Mental Health Stigma Among Arabs

The Role of Stigma in the Barriers to Mental Health Treatment in the Arab Culture.

By: Maria Zafaran

Abstract:

Mental illness is a complex issue that affects individuals worldwide, including those in Arab culture. Unfortunately, mental illness stigma often prevents individuals from seeking help, leading to negative consequences. However, several approaches can be implemented to decrease the stigma of mental illness among Arabs. The stigma of mental illness in the Arab region is a persistent issue. This stigma can and often leads to barriers to treatment for individuals seeking treatment. The research found in this literature review supports the existence of multiple stigmarelated barriers of families, religion, and acculturation, that can make it particularly difficult for Arab individuals to seek help. The stigma associated with mental illness by the culture can be a major determiner of this being a leading cause in their region. This literature review found that mental health care providers, religious leaders, and the media, can spread awareness and education to reduce the stigma of mental illness among Arabs.

Keywords:

Stigama, Mental Illness, Treatment, Barriers, Arabs, Acculturation, Religion, Interdependence

Overview

Mental illness is a complex issue that affects individuals worldwide, including those in Arab culture. Unfortunately, the stigma surrounding mental illness often prevents individuals from seeking help, leading to negative consequences. However, several approaches can be implemented to decrease the stigma of mental illness among Arabs. The stigma of mental illness in the Arab region is a persistent issue. This stigma can and often leads to barriers to treatment for individuals seeking treatment. Research supports the existence of multiple stigma-related barriers that can make it particularly difficult for Arab individuals to seek help. Within the Arab region, mental health illnesses are the leading cause of disability (Maalouf et al., 2019). The stigma associated with mental illness by the culture can be a major determiner of this being a leading cause in their region. The knowledge and practices within the Arab culture influence their view, decisions, and management for preventing and treating psychiatric disorders (Fakhr El-Islam, 2008). This phenomenon and thought process is attributed to mental health being stigmatizing for Arabs. This literature review will focus on stigma-related barriers to treatment, and avenues to reduce stigma within the Arab culture.

Who are the Arabs?

Overall History

The Arab world has a diverse history spanning thousands of years. From the early civilizations of Mesopotamia to the modern-day countries of the Middle East, the Arab world has played a significant role in shaping human history. Arabs are labeled by their heritage, language, and cultural grounds. They are of descent from Western Asia and Northern Africa and speak the

Arabic language. There are 22 Arab countries in the Arab Culture that range throughout MENA (Middle East and North Africa). The earliest known civilization in the Arab world was the Sumerian civilization, which existed in Mesopotamia around 4000 BCE (Abbas, 2021). The Sumerians were known for their advanced system of writing, their innovative architecture, and their complex religious beliefs. Over time, the Arab world saw the rise and fall of many great civilizations, including the Babylonian Empire and the Persian Empire (Zurayk, 2023). These civilizations (specifically the Persian Empire) were known for their impressive accomplishment in engineering, their sophisticated trade networks, and their contributions to science and mathematics.

One of the most significant periods in Arab history was the Golden Age of Islam, which lasted from the 8th to the 13th century. During this time, the Arab world was a center of learning and culture, and Arab scholars made major contributions to fields such as mathematics, medicine, and astronomy (Tiliouine & Estes 2016, Zurayk, 2023). The Islamic Golden Age also saw the development of Arabic literature and poetry, as well as the construction of some of the most beautiful and awe-inspiring buildings in the world, including the Alhambra in Spain and the Great Mosque of Cordoba (Tiliouine & Estes, 2016). This inspired a lot of the art in music and literature that we see nowadays within some Arab regions.

In the modern era, the Arab world has experienced a great deal of political and social change. Many Arab countries gained independence from European colonial powers in the 20th century, and the region has been marked by conflicts and wars, including the Arab-Israeli conflict and the Gulf War (Ibrahim, 1998). Despite these challenges, the Arab world has continued to make significant contributions to the arts, science, and culture, which is what they

are mostly known for. Arab musicians, writers, and artists have gained international acclaim, and the region is home to some of the most vibrant and diverse cultures in the world.

Aspects of Culture

From language and religion to food and music, many aspects of Arab culture are unique and fascinating. By taking the time to appreciate and understand the richness of Arab culture, we can gain a deeper appreciation for the diversity of our world and the beauty of human expression.

For example, the Arabic language is one of the oldest and most complex languages in the world, with a rich history of literature and poetry. One of the defining features of Arab culture is the Arabic language which is one of the most spoken languages in the world, with over 400 million people speaking it (Kamusella, 2017). It is a complex and beautiful language with a rich literary tradition that dates back centuries. The Arabic language has had a profound impact on other languages, including Spanish and Portuguese, which were heavily influenced by the Arabic language (Kamusella, 2017). Today, Arabic is widely studied as a second language, and it is an important language for international business and diplomacy.

Arab cuisine has a wide variety of dishes that reflect the many different regions and cultures of the Arab world. Arab cuisine is famous for its rich flavors and smell. It is diverse, with many regional variations, but some common elements are found throughout the Arab world. For example, rice, lamb, and fresh fish are staples of Arab cuisine, and spices like cumin, coriander, and cinnamon are commonly used (Musaiger, 1993). In relation to cuisine and family importance (later talked about), Arab culture also places a strong emphasis on hospitality and sharing meals with family and friends as an important aspect of social life. It is common for Arab

households to prepare large, elaborate meals for guests, and it is considered impolite to refuse the food that is offered.

In addition, Arab music is known for its expressive melodies and complex rhythms and has influenced many other musical traditions worldwide . Music is an integral part of Arab culture, with a rich tradition that dates back centuries. For example, the 'ud, a stringed instrument similar to a lute, is a popular instrument in Arab music. The maqam, a system of melodic modes, is used to create complex and beautiful melodies (El Abdallah, 2012). Arab music is also closely tied to poetry, and many famous Arab musicians are also renowned poets. The combination of music and poetry is known as tarab, and it is a powerful and emotional experience that is highly valued in Arab culture (El Abdallah, 2012). When you combine music and language, it creates an effect that moves the individual, which is why music is so important in this culture.

Religion is another important aspect of Arab culture. Islam is the dominant religion in the Arab world, and it has played a significant role in shaping Arab culture and society (Sewilam et al., 2015). Many of the customs and traditions of Arab culture are based on Islamic teachings, including the importance of family, hospitality, and charity. However, there are also significant Christian and Jewish populations in the Arab world, and these religions have also contributed to the rich tapestry of Arab culture. For example, Christmas is celebrated in many Arab countries, and there are many beautiful churches and synagogues throughout the region ranging from Orthodox to Catholic churches.

Norms and Roles

Cultural norms are the unwritten rules that govern the behavior of individuals within a society. In the Arab world, cultural norms are deeply rooted in religion, history, and tradition. Understanding these norms is essential to building relationships and conducting business in the Arab world. Many believe that mental illness is a punishment from God for wrongdoings (Islam & Campbell, 2014). Moreover, religion plays a significant role in the Arab world, affecting people's perceptions of mental illness. This belief can lead people to rely solely on spiritual healing and neglect professional medical assistance, leading to further stigmatization and suffering. As a result, individuals with mental illness are often blamed for their condition and face social isolation from their communities. This can make it difficult for individuals to seek treatment and support, as they fear being judged or stigmatized. Hospitality is another important cultural norm in Arab culture (Othman et al., 2015). Guests are treated with great respect and generosity, and it is considered impolite to refuse an offer of food or drink. In Arab culture, hospitality is viewed as a duty and a way to demonstrate generosity and kindness. Modesty and conservatism are important cultural values in Arab culture (Othman et al., 2015). Dress codes are conservative, and modest clothing is expected of both men and women. Public displays of affection are considered inappropriate, and unmarried couples are generally not allowed to live together, and to add; dating is forbidden in some households as well. It is also important to recognize that Arab culture is not monolithic. There are significant cultural differences between countries and regions within the Arab world. For example, dress codes may be more conservative in Saudi Arabia than in Lebanon, and the role of religion may be more prominent in some countries than in others (Othman et al., 2015). It is important to approach each country and region within the Arab world with an open mind and a willingness to learn and adapt to local

customs and norms.By respecting these values and adapting to local customs and norms, individuals can build strong and lasting relationships in the Arab world. Family, hospitality, modesty, conservatism, and religion are all important cultural values in Arab culture. By respecting and adhering to these norms, individuals can build strong and lasting relationships in the Arab world.

Mental Illness

Mental illness is a complex issue that affects people from all walks of life, regardless of their cultural or religious background. It's a condition that is often misunderstood and stigmatized, making it difficult for those who suffer from it to seek help. One of the biggest challenges that people with mental illness face is the stigma surrounding the condition. This stigma prevents people from seeking help and can lead to feelings of shame and isolation. The media often portrays people with mental illness as violent or unpredictable, perpetuating the stigma (Alyousef et al., 2020). This stigma is harmful not only to those who suffer from mental illness, but also to their families and loved ones.

Types of Mental Illness

There are several types of mental illness, each with its unique characteristics, symptoms, and treatment. Some of the most common types of mental illness include anxiety disorders, depression, bipolar disorder, and schizophrenia (Nasrullah & Jalali, 2022). Anxiety disorders are characterized by excessive worry, fear, and nervousness. Depression is characterized by persistent feelings of sadness and loss of interest in activities that the person once enjoyed and

also causes physical symptoms such as fatigue and changes in appetite. Bipolar disorder is a condition that causes extreme mood swings, ranging from highly energized and impulsive behavior to deep and prolonged periods of depression. Schizophrenia is a severe mental disorder that affects how people think, feel, and behave. It can cause psychotic symptoms such as hallucinations and delusions. All in all, these mental illnesses can affect everyday life and everyday decisions.

Gender views on Mental Illness

Mental illness affects people of all genders, but how it is experienced and treated can be influenced by societal views on gender. Throughout history, there have been gendered stereotypes and stigmas surrounding mental illness that has impacted how individuals are treated and perceived. Historically, women were often seen as more prone to mental illness due to their perceived emotional nature (Michniewicz et al., 2016). This led to a belief that women were weak and hysterical, and their symptoms were often dismissed or attributed to their gender. Men, on the other hand, were seen as being less susceptible to mental illness and were often encouraged to "tough it out" (Michniewicz et al., 2016). This resulted in men being less likely to seek help and more likely to turn to substance abuse or other destructive behaviors. Societal expectations of gender roles and how emotions are expressed still affect these gendered views on mental illness today. Women are often expected to be more emotional and nurturing, while men are expected to be stoic and strong (Michniewicz et al., 2016). These gendered views can impact how individuals are treated and perceived by mental health professionals.

Cultural views on Mental Illness

Mental illness has been a topic of concern for centuries, and each culture has its own views on the subject. While some cultures may view mental illness as a medical condition that requires treatment, others may see it as a spiritual or moral issue.

In Western cultures, mental illnesses are often seen as medical conditions that require treatment. People suffering from mental illness are encouraged to seek help from professionals such as psychiatrists, psychologists, and therapists. There is also a growing awareness of mental health issues and the importance of destigmatizing them. However, there is still a stigma attached to mental illness in some Western cultures, and individuals suffering from mental illness can face discrimination and social exclusion. Moreover, in Western cultures, the approach to mental illness is mainly based on biomedical models, which focus on mental disorders' biological and chemical aspects (The Americanization of Mental Illness - NYTimes.Com, n.d.). This approach emphasizes the use of medication and psychotherapy to manage symptoms. However, some critics argue that this approach overlooks the cultural and social factors contributing to mental illness, such as poverty, discrimination, and social isolation.

In some Eastern cultures, mental illness is viewed as a spiritual or moral issue. Mental illnesses are often attributed to a lack of willpower or moral weakness, and individuals suffering from mental illness may be seen as bringing shame to their families (Krendl & Pescosolido, 2020). Seeking help from mental health professionals is often stigmatized, and individuals may turn to traditional healers or religious leaders for treatment. Furthermore, in Eastern cultures, there is a strong emphasis on collectivism and family values, and mental illness is often seen as a family matter (Krendl & Pescosolido, 2020). The family is expected to take care of the

individual suffering from mental illness, and seeking outside help may be viewed as a sign of weakness or failure. This can lead to delayed treatment and worsened symptoms.

In many African cultures, mental illness is often viewed as a result of supernatural forces such as evil spirits or curses. Mental illness is often seen as a punishment for wrongdoing or as a sign of possession by evil spirits (Ventevogel et al., 2013). Individuals suffering from mental illness in this culture may be subject to stigmatization, discrimination, violence, and even death. Moreover, in many African cultures, mental illness is surrounded by myths and misunderstandings. For example, some people believe that mental illness is caused by witchcraft (Ventevogel et al., 2013). This can lead to social exclusion and even harm to the individual suffering from mental illness.

Stigma

Stigma, or when the actions of other individuals ruin that of the normal identity, gives rise to discrimination and exclusion of a person, group, or object (Zolezzi et al., 2018). Stigma has been a pervasive issue throughout history, affecting individuals and entire communities. It is a label that is attached to people based on certain characteristics, such as their race, gender, sexual orientation, or mental health status (Rosen et al., 2008). Stigmatization can lead to discrimination, exclusion, and negative attitudes toward individuals who are perceived as different. Stigma affects not only the directly targeted individuals but also the communities in which they live. It creates an atmosphere of fear and intolerance and can lead to social division and conflict. The impact of stigma can be profound, affecting individuals differently for different cultures. For example, it can lead to social isolation, low self-esteem, and shame and guilt in many eastern cultures. In addition, stigmatized individuals may also face barriers to

employment, housing, and healthcare, and may be denied opportunities for education and personal growth (Frost, 2011). Moreover, stigma can be a major obstacle to seeking help for mental health issues, as many people fear being judged or ostracized by their community. Stigma is often rooted in stereotypes and misinformation. For example, the stigma associated with mental illness is often based on the false belief that people with mental illness are dangerous or unpredictable (Lehmann, 2022). This stereotype can be harmful, as it can prevent individuals from seeking the help they need and can lead to discrimination in the workplace and social settings.

The stigma of mental illness brings up many cultural, familial, and religious barriers to seeking mental health treatment for Arabs. The stigma of mental illness is not unique to the Arab culture. It is a problem that affects many cultures around the world. However, how mental illness is stigmatized can vary from culture to culture. As previously mentioned, in some cultures, mental illness is seen as a sign of weakness or a lack of willpower. In others, it is attributed to supernatural causes, such as possession by evil spirits (jinn) (Ciftci et al., 2013). Understanding how mental illness is stigmatized in different cultures can help us develop more effective strategies for reducing the stigma and promoting mental health. For mental health treatment to be effective and more available for individuals seeking help, the stigma around treatment must be reduced.

Strategies were formulated from previous research to influence the future reduction of this stigma of mental illness within this culture, and overall hoping to decrease the stigma of mental illness. Some of these strategies can target differentiated levels of stigma known: as public stigma, self-stigma, community stigma, and governmental stigma (Sewilam et al., 2015).

Public stigma, in this respect, represents the discrimination from the general public directed toward individuals suffering from mental illness (Rayan & Fawaz, 2018). In this case, the Arabs seeking help have been disadvantaged in receiving treatment because of their culture. On the other hand, internalized stigma, or self-stigma, is common in individuals with a significant disorder that can negatively impact their perception of themselves, their relationships with others, and their involvement within the community. All of these contribute to causing a decrease in mental health and the individual's quality of life (Drapalski et al., 2013). These avenues we will discuss will be used to educate families, religious leaders, and the media and give healthcare workers a chance to address misconceptions about mental illness. We hope that addressing these barriers will shift the stigma toward mental illness within the Arab region.

Barriers

In recent years, there has been a growing awareness of the importance of seeking treatment for mental illness, but unfortunately, significant barriers still exist, particularly in Arab culture. These barriers can range from a lack of understanding and awareness of mental illness, interdependence, acculturation, and religion to societal stigmas and discrimination. As a result, many individuals and families in the Arab world may be reluctant to seek the help they need, which can profoundly impact their lives. Social isolation, poor quality of life, and even suicide are some negative outcomes that can result from untreated mental illness (Shrivastava et al., 2012). It is, therefore, essential that we work to break down these barriers and promote greater understanding and acceptance of mental illness in all cultures and communities.

Families

In addition, families within the Arab culture contribute largely to the stigma of mental illness. Relying on your family (interdependence) is a core value in Arab culture. Family ties are strong and extended families often live together or nearby. The family provides emotional and financial support and is the first line of defense against social and economic challenges. The importance of family is reflected in the Arab concept of "wasta," which refers to using personal connections to gain an advantage or get things done (Tlaiss & Kauser, 2011). In Arab culture, it is not uncommon for individuals to use their family connections to secure a job, get a loan, or resolve a dispute. Because of this, cognitive illness-related inquiries can be very hard for an individual suffering from mental illness to seek treatment alone. When said individuals aim to seek help, families reach out to family-oriented solutions. To further explain, Figure 1 shows how Arab individuals seek family practitioners for mental health help significantly greater than Mental Health practitioners.

Many Arab patients who live in Western cultures are more likely to open up to Western forms of treatment. However, they still prefer to be treated by someone who can understand them, their culture, and religion when it comes to mental illnesses (Dardas and Simmons, 2015, p. 677). Additionally, the preference of Arabs to rely on family members over psychiatric help can be attributed to their cultural emphasis on interdependence and collectivism. Furthermore, there is often a significant mistrust of White counselors by Black clients, which can result in limited access to counseling services, misdiagnosis, and lowered expectations for mental healthcare services. (Townes et al., 2009). When it comes to Arab individuals, similar negative outcomes resulting from a lack of seeking mental health treatment can be expected due to mistrust caused by discrimination experiences. This cultural

mistrust often leads to a suspicion of individuals from the mainstream culture, and is compounded by low assimilation attitudes, which make it difficult to fit new information into one's existing attitudes or expectations. (Townes et al., 2009). These factors can lead to a preference for a counselor of the same race as the client.

On the other hand, Religious leaders and family members are roughly the same as a source of help. The stigma is prevalent and tightly entangled within Arab culture, so it can take years for an Arab individual to accept mental health treatment from practitioners that are not family oriented.-Turning to family practitioners trumps turning to mental health practitioners, mainly because it is still family oriented. Family interdependence is a fundamental value in families, but it can also limit opportunities to seek help for mental illness.

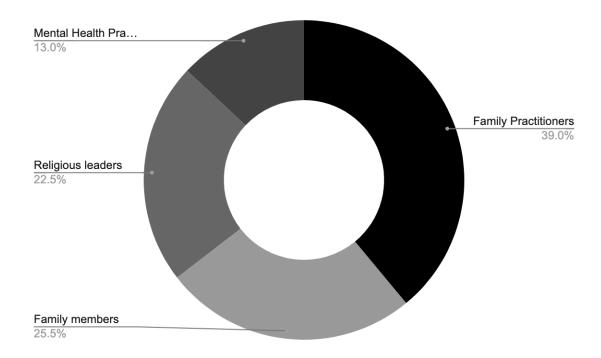


Figure 1: When an Arab portrays any indicators of developing a mental illness, 33% turn to family practitioners (e.g., Primary Care Physicians, family-oriented doctors, etc.), 21.6% turn to family members, 19% turn to religious leaders, and only 11% turn to mental health practitioners (Dardas & Simmons, 2015).

In addition to interdependence, an Arab individual's family is the main source of support and help in situations, which then plays a significant part in the making of life decisions involving their health, marriage, career, and much more (Cho, 2018). As a result, the individual feels responsible for meeting the advice and influence of the family's decision. Because of concerns about family status, many researchers report that disclosure of mental illness is considered "shameful" (Ciftci et al., 2013). Not to mention that the image of one's family name is very important for the Arabs. Due to this value, an individual who wants to seek help for a mental illness would feel as if they are doing their family dishonor. Besides family status, religion is important in most Arab homes.

Religion

A religious mindset integrated with a cultural background will play a huge role in how Arabs think of mental illness and where they seek help (Abi-Hashem, n.d.). Within the Arab region, Islam, Christianity, and Judaism are the three main religions practiced. Within these religions, though, the stigma of mental illness differentiates but also has multiple similarities. Across all Arab religions, mental illness is widely recognized as a medical condition that requires treatment. Mental illnesses are not viewed as a punishment from God or a sign of weakness. Instead, they are acknowledged as a complex issue that affects individuals of all backgrounds (Rosen et al., 2008). However, some religions also believe that mental illness can have spiritual roots, which require different forms of treatment.

In relation, when an individual goes to a spiritual leader for mental health-related advice, they may turn to an informal direction of treatment, which may not always be the most helpful. On top of that, some spiritual leaders may not give treatment at all, but a mention of spiritual possession. Families in the Arab Culture, whether Muslim, Christian, or Jew, stress religion's importance in everyday life. Relating religion to mental health can be a barrier for an Arab individual seeking treatment for mental illness because of how it is viewed within the holy books.

Islam

Islam, the most common religion in the Arab culture, views mental illness as a result of an unhealthy lifestyle and spiritual life because of a statement in the Quran. This statement states: "There is no blame on the blind, nor is there blame on the lame, nor is there blame on the sick (Al-Fath 48:17)". This verse causes the individual practicing this religion to be cautious of their diet, sleeping patterns, spiritual activities, and other aspects of their life rather than seeing if it is a mental health issue (Sewilam et al., 2015). If an individual experiences any issues mentally or physically, they are adapted to reevaluate their life rather than seek help from a professional.

Spirit possessions, or an altered state of consciousness caused by spirits, is an acknowledged piece of Islamic tradition and is commonly viewed as a source of hallucinations (like schizophrenia) (Al-Krenawi, 2019). The view of schizophrenic symptoms as spirit possessions by the Arab families and spiritual leaders limits the individual from getting effective help. Because the Qur'an (Islamic sacred book) speaks about mental health in spiritual terms, this may be why physical illness, on top of mental illness, is also seen as a spiritual disease (Islam &

Campbell, 2014). No matter the physical or mental illness, Islam does not view these as a medical connection but rather a spiritual one.

Christianity

Christianity in the Arab world has various denominations (e.g., Eastern Orthodox, Roman Catholic, etc.) that differ in their views on mental illness. However, most Christians agree that mental illness is a medical condition that requires treatment (Khosa-Nkatini & Buqa, 2021). In some denominations, mental illness is viewed as a spiritual affliction that requires prayer and spiritual guidance. In others, mental health professionals are seen as important members of the healthcare team. Christian religious leaders in the Arab world have also addressed the issue of mental health (Youssef & Deane, 2013). They emphasize the importance of seeking treatment and support and breaking the stigma surrounding mental illness. Despite this, the stigma surrounding mental illness still exists in many Christian communities in the Arab world. This stigma can prevent individuals from seeking help and can lead to discrimination towards those living with mental illnesses (Lehmann, 2022). Efforts to reduce the stigma surrounding mental illness are essential in creating a more supportive environment for individuals living with mental illness.

Practices within the Christian people have been used to discriminate against individuals with mental illness. In addition, Christians were customed to believe that if an individual were to have symptoms of mental illness, they were to have a lack of faith in God or to be demon-possessed and abandoned (Lehmann, 2022). Just like Islam, spirit possessions and a reevaluation of life are practiced among Christians. On the other hand, Christians also believe

that if one is experiencing these symptoms, but their lifestyle is okay, their faith in God is lacking and needs prayer to strengthen. This belief will impair the individuals from going to a mental health practitioner and will be obligated to go to a Pastor instead for confession or to go to a church to pray.

Judaism

Judaism in the Arab world has viewed mental illness as a medical condition that requires treatment. However, some Jews also believe that mental illness can have spiritual roots. Individuals may seek treatment from rabbis or other spiritual leaders in such cases. Some Jews also believe in the power of talismans to ward off evil spirits that can cause mental illness. Additionally, some individuals may seek traditional remedies such as herbal medicine because they find psychiatric care shameful (Masic et al., 2022). Nonetheless, Jewish religious leaders in the Arab world have also addressed the issue of mental health. They encourage their followers to seek medical treatment and also to consider spiritual guidance if they feel it may be helpful. They also stress the importance of breaking the stigma surrounding mental illness and providing support and resources for individuals living with mental health conditions.

Despite this, the stigma surrounding mental illness can still exist in Jewish communities in the Arab world today. This stigma can prevent individuals from seeking help and can lead to negative attitudes toward those living with mental illnesses. In Arab Judaism, there are several approaches to treating mental illness. The first approach is seeking medical treatment, which involves visiting a doctor or mental health professional. The community also believes in the

power of prayer and seeking guidance from religious leaders such as rabbis or imams. Efforts to reduce the stigma surrounding mental illness are essential in creating a more supportive environment for individuals living with mental illnesses in Jewish communities.

Acculturation

Acculturation, or fully adapting to a different culture, can cause stress on Arab individuals and might eventually lead to the development of mental illnesses such as depression. Arabs, specifically located in the Middle East, that are seeking help for mental illness are matters in question that are heavily stigmatized (Jaber et al., 2015). However, the difference in the acculturation status of Arabs in America can be a huge barrier to individuals seeking treatment.

Immigrants/First Generation

When immigrants come to a foreign country, they are pressured to adapt to the new social norms and, as a result, may develop anxiety, depression, suicidal ideation, or other forms of mental illnesses. Regardless of the outcome of immigrating to America, Arab immigrants still hold the same view of mental illness. As a result, they will not change their mind about seeking treatment. This relation to acculturation stress or the affliction experienced when adapting to a new country is too challenging to deal with and can develop an intersection between integration and discrimination from mental illness (Amer & Hovey, 2007). On the other hand, acculturation stress differs between Arab Christian and Muslim immigrants. For Arab Christians, acculturation stress was higher than the Muslims, but the Muslims had a higher measure of acculturation strategy because of being identified as either Arab or Muslim since 9/11. Because of this, they were targeted and discriminated against, increasing their chance of developing mental illnesses.

Arab first-generation Americans are not concerned with status and opinions like those who have migrated to America. However, their culture and upbringing between generations and post-9/11 discrimination resulted in the stress of fitting in and handling the differences between first and second-generation points of view regarding mental health issues (Abubotain, n.d.). Most individual's within the first generation obey their parents or cultural expectations, resulting in a negative perspective of mental illness.

Later Generations

Other generations of Arabs that have been in America for quite some time tend to adapt to the social norms and values of American society and alter their old cultural identity better than those who have migrated (Abubotain, n.d.). As a result, these individuals develop a better sense of belonging and a more positive perspective on mental illness. Overall, second-generation Arabs have a lower rate of developing acculturation stress and mental illnesses than first-generation/immigrant Arabs. As later generations of Arabs become more educated and exposed to different perspectives, attitudes towards mental illness are shifting. One of the most significant changes in attitudes towards mental illness among later generations of Arabs is the breaking down of stigma. As more people become educated about mental health and the importance of seeking treatment, the shame and embarrassment associated with mental illness dissipate (Amer & Hovey, 2007). This is particularly true among younger generations of Arabs, who are more likely to be open about their struggles with mental illness and to seek help when needed. Another important change in attitudes towards mental illness among later generations of Arabs is a greater acceptance of treatment. While traditional cultural beliefs and practices may still be a barrier for some individuals and families, there is a growing recognition that mental

illness is a treatable condition that requires professional help (Al-Krenawi, 2019). This is reflected in the increasing availability of mental health services in Arab communities, as well as the growing number of mental health professionals who are trained to provide culturally appropriate care. As more people seek treatment and experience positive outcomes, the acceptance of mental illness as a legitimate health concern is becoming more widespread. As later generations of Arabs become more educated and exposed to different perspectives, attitudes towards mental illness are shifting. Breaking down stigma, greater acceptance of treatment, and a focus on education and advocacy are key to addressing the barriers to mental illness treatment in Arab culture.

Intervention

Mental health care providers

Mental health laws should make clear the roles and limitations of caregivers in order to have mental illness get the appropriate treatment from the right provider (Okasha, 2022). In addition, These laws should also put in place clear guidelines for the patients' rights so they feel comfortable, supported, and so that healthcare workers can reduce the stigma of mental illness.

Using Arabic interpreters within appointments or consultations may also put patients of Arab descent at ease when discussing mental health and some difficulties (Sayed, 2003). Most of the problems with the stigma of mental disorders within a healthcare setting are the language barrier between the West and the Middle East. When talking to Arab individuals, sometimes, closing the language barrier could make for an effective perspective on mental illness. As

mentioned earlier, Arabs are interdependent and holistic, so they will gravitate towards other Arabs or understand their language more (having them be immigrants/first generation).

Access to mental health services is another crucial step in decreasing the stigma of mental illness. Providing affordable and accessible mental health services can help individuals struggling with mental illness seek the help they need. By increasing access to mental health services, we can help break down the barriers that prevent individuals from seeking help and support. Furthermore, creating specialized mental health services that cater to the unique needs of Arabs can help break down the barriers that prevent individuals from seeking help. Arabic-speaking mental health providers and culturally sensitive care can help individuals feel more comfortable seeking help.

Religious Leaders

Religious beliefs can sometimes hinder the acceptance of mental illness in Arab culture. As previously mentioned, some individuals may believe that mental illness is a sign of weakness or a spiritual issue. Addressing these beliefs can help decrease stigma. Religious leaders can play a pivotal role in addressing these issues and educating their followers on the importance of seeking medical help for mental illness. By working with religious leaders, we can help break down the negative attitudes toward mental illness and promote a more accepting and supportive culture.

Religious leaders have a unique role to play in promoting mental health and reducing the stigma of mental illness. In Arab societies, religious leaders are often seen as trusted sources of guidance and support, and their opinions and teachings can hold significant weight in shaping

public attitudes and beliefs. Religious leaders can pair up with a mental health care worker to discourage negative mental illness labeling by relating it to the holy books (Pirutinsky et al., 2009). By using their influence to promote greater awareness and understanding of mental illness, religious leaders can help reduce the stigma and discrimination that people with mental health conditions often face.

One of the most significant barriers to reducing the stigma of mental illness in Arab societies is the prevalence of misconceptions and myths about mental health. Many believe that mental illness is a sign of weakness, a punishment from God, or a result of possession by evil spirits (Zolezzi et al., 2018). These beliefs can lead to stigmatization and discrimination, making it difficult for people with mental health conditions to seek help and support. Religious leaders can play a vital role in addressing these misconceptions by using their teachings to promote more accurate and compassionate views of mental illness (Rosen et al., 2008). By emphasizing the importance of empathy, understanding, and support for people with mental health conditions, religious leaders can help break down the barriers that prevent people from seeking the help they need. Another way that religious leaders can help reduce the stigma of mental illness is by promoting inclusivity and acceptance within their communities. By creating a culture of acceptance and understanding, religious leaders can help eliminate the shame and isolation often accompanying mental illness.

Religious leaders can promote inclusivity by speaking out against discrimination and advocating for the rights of people with mental health conditions. They can also provide support and resources for people with mental health conditions and their families, helping to create a more open and supportive community.

Media

Media is a very powerful source of knowledge widespread. It is an important tool that can impact how individuals view mental health positively or negatively. In addition, it has a huge impact on the Arab community, which can alter the perspective and cause their set view on mental illness, which can be a possible benefit from it (Alyousef et al., 2020). However, one must have healthcare workers spread mental health knowledge for it to be a reliable source. The media can also play a crucial role by featuring stories of individuals who have overcome their mental health struggles and highlighting the importance of seeking help. Social media has also played a significant role in this shift of stigma, providing a platform for individuals to share their stories and connect with others who may be going through similar experiences. By creating a culture that accepts and supports individuals struggling with mental illness, we can help break down the negative attitudes that prevent individuals from seeking help.

Spreading Education and Awareness

Engaging positive energy in mediating self-change can affect other individuals who are aware to take in that information and act upon it (Seidman et al., 2022). This also plays an important role in getting clients ready for mental health treatment and make easier their responses and acceptance of treatment. One could spread awareness through the media and through word of mouth within the family itself or their community or religious sanction. Normalizing mental health can help decrease the stigma surrounding mental illness in Arab society. By discussing mental health openly and honestly, individuals can feel more comfortable seeking help.

Education, specifically for young Arab individuals, will help increase their understanding of mental health and encourage them to seek help from mental health specialists (Sewilam et al., 2015). We can educate by including mental health courses in their education and incorporating them in the workplace. Along with encouraging young Arab individuals to seek help, they can bring the information they learned to their parents or elders from immigrant/first-generation groups. In the long run, this will most likely help them realize that seeking treatment for mental illness is not a shame, a decrease in family status, or an effect of a change in lifestyle/religious connection. But it is an important implement of life that needs to be seen and treated.

Education and awareness are essential to breaking down the negative attitudes towards mental illness. Educating the Arab community on the importance of mental health and its impact on individuals and society can help increase awareness and understanding of the issue. This can be achieved through campaigns, seminars, or workshops. By increasing awareness of mental illness and its impact, Arabs can feel more comfortable seeking help and support. Cultural competence can help providers better understand the unique challenges that Arabs may face when seeking help for mental illness (Dardas & Simmons, 2015). Moreover, educating healthcare professionals and mental health providers about Arab culture and mental health can improve the quality of care for individuals seeking help.

Conclusion

For mental health treatment to be effective and more available, the stigma around treatment must be reduced. Strategies formulated in previous studies for the future reduction of this stigma within this culture are hoping to decrease the stigma of mental health for individuals to seek treatment. These avenues mentioned prior will be used to educate families and religious

leaders, as well as give healthcare workers a chance to address misconceptions among the Arab people. The stigma of mental illness in the Arab culture and other cultures can have a profound impact on individuals, families, and communities and could prevent people from seeking the help they need, lead to social isolation, and even result in negative health outcomes such as poor quality of life and suicide. Overcoming these barriers mentioned in this literature review requires concerted efforts to promote understanding and acceptance and to provide access to culturally appropriate care.

One of the most important steps in reducing the stigma of mental illness is to raise awareness about the issue and challenge negative attitudes and beliefs. This can be done through education and advocacy by providing accurate information about mental illness and promoting positive representations of individuals who suffer from it. In relation, I think it is important to recognize the difference in cultural thinking when it comes to mental illness and that it is a common and treatable condition, and to remind individuals that seeking help is a sign of strength, not weakness. Another important aspect of reducing the stigma of mental illness in Arab culture and others is providing support and resources for individuals who have experienced stigma, specifically those with no access to mental health care. This can include counseling, peer support groups, and access to mental health services. By providing these resources, we can help individuals overcome the negative impact of stigma and promote healing and recovery. In addition, it is important to recognize that reducing the stigma of mental illness is a community effort that requires a commitment to providing culturally appropriate care. Mental health professionals and religious leaders must be familiar with the cultural beliefs and practices of Arab communities and other cultures and the potential barriers to seeking treatment. They must

provide a safe and welcoming environment that respects the individual's cultural beliefs and values.

Moreover, promoting positive representations of individuals who suffer from mental illness in the media and popular culture is crucial in reducing the stigma of mental illness. When individuals from stigmatized groups are portrayed positively, it can help break down stereotypes and promote acceptance. It is also important to recognize that the media has a powerful influence on shaping attitudes and beliefs about mental illness and that it has the potential to be a powerful tool in reducing the stigma when used the right way. Furthermore, reducing the stigma of mental illness is not just an individual problem but a societal one. It is our responsibility as members of society to challenge negative attitudes and beliefs and promote understanding and acceptance. By doing so, we can create a world where everyone is valued and respected, regardless of their mental health status. Through education and awareness, addressing religious beliefs, normalizing mental health, increasing access to mental health services, and promoting collaboration and community involvement, we can break down the negative attitudes that prevent individuals from seeking help. By doing so, we can help create a more supportive and understanding society for those struggling with mental illness. It is important to continue this conversation and work towards creating a society where mental health is a priority and individuals feel comfortable seeking help when needed. In conclusion, reducing the stigma of mental illness in Arab culture and others is a complex and modern issue that requires a communal effort. By promoting understanding and acceptance, providing access to culturally appropriate care, challenging negative stigmas and beliefs, and promoting positive representations of individuals who suffer from mental illness, we can help individuals and communities overcome the barriers to seeking mental illness treatment.

References

- Abbas, H. G. (2021). EFFECT OF MESOPOTAMIAN CIVILIZATIONS ON THE RELIGIONS OF ARABS BEFORE ISLAM. Trames. Journal of the Humanities and Social Sciences, 25(1), 37. <u>https://doi.org/10.3176/tr.2021.1.03</u>
- Abi-Hashem, N. (n.d.). Cross-Cultural Psychology and Counseling: A Middle Eastern Perspective.
- Abubotain, S. (n.d.). Between Two Worlds: Acculturation Impact on the Mental Health Status of Arab Americans. 156.
- Al-Krenawi, A. (2019). The Impact of Cultural Beliefs on Mental Health Diagnosis and Treatment. In M. Zangeneh & A. Al-Krenawi (Eds.), Culture, Diversity and Mental Health—Enhancing Clinical Practice (pp. 149–165). Springer International Publishing. <u>https://doi.org/10.1007/978-3-030-26437-6_9</u>
- Alyousef, S. M., Alhamidi, S. A., Albloushi, M., & Eid, T. A. (2020). Perceptions of Media's Contribution Toward Stigmatization of Mental Health by Saudi Arabian Nurses. Journal of the American Psychiatric Nurses Association, 26(6), 568–575.

https://doi.org/10.1177/1078390319855771

 Amer, M. M., & Hovey, J. D. (2007). Socio-demographic Differences in Acculturation and Mental Health for a Sample of 2nd Generation/Early Immigrant Arab Americans. Journal of Immigrant and Minority Health, 9(4), 335–347.
https://doi.org/10.1007/s10903-007-9045-y

Cho, E. (2018). Ethical Considerations for Psychologists Providing Treatment to Arab Americans. Ethics & Behavior, 28(5), 347–369.

https://doi.org/10.1080/10508422.2018.1435282

- Ciftci, A., Jones, N., & Corrigan, P. W. (2013). Mental Health Stigma in the Muslim Community. Journal of Muslim Mental Health, 7(1). <u>https://doi.org/10.3998/jmmh.10381607.0007.102</u>
- Dardas, L. A., & Simmons, L. A. (2015). The stigma of mental illness in Arab families: A concept analysis: Mental illness stigma: a concept analysis. Journal of Psychiatric and Mental Health Nursing, 22(9), 668–679. <u>https://doi.org/10.1111/jpm.12237</u>
- Drapalski, A. L., Lucksted, A., Perrin, P. B., Aakre, J. M., Brown, C. H., DeForge, B. R., & Boyd, J. E. (2013). A Model of Internalized Stigma and Its Effects on People With Mental Illness. Psychiatric Services, 64(3), 264–269.

https://doi.org/10.1176/appi.ps.001322012

- El Abdallah, F. (2012). Of that Music: To the kindred of zamanalwasl.net/forums/. Third Text, 26(4), 491–500. <u>https://doi.org/10.1080/09528822.2012.692196</u>
- Fakhr El-Islam, M. (2008). Arab Culture and Mental Health Care. Transcultural Psychiatry, 45(4), 671–682. <u>https://doi.org/10.1177/1363461508100788</u>
- Frost, D. M. (2011). Social Stigma and its Consequences for the Socially Stigmatized: Social Stigma. Social and Personality Psychology Compass, 5(11), 824–839. <u>https://doi.org/10.1111/j.1751-9004.2011.00394.x</u>
- Ibrahim, S. E. (1998). Ethnic conflict and state-building in the Arab world. International Social Science Journal, 50(156), 229–242. <u>https://doi.org/10.1111/1468-2451.00126</u>
- Islam, F., & Campbell, R. A. (2014). "Satan Has Afflicted Me!" Jinn-Possession and Mental Illness in the Qur'an. Journal of Religion and Health, 53(1), 229–243. <u>https://doi.org/10.1007/s10943-012-9626-5</u>

Jaber, R. M., Farroukh, M., Ismail, M., Najda, J., Sobh, H., Hammad, A., & Dalack, G. W. (2015). Measuring depression and stigma towards depression and mental health treatment among adolescents in an Arab-American community. International Journal of Culture and Mental Health, 8(3), 247–254.

https://doi.org/10.1080/17542863.2014.953188

Kamusella, T. (2017). The Arabic Language: A Latin of Modernity? Journal of Nationalism, Memory & Language Politics, 11(2), 117–145.

https://doi.org/10.1515/jnmlp-2017-0006

- Khosa-Nkatini, H. P., & Buqa, W. (2021). Suicide as a sin and mental illness: A dialogue between Christianity and psychology. Verbum et Ecclesia, 42(1). <u>https://doi.org/10.4102/ve.v42i1.2318</u>
- Krendl, A. C., & Pescosolido, B. A. (2020). Countries and Cultural Differences in the Stigma of Mental Illness: The East–West Divide. Journal of Cross-Cultural Psychology, 51(2), 149–167. <u>https://doi.org/10.1177/0022022119901297</u>
- Lehmann, C. S. (2022). Christianity and mental illness stigma: Critical and constructive perspectives on blame and social distancing. Journal of Religion & Spirituality in Social Work: Social Thought, 41(1), 66–89.

https://doi.org/10.1080/15426432.2021.1971593

Maalouf, Fadi T, Alamiri, Bibi, Atweh, Samir, Becker, Anne E, Cheour, Majda, Darwish, Hala, Ghandour, Lilian A, Ghuloum, Suhaila, Hamze, Mouin, Karam, Elie, Khoury, Brigitte, Khoury, Samia J, Mokdad, Ali, Meho, Lokman I, Okasha, Tarek, Reed, Geoffrey M, Sbaity, Eman, Zeinoun, Pia, & Akl, Elie A. (2019). Mental health research *in the Arab region: Challenges and call for action. The Lancet Psychiatry, 6(11),* 961–966. <u>https://doi.org/10.1016/S2215-0366(19)30124-5</u>

- Masic, I., Naser, N., Kapetanovic, A., Salihefendic, N., & Zildzic, M. (2022). Traditional Healing in Treatment of Diseasses in the Past in Bosnia and Herzegovina. Materia Socio Medica, 34(1), 70. <u>https://doi.org/10.5455/msm.2022.33.-0</u>
- Michniewicz, K. S., Bosson, J. K., Lenes, J. G., & Chen, J. I. (2016). Gender-Atypical Mental Illness as Male Gender Threat. American Journal of Men's Health, 10(4), 306–317. <u>https://doi.org/10.1177/1557988314567224</u>
- Musaiger, A. O. (1993). Socio-Cultural and Economic Factors Affecting Food Consumption Patterns in the Arab Countries. Journal of the Royal Society of Health, 113(2), 68–74. <u>https://doi.org/10.1177/146642409311300205</u>
- Nasrullah, S., & Jalali, A. (2022). Detection of Types of Mental Illness through the Social Network Using Ensembled Deep Learning Model. Computational Intelligence and Neuroscience, 2022, 1–6. <u>https://doi.org/10.1155/2022/9404242</u>

Okasha, A. (2022). MENTAL HEALTH SERVICES IN THE ARAB WORLD.

Othman, Z., Aird, R., & Buys, L. (2015). Privacy, modesty, hospitality, and the design of Muslim homes: A literature review. Frontiers of Architectural Research, 4(1), 12–23. <u>https://doi.org/10.1016/j.foar.2014.12.001</u>

Pirutinsky, S., Rosmarin, D. H., & Pargament, K. I. (2009). Community attitudes towards culture-influenced mental illness: Scrupulosity vs. nonreligious OCD among orthodox jews. Journal of Community Psychology, 37(8), 949–958. <u>https://doi.org/10.1002/jcop.20341</u>

- Rayan, A., & Fawaz, M. (2018). Cultural misconceptions and public stigma against mental illness among Lebanese university students. Perspectives in Psychiatric Care, 54(2), 258–265. <u>https://doi.org/10.1111/ppc.12232</u>
- Rosen, D. D., Greenberg, D., Schmeidler, J., & Shefler, G. (2008). Stigma of mental illness, religious change, and explanatory models of mental illness among Jewish patients at a mental-health clinic in North Jerusalem. Mental Health, Religion & Culture, 11(2), 193–209. <u>https://doi.org/10.1080/13674670701202945</u>
- Sayed, M. A. (2003). CONCEPTUALIZATION OF MENTAL ILLNESS WITHIN ARAB CULTURES: MEETING CHALLENGES IN CROSS-CULTURAL SETTINGS. Social Behavior and Personality: An International Journal, 31(4), 333–341. https://doi.org/10.2224/sbp.2003.31.4.333
- Seidman, A. J., Crick, K. A., & Wade, N. G. (2022). Personal growth initiative, mental health stigma, and intentions to seek professional psychological help: A model extension. Stigma and Health, 7(2), 142–151. <u>https://doi.org/10.1037/sah0000369</u>
- Sewilam, A. M., Watson, A. M., Kassem, A. M., Clifton, S., McDonald, M. C., Lipski, R., Deshpande, S., Mansour, H., & Nimgaonkar, V. L. (2015). Suggested avenues to reduce the stigma of mental illness in the Middle East. International Journal of Social Psychiatry, 61(2), 111–120. <u>https://doi.org/10.1177/0020764014537234</u>
- Shrivastava, A., Bureau, Y., & Johnston, M. (2012). Stigma of Mental Illness-1: Clinical reflections. Mens Sana Monographs, 10(1), 70.

https://doi.org/10.4103/0973-1229.90181

The Americanization of Mental Illness—NYTimes.com. (n.d.).

- Tiliouine, H., & Estes, R. J. (Eds.). (2016). The State of Social Progress of Islamic Societies: Social, Economic, Political, and Ideological Challenges. Springer International Publishing. <u>https://doi.org/10.1007/978-3-319-24774-8</u>
- Tlaiss, H., & Kauser, S. (2011). The importance of wasta in the career success of Middle Eastern managers. Journal of European Industrial Training, 35(5), 467–486. <u>https://doi.org/10.1108/03090591111138026</u>
- Townes, D. L., Chavez-Korell, S., & Cunningham, N. J. (2009). Reexamining the relationships between racial identity, cultural mistrust, help-seeking attitudes, and preference for a Black counselor. Journal of Counseling Psychology, 56(2),

330–336. <u>https://doi.org/10.1037/a0015449</u>

- Ventevogel, P., Jordans, M., Reis, R., & de Jong, J. (2013). Madness or sadness? Local concepts of mental illness in four conflict-affected African communities. Conflict and Health, 7(1), 3. <u>https://doi.org/10.1186/1752-1505-7-3</u>
- Youssef, J., & Deane, F. P. (2013). Arabic-speaking religious leaders' perceptions of the causes of mental illness and the use of medication for treatment. Australian & New Zealand Journal of Psychiatry, 47(11), 1041–1050. https://doi.org/10.1177/0004867413499076
- Zolezzi, M., Alamri, M., Shaar, S., & Rainkie, D. (2018). Stigma associated with mental illness and its treatment in the Arab culture: A systematic review. International Journal of Social Psychiatry, 64(6), 597–609. <u>https://doi.org/10.1177/0020764018789200</u>

Zurayk, C. K. (2023). The Essence of Arab Civilization.