnolo, Murphy and Librera, (2008) also found that a mere one hour informational session created and facilitated by individuals who make use of mental health services may affect the attitudes of adolescents toward people suffering from mental illnesses.

Participants highlighted that their attitudes towards the mentally ill changed as they became more informed about it. Educational interventions during adolescents seemed valuable, however there were many community members of older generations who were noted as having more severe misconceptions around mental illness. Educational interventions within said communities need to therefore target a range of age groups. Within the communities from which the participants are from, educational programmes did not exist. However, Kakuma, et al. (2010) highlights that within South Africa there are many mental health educational campaigns which target a range of audiences, the effectiveness of these campaigns are however yet to be researched. In addition to educating community members about mental illness, it may be beneficial to provide education around the negative effects of stigma and discrimination. Byrne (2000) highlights this notion mentioning that every intervention needs to convince its target group of the importance of stigma and discrimination and also challenge stereotypes.

Byrne (2000) further states that closing the knowledge gap through educational interventions is only part of the answer. Another significant approach to changing attitudes towards mental illness may be personal contact with or exposure to individuals living with a mental illness (Kakuma, et al. 2010). It was stated that being exposed to and in direct contact with individuals

suffering from a mental illness changed participants' attitudes towards mental illness in a positive way. A participant highlighted that initially she was afraid of the mentally ill, however after being in contact with mentally ill individuals her fear decreased immensely. Other participants also highlighted this stating that familiarity with those who are mentally ill leads one to treat them normally. Corrigan, et al. (2001) found similar results, noting that being in contact with those suffering from a mental illness seems to produce positive changes. They found that the benefits of personal contact with the mentally ill exceeded that of educational interventions.

4.2.5 Religious influences on participants' perceptions of mental illness

It emerged that Islam influenced the participants' perceptions of mental illness. The ways and degrees to which the religion influenced perceptions were vast.

Participants drew attention to the way in which Islamic beliefs shaped the manner in which they thought about mental illness. It was indicated that mental illness is a test from God. This belief was prominent amongst the participants and it seemed to be the way in which they did not only understand the existence of mental illness, but also the way in which they believed they would cope with it. It was noted that mental illness may be a test for the individual or for his/her family. Their beliefs are in accordance with Islamic teachings as it is stated within the Quran "Ye shall certainly be tried and tested in your possessions and in your personal selves" (Quran: 3:186). This highlights the Islamic belief that trials and difficulties, including illness, are a test for man.

Participants also explained that God does not present individuals with something which they cannot bear. They believed that one needs to try and accept their illness, embrace it and find the best way to deal with it: Within the Quran it is also stated "On no soul doth Allah place a burden greater than it can bear" (Quran: 2:286). This therefore emphasised that teachings from the Quran resonated with the participants.

"O God, I seek refuge with You from distress and sorrow, from helplessness and laziness, from miserliness and cowardnice, from being heavy in debt and from being overcome by men" (Utz, 2011, p. 300). It is highlighted that when afflicted with any difficulty the prophet Muhammad would turn to God. Muslims are encouraged to follow the prophet Muhammad's example in all matters of life. Participants highlighted this notion as they stated that when experiencing an illness one should turn to God for help through prayer and consistently put one's faith and trust in God.

Participants also highlighted that Islam states that the mentally ill should not take on any important community roles as their judgement may be impaired. This idea is evident within the Quran which states "Do not give your property which God assigned you to manage to the insane: but feed and cloth the insane with this property and tell splendid words to him" (Quran: 4:5). Ally and Laher (2011) explain this verse by stating that the mentally ill should not manage assets such as property but they should be treated with care and kindness. Throughout the interviews the participants also emphasised this notion, indicating that one should treat the mentally ill with kindness and compassion. It was also stated that it is important to guide those who do not treat the mentally ill with kindness, as this belief is emphasised in their religion.

A number of the participants expressed confusion around their belief in the existence of spiritual illnesses. However, the majority of the participants acknowledged the existence of spiritual illnesses. They all attributed these beliefs to their religious teachings, noting that the Quran and the hadith state that they do exist. Participants described that spiritual ill individuals often have strange behaviours. These ideas resonate with Islamic literature which acknowledged the existence of spiritual illnesses which are believed to be caused by possession by jinn and the effects of the evil eye (Ally & Laher, 2007). Furthermore the effects of spiritual illnesses are described by religious healers as similar to those of a mental or physical illness (Ally & Laher, 2007). Although the majority of the participants believed in the existence of spiritual illness, they appeared to conceptualise it as separate from a mental illness.

Wan Hazmy, Zainur and Hussaini (2003) state that Islam is a way of life, an all-encompassing code of behaviour highlighting that a Muslim's actions should be in accordance with Islamic teachings. The participants illustrated this by indicating that one is first a Muslim and his/her actions should always remain within the boundaries of Islam. The participants' attitudes about and behaviour towards the mentally ill were noted as been influenced by Islamic values, highlighting that their religion may indeed be an all-encompassing code of behaviour.

Furthermore, participants stated that their beliefs of being accepting and helpful are values their religion draws attention to. Participants displayed these qualities in addition to compassion, and highlighted that they try to be supportive and non-judgmental. The religion of Islam illustrates the importance of virtuous behaviour and the embodiment of positive personality traits (Utz,

2011). Utz (2011) further states that within Islam, traits such as kindness and compassion, mercy, patience and justice, amongst others, are encouraged. The prophet Mohammed stated that "kindness is not found in anything but that it adds to its beauty, and it is not withdrawn from anything but makes it defective" (Utz, 2011, p. 101). The Quran highlights the importance of good deeds on numerous occasions: "[B]e good to the parents and to the near of kin and the orphans and the needy and the neighbour of (your) kin and the alien neighbour, and the companion in a journey and the wayfarer and those whom your right hands possess" (Quran: 4:36). Thus Islamic values seemed to resonate with the participants. However, these values, although part of the Islamic religion, may be seen as universal values and are therefore not exclusive to young Muslim women.

4.2.6 My 'experience' of a mental illness

Participants were asked how they would react if they were experiencing symptoms of what they thought was a mental illness. Initial feelings were those of shock and uncertainty. Participants indicated that living with a mental illness would probably be tremendously difficult.

Participants stated that they would turn to God if faced with a mental illness. They highlighted that they would pray and read specific verses from the Quran. Prayer in Islam is an important feature in a Muslim's life. There are five daily prayers, the first occurring just before sunrise, the second on the declining of the zenith, the third in the late hours of the afternoon, the fourth once the sun has set and the fifth in the early hours of the night (Ali Thanvi, 1999). The importance of prayer during illness is highlighted by Ally and Laher (2007) who indicate that recitation of the Quran and other spiritual practices such as daily prayer (Salaah) and constant

remembrance of God (Zikr) can be effective in the treatments and healing of illness.

It was noted by all the participants that they would speak to either their close friend or family member, particularly their mother, if they believed that they may be mentally ill. They explained that they hoped to receive non-judgmental, honest and rational counsel from the above mentioned individuals. They also highlighted that they would expect their families to be incredibly helpful and supportive. The religion of Islam emphasises the importance of family bonds, especially the mother-child bond, and it places a great amount of importance on love and support between family members (Utz, 2011). This resonated with the participants who explained the same idea, affirming that in their religion family is very important. This may contribute to the participants' decision to confide in family members and the dependence they seemed to have on their families.

Evidence shows that negative attitudes towards the mentally ill exist in South African communities (Kakuma, et al. 2010). This reality resonated with participants as they stated that they believed their community may react negatively towards them, should they be mentally ill. Participants indicated that at first, they would not tell their community if they were indeed experiencing symptoms of a mental illness. Byrne (2000) also supports this notion, stating that individuals living with mental illnesses often keep their illness a secret. Participants explained that there was a great possibility that they would be judged by others and that community members may think that their mental illness is an attempt to get out of something. Research also shows that individuals who are mentally ill are often thought to be responsible in some way for the existence of their illness (Gureje, et al. 2005). In addition, community members

often believe that mental illness is an excuse for laziness (Byrne, 2000). Participants, like individuals who are in fact suffering from a mental illness, highlight that their response to negative attitudes from their community would be secrecy (Byrne, 2000).

The Prophet Muhammad is narrated to have said: "Allah has not sent down a disease except that he has also sent down its cure" (Al-Jauziyah, 1999, p. 25). This indicates the way the religion of Islam promotes the search for knowledge in all aspects including the cure for illness. Thus Muslims are encouraged to seek treatment when they are experiencing an illness. Most of the participants echoed this idea, stating that they would seek treatment when experiencing a mental illness as their religion encourages one to pursue the best treatment. Thus they would be open to mainstream treatments and explained that if faced with a mental illness they would seek treatment from either a psychologist or a psychiatrist.

However, they highlighted that they would also seek treatment from a religious or spiritual healer. This notion is highlighted by Gaw (2008) who indicates that individuals often seek traditional forms of treatment, such as those administered by a local healer, pastor or priest. Religious healers read specific verses from the Quran when diagnosing and treating illnesses, furthermore they may give patients a protective amulet known as a 'taweez' which contains verses from the Quran (Ally & Laher, 2007). This resonated with the participants as they stated that they would expect to receive a 'taweez' from a religious healer as well as be told which verses to recite from the Quran in order to alleviate their illness. Participants also stated that one of the reasons behind seeking religious help is the possibility that their illness may be spiritual. Some of the participants noted that spiritual illnesses do exist, according to Islamic

beliefs. This resonated with Islamic literature which indicated that spiritual illnesses, caused by possession or affects of the evil eye, do exist within Islam (Ally & Laher, 2007). Furthermore, in accordance with participants' beliefs it is evident that religious healers are the mediums through which spiritual illness is dealt with as they are deemed well equipped to drive away aspects which are believed to cause spiritual illnesses such as evil spirits and the evil eye (Sayed, 2003).

4.3 Implications for the treatment of emotional and mental problems in young Muslim women

In light of these findings it may be important for practicing psychologists and psychiatrists to consider the possibility of collaborating with religious and traditional healers as young Muslim women may seek mainstream treatment in conjunction with religious treatment. This is true of other cultures and religions as well, as Kale (1995) highlights that in the African tradition individuals may visit a sangoma when faced with a mental illness. Collaboration between psychologists/psychiatrists and religious/traditional healers may therefore be vital in the treatment of mental illness. According to Islamic religious healers interviewed in South Africa, spiritual illnesses manifest with psychological and/or medical symptoms, and assistance from a psychologist and/or doctor may help in alleviating symptoms of illness (Ally & Laher, 2007). Ally and Laher (2007) further highlight that Islamic religious/traditional healers are open to collaboration with psychologists, psychiatrist and doctors in the treatment of their patient's illness. It was also found that South African psychiatrists are open to collaboration with religious healers (Bulbulia & Laher, 2011). While this possibility seems beneficial for the treatment of mental illness, it is important to determine whether communication channels

between religious healers and mainstream healers exist. If these channels do not exist or have not been effectively developed, successful collaboration is unlikely to take place.

Haarmans (2004) defines cultural competency as being centered around behaviours which enable professionals to work effectively in cross-cultural situations. This resonated with participants who noted that they were open to being treated by a non-Muslim professional. However, they emphasised that they would want their psychologist/psychiatrist to respect their religion. It was also stated that possessing knowledge about the religion would be beneficial. As previously mentioned, the participants highlighted that they would turn to God if faced with a mental illness. Perhaps as a psychologist, having knowledge regarding their religious beliefs and rituals may be beneficial to the treatment process. This was also highlighted in a study by Laher and Khan (2011) who found that Muslim patients preferred being treated by individuals who were culturally competent.

Link (1999) indicates that religious and cultural beliefs play an important role in shaping the process of help seeking for individuals with mental illnesses. This is evident to a certain extent as the young Muslim women highlighted that they would seek religious help if faced with a mental illness. However, it is also clear that they are open to mainstream treatment and would most likely seek help from a psychologist or psychiatrist if faced with a mental illness. This highlights that mainstream psychological treatments may be compatible with Muslim patients. However, perhaps psychologists and psychiatrists should be open to collaborating with religious healers. In addition, there is no evidence to suggest that mainstream treatment would not be compatible with young Muslim women, yet it may be beneficial to take their religious

rituals, such as their daily prayer, into consideration when developing treatment plans.

4.4 Conclusion

From the themes discovered it is evident that the way young Muslims understand mental illness is compatible with Western models of psychology. Their responses to the mentally ill seem to be characterised by compassion and kindness, yet their communities' reactions to the mentally ill appear to be more negative in nature. Participants believe that these negative attitudes may change if community members are educated about mental illness and given the opportunity to interact with those suffering from a mental illness. The influences of Islam on participants' perceptions of mental illness appeared to be positive in nature. Furthermore, the participants highlighted that if they were experiencing what they believed to be a mental illness, they would be open to mainstream treatment in addition to religious treatment. These findings underline that practicing psychologists and psychiatrists may find benefit in collaborating with religious healers as well as by increasing their knowledge around Islamic rituals and beliefs.

Chapter Five: Limitations, Implications and Recommendation

5.1 Introduction

This study aimed to explore Islamic perceptions of mental illness amongst young South African Muslim women. The limitations of this study will be outlined with regards to both conceptual and methodological limitations. Furthermore, implications as well recommendations for further studies will be made.

5.2 Conceptual limitations

Islamic definitions of mental illness can be traced back to the Quran and the Hadith. Current literature on this subject was difficult to find. As an Islamic definition of mental illness is an integrate part of this study, this lack of literature may be seen as a conceptual limitation.

The way Muslims perceive mental illness appears to be under researched, and there is a notable lack of research regarding the way South African Muslims perceive mental illness. Furthermore, no current research or literature on the way South African Muslim women understand or respond to mental illness could be found. Islamic perceptions of mental illness, particularly in the South African context has not been adequately researched, highlighting the need for further research in this area.

5.3 Methodological limitations

Mack and Macqueen (2005) state that qualitative research is valuable as it allows researchers to gain culturally specific information about views, opinions, and experiences. As the purpose of

this research was to explore and understand the way in which young South African Muslim women perceive mental illness, a qualitative study design was the most appropriate design.

Qualitative studies are deemed subject to the researcher's personal views and beliefs, making them subjective in nature. Throughout this study, the researcher kept a diary in which her feelings, perceptions and experiences regarding the study were noted. This ensured that the researcher could continuously reflect on her feelings, perceptions and experiences and therefore try and minimise the impact of her subjectivities.

The sample size of five may be seen as a limitation, as this is a relatively small sample. Using a larger sample would have provided a wider reflection of young Muslim women's perceptions. However due to aspects such as time and accessibility constraints it was difficult to attain a larger sample. Nonetheless, using semi-structured, in-depth interviews did ensure that valuable information regarding young Muslim women's perceptions of mental illness was obtained.

Although all of the participants interviewed were from the same school, their previous education, such as their primary school and/or any additional secular or religious classes may have differed. In addition, their dedication and knowledge to and concerning their religion may also be different. These factors may have influenced the participants' answers in numerous ways. However, attaining a sample with identical educational and religious dedication would not have been possible.

Furthermore, the participants' cultural affiliations my have influenced their answers. All the

participants were descendents of Asian origins, be it from India or Pakistan. This may influence the way in which they were brought up as cultural affiliations often have an effect on day to day life. It is therefore possible that their cultural roots may have influenced their perception of mental illness.

This study explored the perceptions of young Muslim women within Johannesburg and surrounding areas. As such, these findings may not apply to young Muslim women worldwide. This should be kept in mind when reviewing the results, especially with regards to the participants' communities reaction to mental illness.

Complete anonymity was not possible as face to face interviews were conducted. However, all possible steps where taken to ensure that all the participants identities and information was kept confidential, as they were all referred to by pseudonyms, and no one but the supervisor and researcher had access to the data collected.

5.4 Implementations and recommendations for future studies

In order to produce further research in this area, it would be valuable to address the main limitations of this study. Therefore, it would be important to include an increased amount of literature, particularly on Muslim women's perceptions of mental illness.

Including a larger sample may also be beneficial as this would ensure a wider exploration of young Muslim women's perceptions. Furthermore, future studies may find it valuable to include participants from Muslim schools across South Africa. This may help researchers

determine if findings from this study resonate with young Muslim women across South Africa.

It would also be interesting to explore the way Muslim women of different ages perceive mental illness, as this study indicated that individuals of older generations tend to understand mental illness in a different way. In addition it may also be important to explore the way South African Muslim men perceive mental illness, as gender differences with regards to perceptions of mental illness have been found to exist. Furthermore, this would add to the body of knowledge regarding Islamic perceptions of mental illness.

The overlap of culture and religion should also addressed. Although Islam is a way of life, many Muslims are influenced by their cultural origins. Including Muslim participants from diverse cultures would render further insight into the Islamic perceptions of mental illness. Furthermore, this may help researchers differentiate between cultural influences and religious influences on perceptions of mental illness.

5.5 Conclusion

In conclusion this study highlights that religion and culture may influence the way individuals perceive mental illness. In order to produce further studies in this area, addressing the conceptual as well as methodological limitations will be beneficial. Islamic perceptions of mental illness is a developing area of research, particularly in South Africa. This study will hopefully add to the body of research and encourage individuals to pursue further research within this area.

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Appendix A

Subject Information Sheet

My name is Tasneem Bulbulia. I am currently doing my Masters degree in Clinical psychology at the University of Johannesburg. As part of my studies I am required to conduct a research project. My research focuses on young Muslim women's perceptions of mental illness.

I would like to invite you to participate in my study. Participation is voluntary and will involve an interview of approximately 40 to 45 minutes. Even though the interviews will be tape-recorded, only my supervisor and I will have access to the tapes.

You are free to answer only the questions you feel comfortable with, and to withdraw from the study at any time with no consequence. There are no benefits or risks associated with participation in this study. Your anonymity will be ensured in that no identifying information about you will be revealed in my report or subsequent publications. You will be referred to by a pseudonym, e.g. participant A or participant B.

If you have any further queries or you would like to know the overall results of the study, please feel free to contact me. A summary of the study and the results will be available on request after completion of the study approximately six months after the interview. My contact details appear in the signature below.

Thank you for taking the time to read this. Your participation will be highly appreciated.
Kind Regards

Tasneem Bulbulia
072 2002 893
tasneem.bulbulia@gmail.com

Appendix B

Interview Questions

1. Have you ever known anyone who has suffered from a mental illness? Or from what you thought may have been a mental illness?

- What did you think was wrong him/her?/ What do you think were the reasons behind his/her behaviour?
- How did you react to him/ her? Why do you think you reacted this way?
- How did others treat him/her?/ why do you think they treated him/her this way?
- Do you think being a Muslim influences your thoughts in any way?

2. What does the term mental illness mean to you?

- Cause
- Treatment…why?
- What do you think about spiritual illness? Has anyone in your family or community ever been referred to as being spiritually ill?
- Do you think being a Muslim influences your thoughts in any way?

3. What would you do if you were experiencing symptoms of a mental illness?

- Who would you feel most comfortable talking to? (mainstream/religious)
- How do you think your friends, family and community would react? (explore stigma)
- Do you think being a Muslim influences your thoughts in any way?

4. To your knowledge how does Islam conceptualise mental illness?

- Cause
- Treatment

Appendix C

Consent Form (Interview)

I, _____ hereby consent to being interviewed by Tasneem Bulbulia, for her study exploring the perceptions of mental illness amongst young South African Muslim Women. I understand that:

- Participation is strictly voluntary.
- I do not have to answer all the questions should I choose not to.
- I am free to withdraw myself or my responses from the study at anytime.
- My identity will be confidential.
- I will be referred to by a pseudonym in the research report and any subsequent presentations or publications.
- There are no benefits or risks associated with the study.
- The results of the study will be reported in the form of a research report for the partial completion of the degree, Masters in Psychology.

Signature_____
Date_____

Appendix D

Consent Form (Recording)

I, _____ give my consent for my interview with Tasneem Bulbulia to be recorded for her study exploring the perceptions of mental illness amongst young South African Muslim women. I understand that:

- The recordings will be confidential and only Tasneem and her supervisor will have access to them.
- Throughout the study, I will be referred to by a pseudonym (Participant A or Participant B, etc) and no information that identifies me will be revealed.

Signature_____
Date_____

Appendix E

Principal Consent Form

I, _____ principal of _____hereby give Tasneem Bulbulia permission to approach and conduct interviews with students from the grade twelve class, for her study exploring the perceptions of mental illness amongst young South African Muslim Women. I understand that:

- Participation is strictly voluntary.
- Students will not have to answer all the questions should they choose not to.
- Students are free to withdraw themselves or their responses from the study at anytime.
- Students identity will be confidential.
- Students will be referred to by a pseudonym in the research report and any subsequent presentations or publications.
- There are no benefits or risks associated with the study.
- The results of the study will be reported in the form of a research report for the partial completion of the degree, Masters in Psychology.

Signature_____
Date_____

Appendix F

Parental Consent Form

I_____parent/guardian of _____hereby give Tasneem Bulbulia permission to interview my daughter as part of her research entitled: Perceptions of Mental Illness amongst young South African Muslim women.

Signature of student:_____
Signature of parent/guardian: _____

Date:_____

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