Chapter 8

Muslim Worldviews:
Implications for Helping Professionals Providing Culturally Competent Care

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ABSTRACT

This chapter seeks to provide an overview of traditional and contemporary Muslim worldviews, specifically beliefs and attitudes that may relate to help-seeking and interaction with human services such as counseling, health services, educational systems, and social services. Traditional Islamic beliefs and views, combined with contemporary issues and the experiences of living as a religious minority, can impact successful interaction between members of the Muslim community and service providers. In addition, basic knowledge of Muslim worldviews can aid helping professionals in providing effective, culturally competent care. This chapter focuses on traditional Islamic concepts of health and illness, common lay beliefs that stem from traditional views, attitudes towards treatment, and help-seeking patterns. The interplay of religiosity, acculturation, gender, family dynamics, and other relevant factors on help-seeking and service utilization are also presented to provide the reader with a holistic perspective of prevalent Muslim worldviews.

INTRODUCTION

The area of culturally competent care is one that has been emerging not only for mental health professionals, but for all individuals involved in providing services within a multi-cultural, multi-religious society, including health care providers, mediators, educators, social workers, and providers of other social or community services. Cultural competence is an essential tool for helping professionals to effectively serve all facets of their community. Successful care relies on both the desire of the helping professional to learn about the cultural background and circumstances of the client, and the willingness of the client to share in an honest and open manner his or her perceptions of the situation leading him or her to uti-

lize a service. For Muslims, who have long been viewed as outsiders in non-Muslim majority countries, lack of cultural competency can impact willingness to utilize available services in their community. In addition, a negative encounter with a service or helping professional can significantly reduce the chance that an individual and others in their community will seek out services in the future.

Islam as a global religion provides a distinct cultural narrative that is based upon Islamic doctrine, but is also influenced by the cultures, languages, and countries in which the practice of Islam exists. Islam provides a foundation for those who identify as Muslim and plays a strong role in influencing attitudes and behaviors, as Muslims tend to view Islam as an entire way of life. The Muslim worldview, like other worldviews, consists of sets of beliefs and assumptions that shape reality and therefore influence individual thinking and behavior (Koltko-Rivera, 2004). However, Muslims are not a homogenous group and therefore there is not one definitive Muslim worldview, but rather multiple worldviews that are shaped by both the level of adherence to Islamic theological concepts and other cultural and social factors. Thus, it must be cautioned that there is a great deal of diversity that exists within this unity, just like in any population.

The following chapter provides an overview of key aspects of traditional and contemporary Muslim worldviews as they relate to health and illness, social problems, and help-seeking behaviors, as well as how these worldviews are influenced by the context in which Muslims live in Western society. Topics covered include traditional Islamic views of physical and mental illness, attitudes towards help-seeking, gender and family norms that may impact help-seeking, and traditional Islamic forms of treatment. The chapter describes the usage of both biomedical and psycho-spiritual models of health by contemporary Muslims, and how lay conceptions often differ or co-exist with theological concepts of health and wellness.

Potential factors that influence willingness to use available services and seek help within a country include immigration status, prevailing attitudes towards Muslims in that country, the person's level of religiosity, fear of stigma from both within and outside of their community, language barriers, and the availability of same gender, same culture, or same religion service provider (Vu, Azmat, Radejko & Padela, 2016; Shafi, 1998; Pilkington, Msetfi & Watson, 2012). The cultural, racial, socioeconomic and educational backgrounds of the client must therefore be assessed or taken into consideration by the service provider. Beliefs and attitudes that are shaped by an individual's background can influence Muslims' use of available services to address mental and physical illness, addiction, disability, childhood issues, and trauma. The chapter includes descriptions of common Muslim social norms that may be important to help a professional avoid bias or misunderstanding and increase rapport with Muslim clients.

Traditional Islamic Views of Health and Illness

Traditional Islamic beliefs about health illness can be divided into three categories: (a) theoretical concepts developed by Islamic philosophers, religious leaders, and scholars; (b) theologically derived positions based upon the Quran and prophetic traditions (*Sunnah* and *hadith*); and (c) the lay beliefs of individuals and groups in traditional Muslim societies. Traditional Islamic perspectives on symptoms that correspond to physical and mental illness tend to assume a psycho-spiritual origin for these problems (Athar, 1993; Husain, 2006; Shafii, 1988). These beliefs include definitions of illness, causes and predictors of illness, classification of symptoms, and prescribed treatment methods.

The Qur'anic concept of the self does not adhere to mind-body dualism. A person consists of not just the body but also the mind and soul. These do not exist as separate and distinct units. The Islamic concept of illness echoes these fundamental beliefs about the dimensions of the self and the position

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