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Understanding mental health help-seeking behavior in an Arab-Muslim population in the United States: a qualitative study

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Understanding Mental Health Help-Seeking Behavior in an Arab-Muslim Population in

the United States: A Qualitative Study

Honors Senior Thesis

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Introduction

While mental health problems are a significant problem, evidence has shown that treatment works/helps with symptom management as well as associated other problems. The underutilization of mental health services is a very real problem, as many who might benefit from care do not receive such benefit. However, this pattern of underutilization is not seen proportionally among different ethnicities, cultures, or religions (Koenig, 1998; Lin, Tardiff, Donetz, & Goresky, 1978). In the United States, this trend has been documented in several studies with minorities such as African Americans (Alvidrez, 1999), Latinos (Alvidrez, 1999), Asian Americans (Kim & Omizo, 2003), and American Indians (Beals et al., 2005). Unfortunately, little research looks at the Arab and/or Muslim minority in the United States.

Mental health service utilization is defined as talking to *any* health professional about an emotional, nervous, drug, or alcohol problem within the last 6 months (Cooper-Patrick et al., 1999). Arab minorities in different countries have been found to follow a pattern of underutilization. In Israel, Arabs utilized outpatient and inpatient care less than Jews (Al-Krenawi, 2002). Arab and/or Muslim minorities in Australia (Youssef & Deane, 2006) and the United Kingdom (Weatherhead & Daiches, 2010) have also been found to underutilize mental health services. In the United States, Aloud (2004) found that among 281 Arab-Muslim participants, only 9 % had visited a mental health specialist in the past 3 years.

There are many factors that may play a role in this pattern of help seeking in an Arab-Muslim community. Beliefs and attitudes about the nature of mental illnesses and mental health services as well as preferences for help-seeking when mental health problems arise affect whether an Arab-Muslim will seek formal mental health treatment or not. These attitudes are more often barriers rather than facilitators of help-seeking behavior in the Arab-Muslim community (Aloud, 2004).

Perceptions about and attitudes towards mental illness and mental health treatment may affect help-seeking behavior. There is a social stigma (negative label) or shame attached to mental illness and mental health treatment in an Arab community (Bener & Ghuloum, 2011; Youssef & Deane, 2006). Social stigma, sometimes called public stigma, is when society, the public, or large social groups endorse the stigma of mental illness, its stereotypes, and may even discriminate based on these negative attitudes (Watson & Corrigan, 2001). This stigma usually impacts both the patient and his/her family in a process known as associative stigma. Associative stigma is when society/public stigmatizes the family and friends of the stigmatized person by association (Watson & Corrigan, 2001). Thus, he experience of stigma in the Arab-Muslim community is usually characterized by isolation, embarrassment, and a strong element of denial to preserve the family's reputation (Youssef & Deane, 2006). As a result, families usually discourage or do not support patients attending mental health services (Tobin, 2000; Youssef & Deane, 2006). Both social stigma and associative stigma might result in self-stigma, which is when the stigmatized person believes society's stereotypes are self-

relevant, considers himself/herself are a devalued member of society, and expects social discrimination.

Arab-Muslims' beliefs about the causes of mental illnesses can also contribute to their underutilization of mental health services. It is common to attribute the symptoms of a mental illness to either religious and/or supernatural causes in an Arab-Muslim community The religious causes of mental illnesses include the belief that a mental illness is "test" from God, a chance to reconnect with God, or a result of God's will and that only His will will cure it (Weatherhead & Daiches, 2010; Youssef & Deane, 2006)A more negative cluster of religious causes includes the belief that a mental illness is a punishment for one's sins or is the result of a person's weak faith (Aloud, 2004; Weatherhead & Daiches, 2010). Both negative and positive religious beliefs may cause people to accept that nothing can be done to treat the mental illness because God wills it and thus God's creation (man) can not cure it (Weatherhead & Daiches, 2010).

In addition, there are widespread beliefs among Arab-Muslims that the symptoms of mental illnesses are due to supernatural reasons. Common supernatural beliefs are that mental illnesses are the result of possession by evil spirits (Jinn), witchcraft or black magic, satanic powers (caused by the Devil), or the evil eye (Aloud, 2004; Weatherhead & Daiches, 2010; Youssef & Deane, 2006). The evil eye is "a powerful eye-to-eye gaze and can be dangerous to the envied person, leaving him/her unable to function" (Fadlalla, 2005). The religious or supernatural beliefs are likely to increase the chances that people will seek mental health care from religious healers and thus underutilize formal mental health care.

The underutilization of formal mental health services may also be attributed to the Arab-Muslim community's help-seeking preferences. Given that many Arab-Muslims think that there are either religious or supernatural reasons behind a mental illness, their first contact is most likely going to be a religious leader known as an Imam(Youssef & Deane, 2006). An Imam is a religious leader within the Muslim community, whose role typically involves leading prayers in the mosque, providing religious advisory opinions, and offering spiritual guidance. In addition, he is usually a community leader. The reasons that have been found as to why Arab-Muslims prefer religious leaders (Imams) are privacy, non-judgment, and decreased stigma associated with visiting a religious leader compared to a mental health facility (Weatherhead & Daiches, 2010; Youssef & Deane, 2006).

Arab-Muslims might resort to other religious practices such as prayer or fasting, reading the Quran or Hadiths (sayings and traditions of Prophet Mohammed PBUH), or making Wudu, which is the ritualistic washing believed to purify the body and spirit. Arab Muslims might also resort to the religious healing treatment known as Ruqya. Ruqya, is usually preformed by an Imam or a religious healer (Raki). Ruqya is the recitation of Devine Words from specific Quranic verses in an attempt to cure Jinn possession, Black Magic, or the Evil Eye. Ruqya is also used to treat an illness or disease. There are various practices of Ruqya. Devine words can be recited and combined with blowing on the ailing patient or the afflicted body part (Dum treatment). These Devine

words may also be consumed orally by writing them on a piece of non-toxic paper using edible ink and placing the paper in water and then drinking the holy water. The words can also be written on a paper and worn as a protection (Ta'weez) (IECRC, 2005). Aloud (2004) found a positive relationship between help seeking preferences and help seeking attitudes. Thus, Arab-Muslims who had greater preference to informal resources demonstrated less favorable attitudes towards seeking formal mental health and psychological services (Weatherhead & Daiches, 2010; Youssef & Deane, 2006).

The little research conducted in the United States shows that Arab minorities tend to underutilize mental health services (Aloud, 2004). Though many studies have been conducted with Arab-Muslim minorities in developed countries have suggested that attitudes and help-seeking preferences typical in this community play a role in help-seeking behavior, little research has been conducted with this minority in the United States. This project seeks to study the attitudes and perceptions that Arab-Muslims living in greater Boston have about the field of mental health. In particular, the study seeks to focus on the knowledge Arab-Muslims have about mental illnesses and the services provided as well as the facilitators or hindrances of seeking formal mental health services.

Methods

Study Procedures and Participants

For this thesis, a sub-sample of 4 participants was included through random selection. The subsample consisted of two key informants, an Imam (Muslim Religious Leader) and a Muslim mental health provider, and two lay persons, a male and a female (ages: $M = 27.25$, $SD = 10.63$). The parent study is a qualitative study that included 17 participants aimed at studying the attitudes Arab-Muslims in the United States hold about help seeking when faced with stress or mental health issues and identify potentials facilitators and hindrances to seeking formal mental health treatment.

Laypersons were recruited through fliers that were posted at the Islamic Society of Boston Cultural Center (ISBCC) or email blasts sent via the ISBCC email or announcements made during community events at the ISBCC. Key informants were recruited by means of the ''snowball'' or chain referral method, as recommended by Biernacki and Waldorf (1981). The snowball method ''yields a study sample through referrals made among people who share or know of others who possess some characteristics that are of research interest'' (Biernacki & Waldorf, 1981). The snowball procedure started with two names of Muslim mental health providers and an Imam as suggested by the interviewer. All interested laypersons and nominated key informants were followed up for eligibility screening by telephone to determine if they can take part in the study.

To be included in the parent study a layperson must have been 18 years or older, of Arab ethnicity (originally from the Middle East or Northern Africa regions), and immigrants to/residents of/citizens of the United States. Study participants could be from

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any generation (i.e.: 1st or 2nd generation) and must be English speaking. To be included, a key informant must have been 18 years or older, who interacted with or provided care to Arab-Muslims living in the United States. Key informants did not need to be of Arab ethnicity.

The Northeastern University Institutional Review Board Institutional Review Board approved all study procedures before beginning data collection. Written consent was obtained from all study participants. Data was collected from April to June 2013 through individual face-to-face interviews.

An exploratory, qualitative study was conducted using 17 individual face-to-face semi-structured interviews. The semi-structured interview was written as a list of open-ended questions and topics. In addition, based on the participant's responses during the interview, supplemental probes were added by the interviewer. Interviews typically lasted between 50-90 minutes. The interviews were conducted in a private room at the ISBCC or in the Key Informants' offices. The interviewer was an Arab Muslim female psychology student from Northeastern University who conducted all 17 interviews. The interviewer was fluent in English and Arabic, so when participants spoke in Arabic, their responses were translated to English when they were transcribed. Study participants received no financial compensation for the time they devoted to the study. The interviews were audio-recorded and were transcribed verbatim by the interviewer. Transcriptions were anonymous and assigned only a number.

Data Analysis

Data analysis occurred concurrently with data collection using a modified constant comparative method (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The NVIVO software application (International, 2008) was used to facilitate data management. First, two transcripts (one lay person and one key informant) were reviewed line by line and coded by the interviewer for categories, constantly comparing emerging categories to each other to determine their nature and significance (Glaser & Strauss, 1967; Strauss & Corbin, 1990). This resulted in an initial codebook that was used for the two subsequent interviews. Data collection and analysis ceased when no new information or insight was forthcoming.

Results

Possible Facilitators of Help Seeking Behavior

Imam's Role

Each mosque usually has an appointed Imam that serves as a leader of the mosque community.

Participants (75%) identified the Imam's encouragement to seek mental health help and referral to formal mental health services as an important facilitator of help seeking behavior in the Arab Muslim community. The Imam is often the first point of contact when an Arab Muslim suffers from stress, life problems, or mental health issues.

> I believe that would you know decrease the stigma, I believe that would increase you know referrals who actually need help … if it's coming from a religious figure.

> (mental health provider, participant 11)

Participants endorsed that the responsibility falls upon the religious leader to encourage treatment, reassure that seeking treatment is permitted by religion, and sometimes refer to mental health providers.

Assessment

The Imam interviewed explained the assessment procedures he takes to identify whether mental health help is needed.

> Initially trying to be a good listener and paying attention to some of the things that they say… asking, you know I also ask them "are you seeing a therapist?" "have you seen a therapist?" "are you on medication?" and often times you know, they're not taking their medication or they're not continuing with therapy.

> (Imam, participant 13)

The Imam goes on to explain that he only determines if they should be referred, but will leave the conclusions to the mental health professionals.

> So what I, my call is not "do they have a mental illness or not?" my call is "do they need to see someone who will be able to make that assessment?" cause I can't.

> (Imam, participant 13)

Encouragement

Key informants (100%) endorsed that the Imam would need to provide encouragement to Arab Muslims in order for them to seek formal medical, including mental health, treatment.

> In my job at that juncture is just to say "it's ok to seek medical help, it's religiously commendable or even obligatory for you" you know "to seek someone who can help you with this problem".

(Imam, participant 13)

The mental health provider talked about the importance of encouragement when Arab Muslim patients are resistant to seeking mental health treatment.

> I would refer them to an Imam to have a general discussion about medicine and treatment and Islamic views on seeking help and seeking treatment, particularly if I see that as a source of resistant for them to seek treatment, I would refer them to an Imam.

> (mental health provider, participant 11)

Referral to Mental Health Services

Participants (75%) endorsed that that the Imam cannot provide help to Arab-Muslims. They stated that if the Imam were to provide religious healing for a mental health problem it would either temporarily work or cause damage. The imam interviewed explains how he provides non-clinical pastoral services for life issues such as marriage problems, decision-making, and miscommunications between parents and their children.

> Pastoral service means people who need not clinical counseling but for example if someone is suffering with atheism or doubts about God or questions about Islamic rituals so then I provide that service for them……Marriage issues, if there's a breakdown and they think that it's somehow related to religion, not necessarily a clinical or psychological need but a religious misunderstanding.

> (Imam, participant 13)

The Imam goes on to explain that if the problem is identified as a mental health need and not a religious need, he would refer the person to a the network of mental health providers the mosque is connected to in the community.

> If I feel that it's something beyond kind of a religious need then we do have ten mental health care providers in this community that we refer them to for counseling… so we realized that as Imams we're very ill-equipped to be doing any type of counseling, and we can in fact probably do more damage if we're not careful.

> (Imam, participant 13)

Religious Narrative

Participants indicated that the Quran (religious book of Islam) and Prophetic teachings both hold pro-help seeking examples. Some verses in the Quran, examples from the life of the Prophet (Peace Be Upon Him), as well as common Arabic sayings may be used to support the importance of help seeking in times of affliction and illness.

Pro Help Seeking Religious Sayings

Le Koli Da'a Dawa'a (For every illness there is cure/medicine) and Ya Ebad Allah Tadawo (Oh servants of Allah seek remedies) are both a widely accepted Prophetic sayings that can be used to support help seeking behavior in the Arab Muslim community. In their opinion, key informants stated that it is likely that uneducated, deeply religious, or immigrant Arab Muslims may feel that only God can cure illnesses and feel that they have failed religiously if they seek medical help. Thus these two Prophetic sayings amongst others can be used to reduce the feelings of guilt or shamed that might be associated with seeking help.

> This idea of like you know if "I'm complaining then maybe I'm not being you know a loyal servant or like a good Muslim"

> (layperson, participant 9)

> You have the example in the life of Mohammed….Peace be upon Him where you know he sought remedies for his own illnesses, he said "Oh people seek remedies for your illnesses" I mean that's a clear principle in Islam…. so you just kind of remind people…..I mean we believe that we should go out and seek remedies for our illnesses and then they go for it. Then you have the statement for every "Da'a Dawa'a" for every illness there is a cure.

> (Imam, participant 13)

Life is a Test

Some participants have stated this saying as a facilitator of help seeking and as a hindrance. As a facilitator, this statement can cause the patient not dwell on his/her afflictions and accept that they are a test of strength and endurance.

> It could help them build strength in dealing with it if they perceive this as a you know test that they have to go through and that it needs their strength and courage, it you know it could help them s

> (mental health provider, participant 11)

It may be considered a possible hindrance if the person considered it a test of his/her *patience* and thus, will divert the person from help seeking.

> It's you know … it's a test from God, "pass your test!" sort of a thing….and just kind of shutting it down and from what my experience has been.

> [Patience] is yes it's you're shackled to this affliction or this trial or whatever but that doesn't mean that you don't do anything about it, you do as best as you can,

but you don't become like angry with God for instance about it, but you recognize that there's a problem and you go and you do something about it

(layperson, participant 9)

Protection

One participant discussed how adopting a religious narrative might be protective especially in cases of addiction and suicide. Because the consumption of alcohol and drugs are considered sins in Islam, people who endorse this belief are less likely to abuse these substances or develop an addiction to them.

> I think you know there are some religious beliefs that are you know that are very helpful like things related to not you know not drinking not using drugs
>
> (mental health provider, participant 11)

In addition, in Islam, those who commit suicide are said to be condemned to Hell in their afterlife. Thus, the mental health provider interviewed endorsed that Muslims who have suicidal ideations are less likely to attempt and complete a suicide if they endorse this belief.

> I think if people do identify with their Islamic religion I think it's a protective factor. So you'd find somebody who gets very depressed and would say like "I would wish that my life would end" but they have no plans to end their life because of their belief that it's kind of an eternal sin and that you go to hell if you end your life.
>
> (mental health provider, participant 11)

Muslim Mental Health Provider

All participants endorsed the need for more Muslim mental health providers. Arab Muslims often prefer their mental health provider to be of a similar religious and cultural background. Preferences included that the provider's religion would be Islam, he/she would speak Arabic, and would incorporate religious themes into the treatment.

> Like for a doctor, I mean I don't really don't mind, my doctor is not Muslim…. but in terms of something like psychology, I would prefer somebody who's Muslim cause they know both aspects. Cause Islam is universal…. Islam says that science proves religion. So I would like somebody who has both science and religion on their side so … they can use from both sides.
>
> (layperson, participant 1)

When the Imam spoke of the network of the mental health providers that he refers his Arab Muslim community members to. He said:

> Most of the people are Muslim, most of the people are even of immigrant or overseas cultural backgrounds to create the comfortability.

In addition, the Muslim mental health provider interviewed elaborated on this by explaining his experience in dealing with Arab Muslim patients.

> I think mostly my experience has been positive in a sense that they feel like this is somebody who can relate to them more and would be less judgmental of them.

> (mental health provider, participant 11)

Social Support

All the participants endorsed that the Arab Muslim community in the United States has become more accepting of people seeking mental health treatment. Support from the Muslim community, the individual ethnic communities, and the nuclear and extended families were perceived as a facilitator of help seeking behavior.

Community Support

Participants stated that the Arab Muslim community living in the United States doesn't react as negatively towards individuals seeking mental health services as people in the Middle East and Northern Africa region. Participants stated that community characteristics such as acceptance, helpfulness, and non-stigmatizing attitudes make the community a tolerating community for people who suffer from mental health issues.

> I mean this community in particular I think is really really I think good is an understatement but in the sense that like I think it's gotten a lot better ....I'm comparing it to like Arab countries.

> (layperson, participant 9)

> I think it [community reaction to someone seeking help] would be very neutral you know if you wanna seek help, go seek help.

> (layperson, participant 1)

> I've never seen the community you know berate someone, deride someone because they have a mental health issue.

> (Imam, participant 13)

Family Support

A key informant illustrates the positive aspects of the Arab Muslim community being more of a collectivist community, rather than the dominant individualistic community, in dealing with family member who might require mental health help.

> People with particularly serious mental illness actually do better because the families are less likely to look at institutionalization as the first approach and the person is able to maintain their sense of family and community versus feeling ostracized or neglected is in itself you know has a positive healing effect…But I think for people who have kind of traditional views of the family structure traditional views of collectivistic versus individualistic culture that they are more like to not give up very quickly on their family members.

> (mental health provider, participant 11)

Knowing Someone Who Sought Mental Health Services

Participants were more accepting of seeking mental health services if they knew someone who sought mental health services. However, the extent of their acceptance depended on whether they perceived the treatment to be successful.

> I'm pretty sure she told me she was taking medication and things like that and that it really helped her! The medication really help her.

> (layperson, participant 9)

> If their family members got traditional [mental health] treatment and they got better, they were very likely to be accepting. Now if they got treatment but you know they ended up being institutionalized or never got better, the family might kind of be angry at this medical model and they're more likely to be seeking or searching for another model.

> (mental health provider, participant 11)

The Imam emphasized this point when explaining the importance of people who were referred to mental health services speaking out about their experience.

> And then having people who have come out of the program saying "you know I went to program", testimonials right? And "it helped me!"… it's the example for people to see, "ok so there is someone who went", they can be anonymous, the could talk about it anonymously, but they could write something and say "I went to this program, these were issues, and this is what happened"

> (Imam, participant 13)

Education

All participants (100%) identified education as a predictor of a positive attitude toward help seeking and as a facilitator of help seeking behavior in the Arab Muslim community. Common misconceptions about the nature of mental health services and treatability of mental illness can be addressed through education.

> I think those kind of attitudes [misconceptions] has dissipated in the more educated Muslim community
>
> (Imam, participant 13)
>
> I think there needs to be more education, I think people need to be more aware of these illnesses and that there you know are treatments for them and not necessarily 100% effective but people do get better and can lead better lives if they do seek treatment.
>
> (mental health provider, participant 11)

One participant goes on to explain how education helped changed her understanding of the nature of mental illnesses. This participant used to believe that mental illnesses are not real and that people can get over them easily.

> Yeah I mean I'm honestly guilty of it as well, I mean prior to actually understanding what it is but I think it's kind of assuming they'll easily get over it.
>
> (layperson, participant 9)

Media

Both key informants endorsed that the media has had a huge role in creating a positive image for mental health and therapy. This is achieved when the media displays non-sensational and real portrayals of people who have a mental illness as well as psychiatrists or psychologists who do not exhibit the negative stereotypes previously associated with them such as awkwardness or lustfulness.

> I think since Frasier (an American sitcom about a psychiatrist) right? The climate around therapy in American has changed dramatically
>
> (Imam, participant 13)
>
> There're also things that media portray that were kind of successful stories or more just scientific-based kind of discoveries that would make people feel positive about it.
>
> (mental health provider, participant 11)

Possible Hindrances of Help Seeking Behavior

Common Beliefs

Depression

There is a common belief in the Arab Muslim community that depression is a not a real mental illness. Reasons underlying this belief include that the person is just sad, can easily get over it, or has lost connection to Allah. Not all participants (50%) endorsed this opinion. However, those who didn't said this is a common belief in the community.

> I think a lot of times it's not taken as seriously, it's kind of or at least in our in my community or in my experience, it's kind of like "oh well you know you'll get better"…people sometimes assume that depression is kind of it's someone having a tough day
>
> (layperson, participant 9)

> I think of alright for example if somebody's suffering from depression. I think depression can actually be solved very easily through religion through 'Ebada' (Worship) through remembering Allah through 'Thikir' (Rememberance of Allah) you know what I'm saying cause when you're close to Allah. How how can you be sad you know?
>
> (layperson, participant 1)

Medications

All participants (100%) stated that Arab Muslims often do not support the use of psychiatric medications. Both laypersons interviewed didn't endorse the use of medications for several reasons. Reasons stated included that the medications are used as a commodity, may cause serious side effects, and cause life-long dependence.

> "It's cause it's a commodity…they give you this medicine to take and then you get to take more medicine due to this medicine … depression medicine makes things worse for people so that they can keep taking depression medicine."
>
> (layperson, participant 9)

> "They told me that they putting her on medication and I remember I was I felt really upset"
>
> (layperson, participant 1)

Although both Key Informants endorsed the necessity of taking medications when needed, they stated the common concerns they heard when dealing with Arab Muslims:

"you need medication to be normal, that means you're abnormal"

(Imam, participant 13)

"This is brain poison" "how is this gonna affect me?" You know "I have a family member who took this and" you know "it made them like" quote unquote "crazy".

(mental health provider, participant 11)

Seeking Treatment

Participants endorsed (50%) that there is a general fear of seeking help, both medical and psychological. These fears are usually tied to what people fear they might find out if they visit the doctor's office. There are many common fears that include a fear of being diagnosed with a mental illness, a fear of being institutionalized, or being diagnosed with terminal illness.

> I think sometimes people might think that going to seek help from a mental health professional either, A. really won't do anything or B. might just confuse you more... I think a lot of people are afraid that they themselves might have a disorder…they might be afraid of like a psychologist taking them away from the family or something in that sense … just like separating them from the norm

(layperson, participant 9)

They're scared they're gonna find out they're dying.

(Imam, participant 13)

The imam interviewed elaborates on the belief underlying the fear of seeking treatment by stating the following Arabic saying:

> La Takhsha Atheeman Fa Alathy FilGhaib A'tham Ya'nee (Don't fear something grand for what is unknown is grander)

(Imam, participant 13)

Perceptions of the Causes of Mental Illness

Participants discussed alternatives explanations for the causes of psychological /psychiatric symptoms. A minority (25%) of the participants endorsed that supernatural forces such as Satanic "Shaytan" possession or demonic possession may cause mental illnesses. However, those who didn't endorse this view stated that this is a widespread belief in the community. These beliefs may cause Arab Muslims to seek religious or

supernatural healing instead of utilizing formal mental health services. In addition, a majority of participants (75%) stated that there are also perceived religious causes about the manifestation of these symptoms such as weakness in faith, which they stated may cause people to blame the afflicted person for his/her symptoms.

Evil Eye

Both key informants endorsed that many Arab Muslims believe that the "Evil Eye" may cause mental and physical illnesses. The evil eye is "a powerful eye-to-eye gaze and can be dangerous to the envied person, leaving him/her unable to function" (Lauber and Rossler, 2007). The evil eye is considered by many cultures to be able to cause injury or bad luck for the person at whom it is directed for reasons of envy, jealousy, or dislike.

> for people who are more religious there are definitely verses of the Quran and things in the religion about jealousy kind of being a source of people not doing well if they somebody gave them the Evil Eye, that they would deteriorate and not do well
>
> (mental health provider, participant 11)

Possession

Only a minority (25%) of participants endorsed that mental illnesses are caused by demonic or satanic possession. However, most participants mentioned that this is a prevalent belief in the Arab Muslim community. Participants explained that spirits, known as Jinn, are believed to possess a person. The Jinn may be good or bad. Bad or evil spirits are sometimes referred to as Shaytans or Devils. Stated symptoms of possession include speaking multiple foreign languages, levitation, as well as multiple mental and physical symptoms like incoherence, nausea, and sweating.

Arab Muslims usually believe that possession may cause psychological/psychiatric symptoms such as delusions, hallucinations, anxiety, and depression.

> But also particular with psychotic disorders, when people start hallucinating or people start having unusual beliefs the narrative might be that there is possession by Jinn (Evil Spirit)
>
> (mental health provider, participant 11)
>
> I honestly truly believe that mental illness and 'Shaytan' (the Devil) go hand in hand
> (layperson, participant 1)

The endorsement of these beliefs will likely hinder seeking formal mental health services. Those who believe that they are possessed usually seek treatment from either an Imam or

a Raki (religious healer who uses Quranic verses to exorcise demons). For example, one participant explained Raki's reactions to a female who was perceived to be possessed and was taken to a mental health facility instead of to him:

> [the Raki] he said that this specific case Shaytan (the Devil) won because now she is so doped up on medicine…that she's like a vegetable almost…so Jinn (Evil Spirit) can do inside of her, outside of her and just use her body as a hallow shell
>
> (layperson, participant 1)

The Imam interviewed stated that demonic possession may in fact occur but in very rare cases. He added that whenever he investigated these perceived demonic symptoms he usually found underlying physical or mental illnesses.

> in many of the instances where I have looked into it it's not that, it's a health issue, something that can be treated or I'll tell people "look I'll do that after you go see somebody" you know "go seek help first and then come back to me"
>
> (Imam, participant 13)

Weakness of Faith

Many of those who display symptoms of mental illness are accused of having weak faith or losing connection with God. They are usually encouraged to strengthen their religion, and to pray more instead of seeking formal mental health services. Many times if symptoms persist despite the person praying, he/she is accused of "not trying hard enough."

> "try harder, you're not working hard enough, you should just" "put it aside, you should not care about it so much, you should try to strengthen your religion" and "try to pray more, do this or that"
>
> (layperson, participant 9)

> if this person…has no history of mental illness and then all of sudden they go crazy I mean that's of course that could be proven likely … .but at the same time you know when we look at their lifestyle were they praying 5 times a day?
>
> (layperson, participant 1)

Preferences for Problem Management

Many alternative problem-solving techniques to seeking formal mental health treatment were mentioned by the participants. Arab Muslims may rely on social support, religious practices, or formal religious healing instead of or before using mental health services.

Social Support

Participants (75%) admitted to depending on social support from family and friends in times of stress. Participants often sought advice from family and friends for marriage/relationship issues, school stress, as well as mental health issues. However, in some cases, this may be considered as a hindrance of help seeking because people may think that they don't need a psychologist. One participant talks about how, in the past, she didn't believe in the need to see a psychologist if you have good friends.

> [I used to say] "why do people you know see psychologist, why do they try to get help? You know if you have good friends, they can just talk it out with you and they can help you with your problems" so I just saw kind of like a psychologist as someone who just takes you into and closes the door and you're laying on a couch and you're just "well this happened to me today and this" but it's not!

> (layperson, participant 9)

Religious Practices

All participants stated numerous Islamic practices and concepts that Arab Muslims refer to when dealing with problems such as stress, medical illnesses, or mental illnesses. These practices are sometimes used in conjunction to medical or mental health treatment. On the other hand, they may be used as an alternative to seeking formal treatment.

Dua/Zikr

Dua is a form of verbal prayer practiced by Muslims. Muslims will usually practice Dua to ask God for help in dealing with life problems or to cure an illness or affliction. Zikr is a spiritual practice that involves the remembrance of Allah through silent recitation verses of the Quran or the religious supplications. People will usually practice Zikr as a means to reconnect with God if they feel that their affliction was the result of weakness in faith.

One participant when asked what he would suggest to a stressed friend said:

> Most probably I would say you know "dude make Dua for Allah to make things easier on you", that's it….And if the problem persists, then I would be like "make more Dua man! Make more" just increase it.

> (layperson, participant 1)

Sometimes there is an overreliance on Dua and Zikr for treating illnesses that may cause Muslim patients to not seek other forms of treatment.

> People invoke "Oh trust in God" "God will cure" I mean that's not a theological position but that's just kind of what people think, you know "we can pray" "we

can read Quran" "we can make Thikir" "we can say special supplications" and "we're gonna be fine!" And you try to tell "no it don't really work like that"

(Imam, participant 13)

This overreliance is usually underlined by the belief that the cure is in God's hand and that one must put his/her trust in God.

Cause Allah says that He is the cure for everything, the Quran is the cure for everything….. Trust that God's there for you.

(layperson, participant 1)

In extreme cases this overreliance may be lead to Tawakol. Tawakol is defined as dependence on God. However, people commonly mistake it to mean that they should not do anything and leave the matter in God's hands. As for help seeking behavior, this may cause people to not seek treatment and only depend on God to cure their illnesses. Most Muslim scholars agree that this is against what the Prophet PBUH advised.

[People mistakenly believe] "God will cure me" …. Altawakol Ala Allah (Depend on God)

(Imam, participant 13)

The Imam interviewed talked about the importance of supplementing Dua with actions, such as seeking treatment, instead of Tawakol.

And you try to tell "no it don't really work like that" you know there's supplication met with responsibility….I think people fail to realize that the supplication has to be followed with action right? Akhtho Bil Asbab Ma'a AlDua (Make verbal prayers but also do all that you can)

(Imam, participant 13)

Religious Healing

A minority (25%) of patients endorsed the efficacy of Ruqya in curing mental illnesses. Those who endorsed this view stated that people are mistaking Jinn possession for mental illnesses. Those who didn't endorse this view stated that the reason Ruqya doesn't work is because the person is usually afflicted with a physical or mental illness.

[the efficacy of Ruqya] I don't know, how do you measure that? That's the question that I've always had about it is you know just because feels good is that

placebo? I mean how do you know that they've really been [cured]? And then how do you know that they're not masking a mental health issue?

(Imam, participant 13)

Media

Some participants also mentioned the media as a negative influence to the image of mental health to the public. Participants discussed how sensational depictions of mental health patients and unethical psychologists as well as the opposing of psychiatric medications may hinder help seeking behavior.

a lot of time[s] there are negative articles in the media about medications and drugging the nation

(mental health provider, participant 11)

Language

A possible communication barrier is language. Most of Arab Muslim population in the United States speaks Arabic and English, and many of the recent immigrant population speak only Arabic. In addition, within the Arabic language, several dialects exist. Arab Muslim patients usually prefer to have an Arabic-speaking mental health provider.

[the patient's] parents are primarily Arab-speaking and they're [the patient] primarily English-speaking…or bilingual.

(mental health provider, participant 11)

Financial Barriers

Many Arab Muslims face the issue of not being able to afford or access Muslim mental health providers. Arab Muslims are usually referred to Muslim mental health providers through community leaders or friends. However, they may not be able to afford these providers because the providers do not accept their insurance or require out of pocket payment. Additionally, recent immigrants, who require mental health treatment, may still not be set up with social services and thus do not have health insurance.

I think there's a misunderstanding most Muslims aren't gonna seek medical help, but like most of them are gonna seek medical help [in] the first place but because of where we're located strategically between the urban and suburban there are people in our community who just can't afford mental health care or Mass Health is not helping them pay what they need to pay or they've neglected it.

(Imam, participant 13)

It depends on the clinic so in the clinic where we're sitting here it's are mostly people who have private insurance they take some MassHealth but mostly private insurance so by default that's kind of middle class or upper-middle class families.

(mental health provider, participant 11)

Preferences for Potential Mental Health Provider

Participants endorsed that Arab Muslims do not prefer a non-Muslim mental health providers. Reasons stated included a fear of cultural and religious misunderstandings, judgment, or discrimination.

they're fearful that somehow a "non-Muslim won't understand me religiously", which is a legitimate concern. "They might not understand certain attitudes I have about gender or privacy or social norms".... although most physicians don't care about that kind of stuff. ....I think Islamophobia helped that, kind of reaffirm that to some degree

(Imam, participant 13)

Though most participants agreed that Arab Muslims prefer a Muslim mental heath provider, that stated that they wouldn't prefer someone from within their immediate community because they fear the provider would expose them to other members of the community.

If they're from the same cultural background or same community, same mosque, you know it's kind of an odd situation for them

(Imam, participant 13)

I think sometimes they would feel more judged to be seen by you know somebody from the same culture, I think there might be issues of confidentiality, they may not understand that the same confidentiality rules apply….they might worry that I would be in a social gathering if I know them I would tell other people about what's going on …. the medical culture back home it's very typical to involve the family in any treatment of any medical disorder including emotional or mental illness, so they may [think] that if somebody is from that culture they would follow kind of the same rules even if they're practicing here, which is definitely not true

(mental health provider, participant 11)

Stigma

Stigma is very strong barrier to utilizing formal mental health care in the Arab Muslim community. All participants (100%) endorsed that a pervasive stigma exists in the

community and can usually cause Arab Muslims to choose not to seek help. This stigma exists within many levels including the community, the family, and the person afflicted with mental illness.

Social Stigma

Social stigma, is when society, the public, or large social groups endorse the stigma of mental illness, its stereotypes, and may even discriminate based on these negative attitudes (Watson and Corrigan, 2001). However, the social stigma of mental illness in an Arab community is unique. Due to the collectivist and conservative nature of the Arab Muslim society, features such as denial, isolation, and judgment have an amplified effect.

Denial

Participants (75%) stated that due to the fear of the social repercussions, Arab Muslims would sometimes attempt to deny that their family member has a mental illness in order to protect the person as well as the social image of the family.

> I called his father and his father was just like "please don't tell anyone, he just needs to sleep. He's Ta'ban (tired)"
>
> (Imam, participant 13)

In addition, others may deny the existence of mental illnesses and state that these cases do not occur in the Muslim community or that they are cases of demonic possession.

> for some people like I see people in the community who are very educated …. they are like "but this doesn't happen in our community…...this only happens to other communities, this doesn't happen in the Muslim community"
>
> (mental health provider, participant 11)

While others may doubt the legitimacy of the field of psychology.

> I think a lot of people view mental health and like psychology in general, the study of psychology it's kind of just like you know it's all theory
>
> (layperson, participant 9)

Isolation

Both laypersons discussed the social isolation a person diagnosed with a mental illnesses suffers in Arab Muslim community. They explained that people within the community do not make the effort to ask about people with a mental illness or include them due to perceived effort, awkwardness, or judgment. However, both endorsed that people do not openly discriminate or shun a person suffering from a mental illness.

[people] might stay away from them, not be friends with them anymore.…
because maybe they're afraid that they might put a burden on them

(layperson, participant 9)

I feel like sometimes people really don't go out of their way to really reach out to
that person…it's not that they will shun that person but I don't think that they'll
make an effort

(layperson, participant 1)

Masculinity

Participants (50%) endorsed that Arab Muslim men would face a harsher stigma if they
sought mental health help then woman would. In the Arabic culture, masculinity is very
important and has specific characteristics such as strength, courage, and domination.
They explained that due to this rigid construction of masculinity, the community may
view men who seek formal mental health care as weak and feminine. Thus, Arab men are
much less likely to seek help. Participants added that Arab women seeking help would be
much more accepted because they are viewed as overly emotional and weak.

I think people would be more understanding maybe if a female wanted to go
where as a male, it's like that's just weird.… because you know men typically, in
especially in this society, well actually in Arab societies who are Muslim, they
don't talk about their feelings, they don't have feelings, they're men!...I think
especially especially in this society men are told at a very a young age that "not to
show emotion cause if you do then you're a girl"….cause I mean females are
perceived to be you know weak or at least like you know very emotional

(layperson, participant 9)

Associate Stigma

Due to the family structure of this community, the stigma has a widespread effect
and will usually impact both the person and their family members. Through the process
of associative stigma, society scrutinizes the family of a person living with a mental
illness. Associative stigma, is when society/public stigmatizes the family and friends of
the stigmatized person by association. The family members may encourage the member
suffering from a mental illness to avoid seeking treatment or professional help as a means
of ensuring that the family name is not dishonored. This dishonor or shame that the
person brings upon his/her family is also known as Aib, which a complicated Arabic term

that is used to describe something that is dishonorable, shameful, defamed, and looked down upon in society.

> there's still a stigma to having someone in your family who has a mental health issue

> (Imam, participant 13)

Parent's Fault

Most participants (75%) stated that there may be a lot of guilt and regret that may accompany the associative stigma of mental health. Parents will usually question what they have done wrong. In addition, society may wrongfully blame them for their child's mental illness.

> at least if it's not a strong sense of shame, it's a question that they've had like you know "is my child depressed because I've not been a good parent to them?" So I think this is almost pervasive with everybody from this community or any other community and this is part of what you try to do when you educate the family and explain to them that these illnesses are biologically based, that there is environmental factors…and despite what the families did or did not do probably … the illness would not have changed much.

> (mental health provider, participant 11)

Self Stigma

Participants discussed how society's stigma might cause the person suffering from a mental illness to internalize their judgments. Self-stigma is when individuals turn against themselves because they are members of a stigmatized group (Watson and Corrigan, 2001). Individuals may internalize the public's stigmas about their normalcy, their sanity, and if they fit in society anymore. This fear of being judged as well as becoming an "abnormal" or "crazy" person may cause them not to seek formal mental health care.

> I think for a person who has maybe mental health needs, the idea that you know "am I crazy? Am I losing my mind? Am I weird now? Am I no longer part of normality?"…. Muslim, Arab, people it's hard for them to kind of say "there's something wrong with me, help me" to another person…it's like "oh well you just admitted to me that there's something wrong with you"

> (layperson, participant 9)

Discussion

The qualitative nature of this study provides an in-depth and holistic understanding of the attitudes and beliefs that Arab-Muslims living in the United States

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hold toward mental health as well as identifies potential facilitators and hindrances of seeking formal mental health services. This study provides a deeper understanding of this subgroup by elucidating the relationship between their attitudes, values, and cultural/religious practices and as a potential result their help seeking behavior. In particular important facilitators and barriers to help-seeking have been found. This study also adds to the current literature of Arab Muslims' mental health help seeking behavior in the United States by identifying novels themes not discussed in previous research and expanding on themes that have been identified.

Religion was often a major theme in the discussion of mental health help seeking behavior in the Arab Muslim community in the United States. Participants discussed themes such as the role of the religious leader (Imam), having a religious narrative towards health, and the availability of a Muslim mental health provider as major facilitators of help seeking behavior. Our results highlighted the importance of the role of the religious leader in encouraging and facilitating the connection between the Arab Muslim community and formal mental health services. This is congruent with previous research that has found that a religious leader has a crucial influence on patients to seek and consult a psychiatrist (Youssef & Deane, 2006).

In terms of the religious narrative, pro-help-seeking religious sayings were identified as facilitators of help seeking behaviors because they can reduce feelings of guilt or shame that Arab Muslims might experience if they sought mental health treatment instead of religious treatment. In addition, religious beliefs that include that suicide, drug use, and alcohol are sins were suggested to be protective and facilitate healthy behavior in Arab Muslim community. In existing literature, the common religious belief that afflictions are a "test from God" was considered to have positive connotations, is managed with acceptance and thanks to God (Weatherhead & Daiches, 2010). However, in the study it is not clear whether this belief may facilitate or hinder help seeking behavior. Our findings suggest that this belief may both facilitate and hinder depending on the underlying belief. If the underlying belief is that the affliction is a test of one's strength and endurance, then it might encourage people to be proactive and seek treatment. However, if the underlying belief is that the affliction is a test of one's patience, people might accept that nothing can be done to treat the mental illness because these illnesses are a test of patience and endurance by God.

Our findings showed that having a religious or supernatural narrative about the causes of mental illnesses may be a hindrance of help seeking behavior. Though only a minority of our participants endorsed this belief, they stated that there is a widespread belief among Arabs that the symptoms of mental illnesses are due to supernatural reasons. People believe that evil spirits, known as Jinn, will possess a person and cause him to act out in psychotic behaviors. Youssef and Deane (2006) stated that 86% of participants confirmed that there is a strong belief in the Arab-speaking community that mental illness is caused by satanic powers. In addition, Muslims may believe the "evil eye" may be another cause of mental illness. The evil eye is "a powerful eye-to-eye gaze and can be dangerous to the envied person, leaving him/her unable to function" (Lauber & Rossler, 2007). This may cause Arab Muslims to seek religious healing treatments

such as Ruqya instead of formal mental health services. Ruqya is the recitation of Devine Words from specific Quranic verses in an attempt to cure Jinn possession, Black Magic, or the Evil Eye (IECRC, 2005). Other beliefs include that a mental illness is the result of one's weak faith. This may cause society to blame individuals for their mental illnesses because of the underlying belief that only strong faith can counteract the supernatural effects (Youssef and Deane, 2006). In addition, it may cause the person to resort to religious practices such praying, making Dua and Thikir, or reading verses of the Quran to strength his/her religion instead of seeking mental health treatment.

Participants discussed numerous themes related to the characteristics of the mental health provider they would prefer to seek treatment from. Due to the similarity in religion, language, and culture, the need for more Muslim or Arab mental health providers was strongly endorsed by participants in this study. Idiosyncrasies that exist within the Arab culture may be missed if the mental health provider was a non-Arab, even if a translator was present. This may also affect the client-therapist relationship because the Arab Muslim client might identify more with the translator rather than the therapist. In addition, language can be a significant communication barrier to help seeking. In fact, in Youssef and Deane's (2006) study (80%) of participants agreed that language was a significant communication barrier. Many Arab Muslims who are bilingual may lack proficiency in spoken English and many of the recent immigrants may only be Arabic speakers(Youssef & Deane, 2006). Our findings support that language may be a bigger facilitator than religion, because some Arab Muslims don't have a preference for provider's religion (Weatherhead & Daiches, 2010). Participants who did endorse that they preferred a Muslim provider stated that they do not prefer someone from within their immediate community because they feared the provider would break confidentiality and expose them to other members of the community. One study found that confidentiality is severely lacking in the Arabic-speaking community in general because its members have a natural propensity to share their news and concerns with family and friends (Youssef & Deane, 2006). As a result, a patient fears visiting a health professional from within the community due to the possibility of occasional contact in social contexts (i.e.: mosques). Finally, participants endorsed they had concerns related to receiving treatment from a non-Muslim provider that included fear of discrimination and cultural misunderstanding. There is a fear among Arab people that they will not be properly understood linguistically or culturally and may experience negative stereotyping by American mental health professionals (Erickson & Al-Timimi, 2001). Many studies have found that underutilization of professional services by minorities might be due to the fact that the services are controlled by the majority culture (Bizi-Nathaniel, Granek, & Golomb, 1991; Higginbotham & Tanaka-Matsumi, 1991; LaDue, 1994; Wallace, Campbell, & Lew-Ting, 1994).

Our findings identified that education and knowing someone who sought mental health services are possible facilitators of help seeking behavior. Participants endorsed that educated Arab Muslims were more likely to seek mental health treatment because they were less likely to have misconceptions and stigmas towards mental illnesses. Also, many "educated" Arab Muslims as described by participants worked in health fields and were thus more likely to be exposed to the mental health services. Participants discussed

that it was the mystery of what to expect from therapy, the causes of mental illnesses, and what a person with a mental illness might look like that people usually lacked knowledge about. This is congruent with a research study that found that a lack of knowledge of the causes of mental illnesses, the treatment of mental illnesses, and where to find mental health information might hinder help seeking (Jorm, 2000). In addition, the study found that an increase in mental health education in the population might assist prevention, early intervention, effective self-help, and support of others in the community. On the other hand, Aloud (2004) found that Arab-Muslims usually stigmatize seeking formal mental health services regardless of where they resided or what level of education they achieved. A possible explanation for this discrepancy is that the lack of "education" might be restricted to knowledge of mental health rather than a general lack of education.

As for knowing someone who sought mental health services, participants endorsed that Arab Muslims are more likely to be accepting of seeking mental health treatment if they knew someone or hearing testimonials from people who received successful mental health treatment. This is consistent with several studies which have shown an inverse relationship between having contact with a person with mental illness and endorsing a stigma against mental health (Holmes, Corrigan, Williams, Canar, & Kubiak, 1999; Link & Cullen, 1986; Penn et al., 1994; Penn, Kommana, Mansfield, & Link, 1999).

The media can also be another source of education and may play a role in facilitating or hindering help seeking behavior. Participants stated that accurate information about the causes of mental illnesses and the treatments available might be able to change people's attitudes and dispel misconceptions. In addition, psychologists and psychiatrists playing lead roles on TV shows have also normalized the discipline in the past few decades. However, the media is usually a source of negative portrayals of people with a mental illness (Wahl, 1997). The various sources of media (i.s.: newspapers, Ads, movies, TV shows, news) serve as communication sources that provide frameworks for people to perceive and understand information. False images, such as violent, dangerous, or childish portrayals of people with mental illnesses, impact the public opinion towards these people. Additionally, portrayals of mental hospitals as strict prison-like institutions filled with lunatics or sensational newspaper headlines such as "Psycho slays 8!" creates false stereotypes. Finally, newspaper and other media reports on people being released and relapsing and killing their family will promote a sense of hopelessness towards recovery. This might cause people to delay or not seek treatment because they fear becoming like those sensational portrayals in the media. In addition, this may attribute to the social stigma of mental health.

Social support from the family and the Arab Muslim community was identified as another major facilitator. Participants discussed how Arab Muslim community members living in the United States, unlike those still living in Arab countries, have become more supporting and accepting of individuals who seek mental health treatment. This could encourage people to seek treatment when they need it because they are less likely to fear social repercussions such being ostracized or judged. Many studies have emphasized that the support of the family may be the one of the strongest facilitators of seeking treatment in the Arab Muslim community (al-Krenawi, 1999; Meleis & La Fever, 1984; Nobles &

Sciarra, 2000). However, we found that social support may also be a hindrance of help seeking behavior if it is used as an alternative problem management technique. Our findings suggest that Arab Muslims will often seek advice from family and friends for a range of issues such as marriage/relationship issues, school stress, and mental health issues. This may cause people to believe that they do no need a mental health professional because they can rely on their family and friends for support, which leaves them vulnerable to receiving poor advice from non-experts (Weatherhead & Daiches, 2010). In addition, in a collectivist culture like this, decisions made by the family usually supersede the individual's own choice which can strongly influence whether individual will seek help or not. Unfortunately in many cases, family members might encourage the member suffering from a mental illness to avoid seeking treatment as a means of ensuring that the family name is not dishonored (Tobin, 2000; Youssef & Deane, 2006).

The social reputation of the family in the Arab Muslim community is very important. Participants endorsed that when a member of the family displays the symptoms of a mental illness, he/she will threaten their family's image. Universally, societies stigmatize people with a mental illness. However, the social stigma of mental illness in an Arab community is unique. Due to the family structure of this community, this stigma has an amplified impact. With the stigma of mental illness come social disapproval, devaluation, and marginalization (Watson & Corrigan, 2001). Society views people with mental illnesses' as contaminators of their family's reputation (Youssef & Deane, 2006). The public often rejects and ostracizes people with mental illness. In Youssef & Dean's study (2006), 97% of the participants stated that Arabic-speaking people associate mental illness with being ''majnoon'' (mad) and that there is a general lack of separation or distinction between the different forms of mental illnesses. Thus, society views those who suffer from mental illnesses as the "abnormals". Due to this harsh and prejudiced view of people with mental illnesses, admitting one has a mental illness is a painful process that leads to isolation from society and shame to one's family. Eventually, the public no longer views people with mental illnesses as people just like everyone, they become undesirable. Through the process of associative stigma, society openly scrutinizes the family of a person living with a mental illness (Watson & Corrigan, 2001). The family will fear that people will spread gossip and the its once private status will become public. Thus, family members may encourage the member suffering from a mental illness to avoid seeking treatment or professional help as a means of ensuring that the family name is not dishonored (Youssef & Deane, 2006). This may result in patients seeking treatment when they have reached acute stages of their mental illness, which results in greater and longer lasting effects. Our findings also suggest that many people with mental illnesses will often internalize the public stigma in a process known as self-stigma. A person with a mental illness may himself/herself that he/she is useless, unwanted, and tainted. As a result, his/her self-esteem and self-efficacy will decrease and might agree to hide his/her symptoms to preserve his/her family's name and not seek treatment.

Our findings suggested that a common belief in the Muslim community is that depression is not a real mental illness. Instead many Arab Muslims believe that it is just normal sadness that a person can easily get over. This found in another study that found

that among Arabic-speaking people, depression is not considered to be a form of mental illness and is instead considered an inevitable part of life that has to be endured (Youssef & Deane, 2006). Another common belief is that psychiatric medications are addictive, are a commodity, and may cause serious side effects. These negative attitudes about medications will likely lead to people not seeking medical help or not complying with any medication recommended to them (Fischer, Joyce Lii MS, & Shrank, 2010). Also, Arab Muslims believe that going to the doctor for either a physical or mental problem may reveal that they need institutionalization or maybe diagnosed with something fatal. We speculate that all these common beliefs will likely affect Arab Muslim's decision to seek treatment and likely hinder their help seeking behavior (Ajzen, 1991). Finally, participants discussed that financial barriers, such as not having health insurance or not affording to pay out of pocket, can a barriers of seeking formal mental health services. This trend has been documented amongst other minorities in the United States and may account for disruptions in their mental health services (Cheung & Snowden, 1990).

The findings of this qualitative study must be considered with respect to several limitations. The sample was a small sample of Arab Muslims who were not representative of all Arab Muslims included in the parent study. The sample was drawn from a single cultural center in Boston and findings may be different for Arab Muslims in other communities in Boston and the United States. Also, the data are based on the perceptions of a sub sample of Arab Muslims. As is true for all personal recollections, these participant's suggestions and opinions may not reflect those of others in the Arab Muslim community. Moreover, selection bias cannot be ruled out. It is possible that Arab Muslims in other communities or who are recent immigrants to the United States differ in meaningful ways from the participants who engaged in the interviews. In addition, social desirability can be particularly problematic in studies using interviews because the participants may be answering what they thought the interviewer wanted to hear (Dillman, 1978). Therefore, interpretations of the results should be undertaken with caution. Future research needs to pursue the facilitators and hindrances of help seeking behaviors with a larger sample and also include the views of recent immigrants, older laypersons, and religious healers.

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